

sage

Support & Advocacy Service

Statement of Strategy
2018 - 2023

Nothing about you/without you



Our Mission

To promote, protect and defend the rights and dignity of vulnerable adults and older people

Foreword

On March 1st 2018 Sage Advocacy clg assumed responsibility for the governance and management of Sage – Support & Advocacy Service. The main objective of Sage Advocacy clg, as set out in its Constitution, is “To promote, protect and defend the rights and dignity of vulnerable adults and older people, the prevention of cruel, inhuman and degrading treatment and deprivation of liberty and the enhancement of personal autonomy and decision making in all care settings and in the transition between them within the Republic of Ireland”. In line with our Constitution and this objective we state our mission more simply as

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

On behalf of the Board and executive of Sage Advocacy clg we are pleased to present our first statement of strategy covering the years 2018 – 2023. This statement of strategy is just one part of a related series of developments which will include:

- A logic model
- An operational plan
- A financial plan
- A performance development framework
- A system for addressing impact and outcomes

To put this plan into effect we envisage that staff will need to grow from 17 to 27 and that expenditure, and related income, will need to grow from €1,325,000 to circa €2,400,000.

Its success will depend on developing a high performance culture of service, significant capabilities in sourcing philanthropic funding and further funding from statutory sources.

If the background to the development of Sage is one of scandals such as Leas Cross, Aras Attracta and Portlaoise Hospital, the foreground is one in which the state, in the form of the HSE, and philanthropic funding, in the form of The Atlantic Philanthropies, combined together to initiate a service focused on themes which are as relevant now as in 2014: Safety & Quality; Support and Advocacy as a Continuum; Focus on Systemic & Individual Issues; Social Impact; Sustainability.

Some will argue that only full state funding will ensure sustainability but Sage takes the view that to safeguard our independence and ensure future sustainability we must develop new forms of philanthropic funding so that we can both deliver on that which we are funded to do, through Service Level Agreements or Commissioning, and also those things which we need to do but which the state may not necessarily be interested in or want us to do. Securing our funding base and our independence are therefore crucial to the success of this strategy.

Foreword

The development of this strategy is influenced by the experience of the establishment phase of Sage from 2014 – 2017. It is also influenced by wider learning such as *Better Together? - Philanthropy and Government Lessons from The Atlantic Philanthropies and Irish Government Partnership-based Co-Investments* produced by the IPA in March 2018. Together with legislative changes, planned and underway, in the areas of assisted decision-making, protection of liberty in places of care and safeguarding adults, it is fair to say that we are slowly moving away from a culture and outlook based on paternalism / maternalism (and sometimes authoritarianism) and moving towards an approach which is more person or citizen centred. This move is not just slow, it is also challenging.

Sage works with and on behalf of individual people (clients) who are often fighting to navigate their way through health, social care and other systems of public and private provision. These individuals can sometimes have positive experiences in particular silos of provision but, all too frequently, their experience is that no one is looking at their issues holistically; there is no understanding of the challenges of their overall journey. Sometimes these clients are not well-served by families who think they know better than the person themselves about what the person wants or about what would be 'good for' them.

It is for this reason that we emphasise working on systemic as well as individual issues. Sage will not count success as an ever increasing number of clients. It sees success in the learning it takes and the connections it makes between the work with one individual and the issues facing other individuals with similar challenges. Prevention is therefore as valid a part of the work of Sage as protection.

If Sage is sometimes required, in line with its mission, to "speak truth to power" it also sometimes has to speak truth to the powerless. That truth is not always palatable. Sage's involvement in the lives of vulnerable adults and older people is often as a last rather than as a first responder. This can mean that the best option available is sometimes the least-worst option. If the colours of our logo are green, white and blue then the colours of the social, economic, legislative and ethical territory we work on are frequently grey.

We are encouraged by what has been achieved so far. Nevertheless, knowing how much we have yet to do, we now commit ourselves to realising the many important objectives set out in this Statement of Strategy.

Patricia Rickard-Clarke. Chair.

Mervyn Taylor. Executive Director.



Moving Towards

- » Personalisation of Services
 - » Social (& medical) models of care
 - » 'Will & preference'
 - » Early intervention & prevention
 - » Innovation / best use of resources
 - » Evidence & stories
 - » Co-creation & partnerships
-

Moving Away From



- » Mass rules based provision
 - » Professionals know best
 - » 'Best interests'
 - » Protect & safeguard / crisis
 - » Inertia / lack of resources
 - » Custom & practice
 - » Meaningless consultation
-

Overview of the Strategy

During the period 2018 – 2023 we will

- » Build a team capable of tackling the most complex and challenging issues raised by our clients
- » Develop our skills so that we can work with all groups of vulnerable adults and older people
- » Focus on systemic as well as individual issues
- » Develop our legal, research and information capacity
- » Recruit, orient and train 'only the best'
- » Promote public and professional awareness
- » Develop our fund-sourcing and organisational effectiveness
- » Prepare the service for commissioning

Some 30 actions under 10 headings are set out in Section 4: Objectives and Actions

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Introduction

This *Statement of Strategy* sets out how Sage¹ will respond to the support and advocacy needs of vulnerable adults and older people in Irish society. It builds on the work and experience of Sage since it was established in 2014, and provides strategic direction for its work into the future.

