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Policy on Advocacy		

<b>Policy on Advocacy</b>	
<b>Developed by: Drogheda Services for Older People.</b>	<b>Date Developed: Revised February 2012 Revised Feb 2015, May 2017, September 2021, Sept 2023</b>
<b>Developed By: Nursing Department.</b>	<b>Date Approved: April 2011. Revised Feb 2012. Revised Feb 2015, May 2017, September 2021, Sept 2023.</b>
<b>Implementation Date: April 2009</b>	<b>Review Date: September 2024.</b>
<b>Policy Reference Number: DSOP</b>	<b>No. of Pages: 7</b>
<b>Status of the Policy: Final</b>	

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### 1.0 Policy Statement:

Advocacy is an integral part of providing healthcare and forms the foundation of the trust inherent in the nurse/carer-client relationship.

### 2.0 Purpose

To specify the principles which encompass the advocacy role and clarify the responsibilities of all staff with regard to advocating on behalf of Older Adults.

### 3.0 Scope

This policy applies to all staff within The Village Residence.

### 4.0 Roles and Responsibilities

It is the responsibility of;

The Clinical Nurse Manager to ensure this Policy is distributed to all staff within The Village Residence. The Clinical Nurse Managers are to ensure that:

- All relevant staff are informed of the Policy
- There is compliance to the Policy

And are;

- Responsible for auditing the Policy
- Responsible for evaluating the Policy
- Responsible for providing feedback to all relevant staff.

It is the responsibility/duty of staff;

- To read the Policy.
- To sign the attached sheet stating they have read and understood the Policy.
- To inform their managers if they need further information in order to understand and implement this Policy.

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### **What is advocacy?**

**Advocacy is about supporting and empowering people to communicate their will and preference, secure their human rights, or represent their interests.**

#### **Advocacy:**

- **supports people to speak up and be understood, so they can express their wishes, needs and wants, and ensure they are listened to**
- **helps people to access information, to understand options and to consider all possible factors and outcomes of a decision**
- **is empowering people to assert their human rights, make informed decisions about their life, make choices, achieve a desired outcome or address a grievance**
- **is representing a person, where required, to help them express their will and preference or to achieve a desired outcome**
- **is enabling and respecting the human rights of people who are unable to participate in decisions about themselves or express their will and preference**
- **is preventing and reducing the escalation of issues over time, such as abuse or exploitation.**

### **What is independent advocacy?**

#### **Independent advocacy:**

- ☐ **is provided to a person with their consent**
- ☐ **involves speaking up for and standing alongside a person or a group**
- ☐ **ensures that the will and preference of the person is placed at the centre of the process**
- ☐ **is provided by advocates who are free from any conflict of interest, and are independent of family, service provider or system's interests**

#### **The role of health and social care staff in relation to advocacy includes:**

- ♣ **listening to people and supporting them to have their voices heard**
- ♣ **supporting people to have their will and preference met**
- ♣ **respecting people's autonomy and confidentiality**
- ♣ **identifying the need for independent advocacy as soon as possible**
- ♣ **making information about independent advocacy services available**

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- ♣ supporting people to access independent advocacy services when needed
- ♣ working in partnership with independent advocates to support the person they are working with
- ♣ facilitating or arranging group and or peer advocacy within the service.

### **List of Advocacy Services**

#### **Irish Patients' Association**

Providing Independent Patient Advocacy since 1995

24 Church Road, Ballybrack, Co. Dublin

Web: <http://www.irishpatients.ie>

Phone: 01 272 2555

Phone: (emergency) 087 659 4183

Email: [info@irishpatients.ie](mailto:info@irishpatients.ie)

#### **Irish Advocacy Network**

Peer advocacy services for people who have experienced mental health difficulties

c/o The Health Care Unit, Rooskey, Monaghan, Co. Monaghan

Phone: 047 38918

Email: [admin@irishadvocacynetwork.com](mailto:admin@irishadvocacynetwork.com)

#### **Cairde**

Community development organisation, working to tackle inequalities among ethnic minority communities

19 Belvedere Place, Dublin 1

Web: <http://www.cairde.ie>

Phone: 01 855 2111

#### **Dental Complaints Resolution Service**

The Dental Complaints Resolution Service aims to assist dental patients and participating dentists resolve complaints about dental services. The service is an independent dental complaints service provided by the Irish Dental Association.