Influenced by the scandals of Leas Cross and Arás Attracta, Sage was established in 2014 with funding from the HSE and The Atlantic Philanthropies and with the support and governance of Third Age. Sage Advocacy clg was established in September 2017 to be responsible for the future development and governance of the service and on March 1st 2018 assumed responsibility in this regard.

Based on its work and experience over the past three years, Sage is well positioned to play a significant role in developing, promoting and delivering support and independent advocacy for vulnerable adults and older people over the next 5 years. It will be doing so in a context of considerable legislative advances in the areas of assisted decision-making, deprivation of liberty and safeguarding and of greater inter-sectoral collaboration arising from the emergence of the National Safeguarding Committee. Somewhere in this process legislative recognition of the role of independent advocacy is likely to emerge.

This *Statement of Strategy* will inform Sage's operational plans and will guide and influence the development of its relationships and interactions with funders, stakeholders and partner organisations.

Our Mission

To promote, protect and defend the rights and dignity of vulnerable adults and older people

Outline of Statement of Strategy

Section One:

Context for Support and Advocacy Work

Section Two:

Factors Underpinning the Strategy

Section Three:

What Guides the Sage Service

Section Four:

Strategic Objectives and Key Actions

Section One:

Context for Support and Advocacy Work

¹ Sage (previously under the governance of Third Age Ireland) is now legally incorporated as a company limited by guarantee. CRO # 610824 RCN # 20162221

Section 1:

Context for Support and Advocacy Work

What support and independent advocacy is

- Supporting people to:
 - Make decisions and to participate in decisions about themselves
 - Communicate what their personal wishes are
 - Represent their interests in accordance with their will and preference
 - Secure their rights and
 - Obtain services they need
- Promoting social inclusion, equality and social justice.
- Sage personnel are:
 - Free from any conflict of interest
 - Independent of family, service provider or systems interests
 - Recruited, trained, supported and supervised by a recognised support and advocacy body
 - Guided by quality standards and robust policies and practice guidelines.

What the service offers

- Direct delivery of support and independent advocacy to individuals and groups with a focus on issues that have the potential for the greatest possible systemic impact.
- Work to ensure that legislation, policies and practices are developed that will meet the needs of vulnerable adults and older people.
- Work to ensure that the highest possible standards of service delivery are developed, communicated and implemented.
- Recognition of the fundamental importance of values, standards and the law in determining the wellbeing of vulnerable adults and older people.
- Work with public, private and independent service providers in order to identify adults who may be at risk and in need of safeguarding.²
- A team of people capable of tackling the most complex support and advocacy challenges presented by vulnerable adults and older people.
- An understanding and appreciation of the systemic inequalities and weaknesses that exist in legislation, policies, and practices.

² Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It is fundamental to high-quality health and social care. Quality Care Commission UK <https://www.cqc.org.uk/content/safeguarding-people>

Section 1: Context for Support and Advocacy Work

Why vulnerable adults need support and independent advocacy

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

Nothing about you / without you

Many people face challenges to their independence due to physical or mental health difficulties, intellectual, physical or sensory disability, lack of family and community supports or an inability to access public services that meet their needs. Some people communicate differently and with difficulty. Some people may lose their ability to make and communicate decisions as a condition, such as dementia, develops over time. Some are abused and exploited because of their vulnerability.

In circumstances where people may be vulnerable, or have to depend on others, there is a need to ensure that their legal and human 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.

Physical disability, dementia, intellectual disability, autism, or mental health difficulties do not come as discrete and separate challenges. Some individuals experience a range of these challenges and, in addition, can face even further challenges such as polypharmacy, incontinence and behaviours which others may find extremely difficult to deal with.

Independence as an essential feature of the Sage service

- Sage operates on the basis of being independent from the services that deliver health and social care, as well as from the family of the person to whom the support and advocacy service is being provided.
- Sage recognises and acknowledges that many of the professionals who provide services to people – such as nurses, doctors, social workers, as well as a person’s relatives – see themselves as advocates for those they care for, although not formally designated as such. The principles and values of advocacy resonate closely to those espoused by these professions. Sage recognises that service providers may sometimes experience a conflict between advocacy and their primary role in an organisation and an independent advocacy service is, therefore, required.

The distinctive contribution of Sage

- Sage’s work has been and will remain focused on responding to the individual and systemic issues associated with ageing and older people and, in particular, with the issue of decision-making capacity.
- As issues of decision-making capacity are not solely related to older age, Sage also works with other vulnerable adults, such as those with intellectual disability, those experiencing mental health difficulties and those with an acquired brain injury.
- In working with older people, Sage strives for a balance between individual and systemic issues.³ In working with younger adults who may be vulnerable it focuses more on systemic issues and less on individual cases.

³ Systemic issues are identified through consideration of a single or series of individual cases, where the issue may have the potential to affect many people in addition to the parties directly concerned with the case(s).

Section 1: Context for Support and Advocacy Work

- Sage is available to people in all situations and circumstances; homes; day centres; nursing homes; hospitals; respite and rehabilitation centres; hostels; hospices; prisons and in the transition between them.
- Sage is easily contacted and can respond rapidly when an issue is urgent. It is flexible in its approach while remaining focused on its mission.
- Sage collaborates with and seeks to complement the role of other organisations in Ireland which provide independent support and advocacy to vulnerable adults and in such collaboration its priority will be on systemic rather than individual issues.⁴
- Sage brings together a wide range of skills, life experiences and perspectives in the service of clients.
- Sage values the role that trained volunteers as well as paid staff can play in being of service to clients.
- Sage responds to particular individual cases where no other service is available or willing to engage and prioritises important systemic issues relating to such groups of citizens, e.g., right to self-determination, protection from abuse and exploitation and the assertion of people's legal and human rights.
- Sage adopts a holistic approach to support and advocacy work with older people who face special physical and mental health challenges, including dementia, anxiety disorders, substance use problems, among others.⁵
- Sage seeks to develop circles of support, influence and expertise around particularly challenging cases and issues, particularly with regard to key skills required for complex legal and financial matters.
- Sage works to build a team of people capable of tackling the most complex support and advocacy issues faced by clients and thus avoiding unnecessary referrals to other agencies.
- Sage seeks to collaborate where possible and to challenge where necessary. It will engage with all arms of government at national and EU level – executive, legislative, judicial – in pursuit of its mission to promote, protect and defend the rights and dignity of vulnerable adults and older people.
- Sage promotes an inclusive approach to advocacy which includes self-advocacy, the development of advocacy champions within service providing organisations, co-design which involves a real partnership between providers and service users and the development of public interest roles in order to enable hard questions be asked within the planning and decision making processes of public service provision.

⁴ *The National Advocacy Service for People with Disabilities (NAS) uses paid professional advocates to provide an independent, confidential and free, issues-based representative advocacy service. The service has a particular remit for people who are isolated from their community and services, have communication differences, are inappropriately accommodated, live in residential services, attend day services and have limited informal or natural supports. The Irish Advocacy Network provides peer advocacy, support and information to people with mental health difficulties. It operates on an island-wide basis and staff have personal experience of mental health difficulties.*

EPIC (Empowering Young People in Care in Ireland) is an independent association that works throughout the Republic of Ireland, with and for children and young people who are currently living in care or who have had an experience of living in care.

⁵ *In 2014, rates of suicide among those aged 65 years and over were 17.0 per 100,000 for males and 2.2 per 100,000 for females. <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-annual-report-2016.pdf>*

Section 1: Context for Support and Advocacy Work

Challenges to the delivery of quality public services

- The full implementation in Ireland of international human rights charters and conventions and related best practice principles would have additional impetus through the presence of a dedicated advocacy service for vulnerable adults and older persons.
- Changes in the delivery of health and social care services are continuous – maintaining necessary levels of provision in the context of an ageing society and limited public resources, represents a significant challenge.
- There is a need to move beyond regulation to ensure compliance with minimum standards of care and to focus on what constitutes a good human environment and experience – relationships with place, with people, with valued aspects of living.
- The level of public provision of residential and community based services has become critically low.⁶ There is a need for a ‘mixed economy’ of care and for the strategic use of social enterprise to ensure individual needs are met through collective responses.
- The ageing of society and the care of vulnerable adults and older people will require the mobilisation of the widest possible range of public, private and voluntary resources and will challenge family members to engage in co-provision as well as co-payment of supports and services.
- The bias towards provision of services for people with complex or challenging needs in congregated settings and the lack of specialist skills within such settings is an ongoing cause of concern. The placing of people in inappropriate settings of care is as often related to a failure of imagination and innovation as it is to a lack of resources.⁷

⁶ According to HIQA, there are 580 designated residential centres for older people in the State, providing a capacity for 30,369 people. While nursing home care is provided through a mix of public, voluntary and private provision, the provision of public residential centres for older people has fallen significantly over the last 30 years from almost 50% down to 20%.

⁷ Only 11% of nursing homes have dedicated dementia care units, and the majority are provided by the private nursing home sector. This compares to rates of up to 33% in other European countries. There are 1,055 residential services for adults and children with disabilities registered with HIQA and approximately 4,000 people with a disability reside in an institution or psychiatric hospital.

Section 1: Context for Support and Advocacy Work

Raising the status of advocacy

One of the greatest challenges faced by Sage and other direct providers of support and advocacy services is that advocacy, as a practice, is not formally recognised in law. Because of this there is no obligation on health, social care, legal and financial service providers or family members to engage with independent advocates. That so many already do is a credit to their respect for the right of individuals who may be vulnerable to have their voice heard and their will and preference acted on. In the context of legislative developments related to deprivation of liberty and safeguarding it is possible that formal recognition of independent advocacy will be achieved within the near future but this is by no means guaranteed.

The formal recognition of independent advocacy would be an important step forward but, while absolutely necessary, it is not sufficient. If achieved it will raise further questions such as:

- how can the practice of advocacy be quality assured and accountable?
- how can coordination be promoted across the sector?
- which approach is likely to work better – competitive collaboration or consolidation?
- what service models and approaches are best suited to particular types of clients and situations?
- how can advocacy and safeguarding work be more closely aligned so that the concerns of advocates regarding access to vulnerable adults can be linked with the powers of access which are being sought for a new National Safeguarding Service and Authority?

The establishment of a National Council for Advocacy, combined with the enactment and implementation of the Safeguarding Adults Bill (2017), would be significant milestones in addressing these questions.

A further important consideration is that the approach of commissioning is increasingly being used by government to decide how services to the public are procured. The development of such an approach in the advocacy sector would require levels of strategic understanding and operational capability which are currently not well developed within the sector.

Section 2:

Demographic and health factors underpinning the Strategy

An ageing population

The population of Ireland is ageing and more and more people are living longer and better lives. However, a minority of older people - probably one in five of the 637,567 people aged 65 years and over - require some form of support and almost 5% live in some form of residential care.

Recent ESRI population projections⁸ show that expansion will be required in most forms of care to meet the needs of a rapidly growing and ageing population:

- The share of population aged 65 and over is projected to increase from one in eight to one in six. By 2046 there will be between 1.3 and 1.4 million people aged over 65, and over 470,000 people aged over 80.
- The numbers of people aged 85 and over are projected to almost double - this will almost certainly result in a significant increase in the number of people with dementia.
- Demand for health and social care is projected to increase across all sectors, with the greatest increases being in demand for services for older people.
- Demand for home care and for residential and intermediate care places in nursing homes and other settings is projected to increase by up to 54%.

Trends in the nation's population structure will result in a growing number of people being in categories and situations where there is a significant risk of being vulnerable, of being deprived of the right to fully participate in

the making of decisions that affect them, of being socially isolated, and of being subjected to exploitation and abuse. Inter-generational tensions are likely to arise as emerging generations may experience increasing levels of social and economic stress.

Ageing and disability

An increasing number of adults, either born with a disability or who have an early onset disability, are surviving to older age; 13.5% of the population are recorded as having a disability, including 224,388 people over 65 years.

- Increasingly people with intellectual disabilities are living longer with implications for the provision of public services in particular, residential care and mental health services. This has placed an increased demand on full-time residential services as fewer places are becoming free over time.
- An estimated 55,000 people in Ireland are living with dementia, a figure that is expected to double by 2036. There are 30,000 people with dementia living in the community, with 26,413 of these aged over 65 years.
- The prevalence of dementia among people with Down's syndrome has increased from 15.8% to 29.9% between 2010 and 2014.⁹
- The average age of the onset of dementia for people with Down's syndrome is 55 years old, with some cases presenting in their 40s.

People with intellectual disability who are diagnosed with dementia may require specific supports and services but most continue to live within the community.

⁸ <https://www.esri.ie/pubs/RS67.pdf>

⁹ <https://www.tcd.ie/tcaid/assets/pdf/wave3report.pdf>

Section 2: Demographic and health factors underpinning the Strategy

Mental health difficulties and ageing

The Irish Psychiatric Units and Hospitals Census 2016¹⁰ shows that over one-third (36%) of in-patients were aged 65 years and over and 17% were aged 55–64 years. The 75 year and over age group had the highest rate of hospitalisation, at 177.8 per 100,000, followed by the 65–74 year age group, at 149.6 and the 55–64 year age group, at 88.5.

TILDA¹¹ data shows that:

- Depression is common among older adults in Ireland, with 10% of the population reporting clinically significant depressive symptoms with a further 18% reporting 'sub-threshold' levels of depression.
- Anxiety was found to be more prevalent than depression in this population, 13% of participants had clinically significant anxiety symptoms, and 29% had 'sub-threshold' levels of anxiety.
- There is under-diagnosis and under-treatment of depression and anxiety among older adults; 78% of older adults have evidence of depression, and 85% evidence of anxiety but they do not have a doctor's diagnosis.
- Almost two thirds of adults with depression have a longstanding illness or disability.
- Depression is associated with increased health service utilisation in older adults. Respondents aged 75 and over with case level depression had an average of 7 visits to their GP in the past year. This compares to an average of 5 visits among the non-depressed older population.

- Although depression is the most prevalent mental health condition in older adults and can have a major impact on a person's quality of life, symptoms are often undetected, overlooked or not treated as it can occur with other conditions and problems associated with ageing.¹²
- There is a lack of access to counselling and psychotherapy and alternatives to medication. As highlighted by TILDA, late life depression requires dedicated research as the causes, presentations and impact of late life depression differ from that in a younger adult.

Depression and intellectual disability in later years

According to the Intellectual Disability Supplement to TILDA in 2017¹³ there is a higher prevalence of depression amongst people with an intellectual disability than the general population.

The TILDA Report noted that older people with intellectual disability continue to be more socially excluded than their counterparts in the general population; while those with severe-profound levels of ID and those living in institutional settings remain the most excluded across practically all measures.

- It was found that 52% of TILDA participants reported having a doctor's diagnosis of an emotional, nervous or psychiatric condition.
- Depression, anxiety and mood disorders were the main contributors to poor mental health. Anxiety was more frequently reported in people with an intellectual disability living in community settings than in an institution.

¹⁰ http://www.hrb.ie/fileadmin/publications_files/Irish_Psychaitric_Units_and_Hospitals_Census_2016_Main_Findings.pdf

¹¹ <https://tilda.tcd.ie/publications/reports/pdf/w1-key-findings-report/Chapter6.pdf>

¹² *Depression in older people may also be seen not just as an illness but as a normal or natural response to life events such as the losses associated with ageing, with the death of a partner, social isolation etc. Care must be exercised to ensure that the social dimensions of depression and anxiety are responded to as social issues and not overly pathologised.*

¹³ <https://www.tcd.ie/tcaid/assets/pdf/wave3report.pdf>

Section 2: Demographic and health factors underpinning the Strategy

Polypharmacy and chemical restraint

Depression is associated with increased medication use in older adults. Of people aged 75 and over with depression, 56% are taking five or more medications compared to 36% of adults without depression.¹⁴

- For older adults with an intellectual disability medication use increases over time.
- The higher prevalence of mental health conditions and use of medications to treat challenging behaviour amongst people with an intellectual disability puts people at risk of exposure to psychotropic drugs and psychotropic polypharmacy.
- Research¹⁵ has shown that antipsychotic drugs were prescribed to 29% of patients with dementia before hospitalization and to 41% during hospitalization; one quarter received new or additional prescription.
- Continued use of antipsychotic medications risks serious harm to the person. As noted by a Consultant in Geriatric medicine “...approximately 50% of use in nursing homes is for inappropriate indications, often to ensure the smooth running of the institution or to lessen disruption for others.”¹⁶
- There is a lack of legislative safeguards to prevent the use of sedation purely for convenience and for the management of a person’s behaviour within care settings, including congregated settings for older people and people with disabilities, hospitals, domestic homes.
- There are no legislative safeguards to ensure the continued monitoring and review of the use of sedation, and of antipsychotic medications for short-term intervention as a specific treatment only, and not for prolonged use.
- The Department of Health’s policy on restraint in nursing homes aims “to restrict the use of all forms of restraint to those exceptional emergency situations where it is absolutely necessary. Where restraint is necessary it should only be applied in accordance with the law and best professional practice.”¹⁷
- HIQA’s guidance on restraint for residential care centres states that “administering sedatives to a person who wanders during the night primarily for the convenience of staff is an example of chemical restraint which is not acceptable in any designated centre.”¹⁸
- The Irish Medical Council permits within their Guide to Professional Conduct and Ethics¹⁹ the use of “appropriate physical or chemical restraint where this is in the patient’s best interests” if the patient lacks capacity to make a decision about treatment or examination and there is a risk of harm to themselves or others.
- It has been recognised that there is often misunderstanding amongst medical practitioners about the distinction between medication being used for therapeutic reasons and medication used to control behaviour in residential care centres and in acute hospitals.

¹⁴ <https://tilda.tcd.ie/publications/reports/pdf/w1-key-findings-report/Chapter6.pdf>

¹⁵ <https://academic.oup.com/qjmed/article/109/9/589/1752790>

¹⁶ *Murphy and O’Keeffe 2007*

¹⁷ <https://www.hiqa.ie/system/files/Towards-restraint-free-environment-nursing-homes.pdf>

¹⁸ <https://www.hiqa.ie/sites/default/files/2017-01/Guidance-on-restraint-procedures.pdf>

¹⁹ <https://www.medicalcouncil.ie/News-and-Publications/Reports/Guide-to-Professional-Conduct-and-Ethics-8th-Edition-2016-.pdf>

Section 3:

What Guides the Sage Service

Human rights, legislation and policy

The Sage approach to the design and delivery of its services is derived from legal and human rights as outlined in a variety of important legal and ethical frameworks, including, in particular:

- The European Convention on Human Rights
- The UN Convention on the Rights of Persons with Disabilities
- The Council of Europe Statement on the Rights of Older People
- The provisions of the Assisted Decision-making (Capacity) Act 2015
- HIQA National Quality Standards for Residential Services for Older People
- Best Practice Guidelines in caring for people with dementia and Alzheimer's Disease
- HSE Safeguarding Vulnerable Persons at Risk of Abuse: National Policy and Procedures

Article 16 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) commits State Parties to take all appropriate measures to protect persons with disabilities, both within and outside the home, from all

forms of exploitation, violence and abuse -- Ireland, on ratifying the Convention, will be required to fulfil this requirement.

HIQA Standards²⁰ offer a context within which a rights approach can be consolidated, and support and advocacy services can be put in place to contribute to a more responsive and respectful care and support system.

The Assisted Decision-Making (Capacity) Act 2015 has significant implications for advocacy and support work with people whose decision-making capacity is compromised. Codes for independent advocates are being developed as part of the implementation of the legislation.

The Council of Europe Statement on the Rights of Older Persons²¹ refers, *inter alia*, to the need for supports to enable people to make independent decisions and includes a requirement on States to provide medical, health and care supports in accordance with need.

The Adult Safeguarding Bill 2017 contains provision for an independent advocate.

A Draft Heads of a Bill document to address the issue of deprivation of liberty in care settings was published in December 2017 and has been subject to a process of public consultation.²²

²⁰ See for example: HIQA National Standards for Residential Care Settings for Older People in Ireland 2016. Standard 1.6.6 Each resident is facilitated to access...an advocate of their own choice when making decisions, in accordance with their wishes

²¹ Recommendation CM/Rec (2014)2 of the Committee of Ministers to member States on the promotion of the human rights of older persons.

²² <http://health.gov.ie/wp-content/uploads/2017/12/Deprivation-of-Liberty-Safeguard-Heads-draft-for-public-consultation.pdf>

Section 3: What Guides the Sage Service

A Comprehensive Approach

Build Circles of Support

Sage supports people to live and to die in the place of their choice. It seeks to enhance and sustain people's connection with their community through supporting the development of Circles of Support which are based on reinforcing the natural supports of family, friends and neighbours, who are in turn supported by paid professionals and local development organisations.

Collaborate Where Possible - Challenge Where Necessary

Wherever possible, Sage seeks to work collaboratively with families, professionals and service providers but, where necessary, it will challenge based on the will and preference of clients, in so far as these can be determined.

Complement and Cooperate

Sage complements the work of organisations and services which play a role either directly or indirectly in the lives of vulnerable adults and older people. It cooperates with the HSE, HIQA, ICGP, Decision Support Service, The Ombudsman and the National Safeguarding Committee and it complements the work of other advocacy services such as the National Advocacy Service for People with Disabilities (NAS), the Irish Advocacy Network and Cork Advocacy Network. It works with other NGOs with broadly similar objectives at both national and local levels; in particular, Age Action, Alone, Third Age, Alzheimer's Society, Family Carers Ireland, Mental Health Reform, Inclusion Ireland and the Disability Federation of Ireland.

Influence Reform

Sage works to achieve positive changes in government policy and legislation, and in its practice and implementation. In particular it supports the implementation of the Assisted Decision-making (Capacity) Act 2015, the development of liberty protection safeguards, the development of an independent statutory National Safeguarding Service and Authority and the development of a National Council for Advocacy.

Maintain Independence

While acknowledging that many professionals who provide services for vulnerable adults, as well as people's relatives, often see themselves as advocates although not formally designated as such, Sage will always function independently from family service provider and systems interests.

Safeguard

Sage operates in accordance with the guiding principles of the Adult Safeguarding Bill 2017 and the related establishment of a National Adult Safeguarding Authority with particular reference to:

- The promotion of individual physical, mental and emotional well-being
- The right to assistance, support and an independent advocate
- The right to protection from abuse and neglect
- The need for interventions in people's lives to be necessary and proportionate
- Respect for people's autonomy in decisions and interventions affecting them

Section 3: What Guides the Sage Service

Quality Standards

The work of Sage is guided by six *Quality Standards for Support and Advocacy Work* which it first developed in 2015:

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

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

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.

Independence: Structurally, operationally and psychologically independent from health and social care service providers and representing only the will and preferences of people receiving support.

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

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 3: What Guides the Sage Service

An Inclusive Service Model

Sage seeks to engage and involve anyone who has a useful contribution to make. Whether voluntary or paid, the only questions that should be asked of someone representing Sage is whether they have the necessary qualities of competence and compassion to address a particular issue or situation and if they have the availability to provide a consistent and quality service.

Sage will, where possible and as necessary, involve volunteers in raising awareness and encouraging access to Sage services, facilitate service users in having their voice heard and ask questions in the public interest. It will also identify volunteers who can, with training and support, become advocates. It will continue to build its network of specialists who can support Sage with complex cases which have a legal, finance, housing or human rights dimension.

The core of the service will be provided by paid staff working within an agreed performance framework and capable of developing necessary circles of influence within their region or area of responsibility.

A Strong Culture of Service

Sage has over 3 years of experience in developing the service to date and has had the benefit of feedback from a wide diversity of sources; much of it positive but occasionally negative. The continued development of a strong culture of service is influenced by the following considerations:

Quality: A focus on quality will permeate all aspects of the service – support and advocacy work with clients, safeguarding matters, support and administrative services and the handling of complaints.

Continuity: Individuals require support and services according to their personal circumstances and regardless of service provider definitions and demarcation issues. Every effort will be made to maintain continuity with other providers involved, to minimise referrals elsewhere and to reach those who are hardest to reach regardless of setting.

Impact: Support and advocacy for individuals and groups will be prioritised on the basis of potential to identify and address underlying systemic issues which have the greatest potential to impact on the lives and practice of individuals and organisations.

Outcomes: Efforts will continue to develop sensitive and effective measures of outcome despite the difficulties inherent in many advocacy situations.

Value: All practices, procedures and systems will be reviewed and developed on the basis of lean principles and the creation of added value.

Innovation: A culture of ‘can do’, flexibility, innovation and ‘going the extra mile’ will be a hallmark of the service.

Sustainability: Services, and the funding streams to support them, will be developed so as to ensure sustainability beyond the timeframe of this strategy.

Section 4:

Objectives and Actions

The objectives and actions of this strategy are based on the main and subsidiary objectives set out in the constitution of Sage Advocacy clg.

Main objective:

- 1. To promote, protect and defend the rights and dignity of vulnerable adults and older people, the prevention of cruel, inhuman and degrading treatment and deprivation of liberty and the enhancement of personal autonomy and decision making in all care settings and in the transition between them within the Republic of Ireland.**

Sage will meet this objective through the following actions:

- 1.1. Developing a highly skilled core staff supported by well trained volunteers with strong professional skills related to law, social work, nursing, medicine, regulation, mediation, safeguarding, policing, policy, research and communications.
- 1.2. Developing the legal capacity to directly promote, protect and defend the rights and dignity of vulnerable adults and older people and prevent cruel, inhuman and degrading treatment and deprivation of liberty through national and EU courts.
- 1.3. Focusing on the particular needs of people at risk of being unlawfully deprived of their liberty in a variety of care settings.

Subsidiary objectives:

- 2. Develop and provide support and independent advocacy services that address individual and systemic issues.**

Sage will meet this objective through the following actions:

- 2.1. Incremental growth in the number of regional staff and volunteers involved in support, advocacy and development work to ensure national coverage and access for clients with high priority needs.
- 2.2. Developing the necessary skills and expertise to support people with dementia, intellectual disabilities, mental health challenges, acquired brain injury, and health care complaints in primary / community, secondary and tertiary care settings
- 2.3. Promoting awareness of the 1850 Information / Rapid Response Service with a response time to all calls within 1 hour by phone and where the matter is urgent, providing a Sage Representative on-site within 24 hours anywhere in the country.

3. Develop and disseminate information resources, promote awareness and provide education and training.

Sage will meet this objective through the following actions:

- 3.1. Developing high quality online resources focused on smartphone access by individuals who may be at risk, health, social care and legal professionals, service providers and concerned family members and friends,
- 3.2. Developing a nationally recognised competency based course of training for independent advocates in collaboration with key stakeholders and other advocacy providers.
- 3.3. Providing orientation and training courses for groups of volunteers with the potential for sustainability.

Section 4: Objectives and Actions

4. Engage with policy makers, public representatives, budget holders, decision-makers and all forms of media regarding individual and systemic issues of concern.

Sage will meet this objective through the following actions:

- 4.1. Developing information capabilities to enable the service record, analyse and report on activities, outcomes and issues of concern.
- 4.2. Organising thematic workshops on issues of concern to the service and stakeholders based on Chatham House Rules.²³
- 4.3. Organising a high-profile event each year to present the work of the service to stakeholders and the media and identify relevant learning.

5. Promote, undertake and disseminate research.

Sage will meet this objective through the following actions:

- 5.1. Appointing a researcher and developing staff research capabilities.
- 5.2. Leveraging research from contacts with professional groupings and academic institutions.
- 5.3. Developing measures of impact and outcome including inter-agency working outcomes.
- 5.4. Undertake a study to assess the longer term need for advocacy services.

6. Promote measures and initiatives to enable people to live, and to die, in the place of their choice and to avoid unnecessary hospitalisation or care in congregated settings.

Sage will meet this objective through the following actions:

- 6.1. Promoting resources and incentives that encourage planning ahead and measures of self-advocacy such as 'Think Ahead', Advance Healthcare Directives and Enduring Power of Attorney.
- 6.2. Promoting policies and initiatives which seek to ensure that ageing and urban and rural community regeneration can be aligned at local level through a combination of architectural design, public service redesign and a focus on outcomes.

7. Promote awareness and understanding of policy and legislation which promotes personal autonomy, independence and interdependence.

Sage will meet this objective through the following actions:

- 7.1. Organising public awareness events and workshops for professionals to develop understanding of the implications of legislation on Deprivation of Liberty, Assisted Decision-Making, Safeguarding and related matters.
- 7.2. Developing a high-impact campaign in mainstream and social media supportive of the guiding principles of the Assisted Decision-Making (Capacity) Act 2015.
- 7.3. Promoting legislative recognition of the practice of independent advocacy.

²³ <https://www.chathamhouse.org/about/chatham-house-rule>

Section 4: Objectives and Actions

8. Contribute to the development of policies, strategies and initiatives related to the safeguarding of adults who may be vulnerable.

Sage will meet this objective through the following actions:

- 8.1. Developing safeguarding skills and practices within the service and monitoring and reporting on issues which arise.
- 8.2. Working with the National Safeguarding Committee to promote public awareness of abuse of vulnerable adults and legislation to create an independent National Safeguarding Service.

9. Collaborate and partner with local, regional, national and international organisations with similar or related aims.

Sage will meet this objective through the following actions:

- 9.1. Working with the National Safeguarding Committee and relevant support and advocacy organisations to develop a National Council for Advocacy that can address in a comprehensive way the standards, funding, training, skills, qualifications, coordination and other issues related to the development of the advocacy sector.
- 9.2. Engaging with relevant NGOs, Age Friendly County and local development structures to promote awareness of Sage services and initiatives reflecting Sage priorities.
- 9.3. Developing relationships with relevant organisations and advocacy groups in E.U. member states and engaging in EU programmes that can contribute to the development of the service.

10. Develop the governance, organisational, operational capacity and systems of the service and the resources necessary to sustain the service.

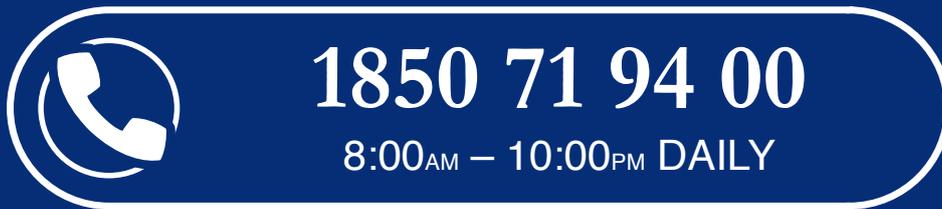
Sage will meet this objective through the following actions:

- 10.1. Developing a high performance culture underpinned by a system of support, supervision and mentoring, an appropriate salaries and pension scheme for staff and a recognition system for volunteers.
- 10.2. Focusing on lean systems and value adding practices and preparing the service for the possibility that future funding may depend on commissioning processes.
- 10.3. Developing fundraising capacity and securing a long-term base for the service in order to maintain its independence.
- 10.4. Ensuring full compliance with the Governance Code and any subsequent code developed by the Charities Regulator.

sage

Support & Advocacy Service

Information & Advice for vulnerable adults and older people



Rapid Response Service

When urgent support is required a Sage Representative
can be available nationwide within 24 hours

 @SageAdvocacy  Sage Advocacy

Nothing about you / without you

Sage Support & Advocacy Service

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