Web: <http://www.dentalcomplaints.ie>

Phone: 094 902 5105

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Patient Focus

### **Independent Patient Advocacy Group**

Sky Business Centre, Plato Business Park, Damastown, Dublin 15

Web: <http://www.patientfocus.ie>

Phone: 01 885 1611

[support@patientfocus.ie](mailto:support@patientfocus.ie)

### **Pavee Point**

Non governmental organisation committed to the promotion and realisation of Travellers Human Rights

46 North Great Charles St., Dublin 1

Web: <http://www.paveepoint.ie>

Phone: 01 878 0255

Email: [info@paveepoint.ie](mailto:info@paveepoint.ie)

### **National Advocacy Service for people with disabilities**

The National Advocacy Service for People with Disabilities provides an independent, confidential and free, representative advocacy service. The service is funded and supported by the Citizens Information Board.

Hainault House, Tallaght, Dublin 24

Web: [http://www.citizensinformationboard.ie/services/advocacy\\_services/](http://www.citizensinformationboard.ie/services/advocacy_services/)

Phone: 0761 07 3000

Email: [info@advocacy.ie](mailto:info@advocacy.ie)

### **Sage – Support and Advocacy Service for Older People**

Sage provides information and advice on how to access independent support and advocacy services. Their mission is to promote the rights, freedoms and dignity of older people by developing support and advocacy services wherever ageing poses a challenge for individuals.

Contact Details:

24-26 Ormond Quay, Dublin 7

Phone: (01) 5367330

Email: [info@sage.thirdageireland.ie](mailto:info@sage.thirdageireland.ie)

Web: <http://www.thirdageireland.ie/sage>

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## Inclusion Ireland

Inclusion Ireland is a national organisation advocating for the rights of people with an intellectual disability. It provides an independent advocacy service to people with an intellectual disability and their families.

Unit C2, The Steelworks, Foley St, Dublin 1

Web: <http://www.inclusionnireland.ie>

Phone: 01 855 9891

Email: [info@inclusionireland.ie](mailto:info@inclusionireland.ie)

Also visit: <http://www.healthcomplaints.ie>

Healthcomplaints.ie provides information to Service Users on how to make a complaint or give feedback about health and social care services in Ireland. This website has been developed for people who use health and social care services in Ireland, as well as for their families, care-givers and advocates. Healthcomplaints.ie directs Service Users to find the right place to give their feedback.

## 5.0 Procedure/Protocol/Guideline

Advocacy is undertaken by nurses/carers in the best interests of the resident for the provision of quality health care and should occur at the level of an individual resident, an agency or as a larger health issue. The resident has access to citizen's information and advocacy services (Advocacy Services are listed on the HSE Information Booklet "Your Service Your Say").

The advocacy service in place for any resident in The Village Residence.

### SEE CONTACT DETAILS

Staff in all areas of practice, including Older Person Services, are equally obliged to act as advocates. Advocacy is a shared responsibility. As Registered Nurses, working with Older Adults, we recognize that others, including health care professionals, the client's family and friends, and community advocacy agencies, may also act as advocates. Residents should be asked to nominate a person / persons who staff would discuss their care/wishes with should the patient/client become unable to do so (Appendix One).

Staff believe in the concepts of personal autonomy and self-determination, they respect their clients'

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values and beliefs even when they are different from their own.

Staff must not practise in a way which assumes that only they know what is best for the resident, as this can only create dependence and interfere with the patient's/client's right to choose.

Any wishes and choices relating to treatment and care are discussed with the resident and this should be recorded, implemented and reviewed regularly with them. The resident should be facilitated to access advocate/advocacy services when making decisions relating to their treatment or care in agreement with their wishes.

Advocacy is concerned with promoting and protecting the interests of residents, many of whom may be vulnerable and incapable of protecting their own interests and who may be without the support of family or friends.

Nurses/carers can do this by providing information and making the resident feel confident that he or she can make their own choices/decisions and act according to their own wishes socially, legally and politically. Residents who wish to vote or meet their legal representative will be facilitated.

A nurse/carer may speak on behalf of clients who are incapable of representing themselves. Within the boundaries of their role, nurses/carers must ensure that clients have the information required to make decisions, including information about alternate health care options. Respect for resident's autonomy means that staff should respect the choices residents make. This means discussing with them any proposed treatment or care so that they can decide whether to refuse or accept that treatment or care. Therefore, this information should enable the resident client to decide what is in their own best interests. This respect is extended to situations where the client is incapable and a substitute decision maker is appointed.

Nurses/staff support the appointed decision-maker, unless the decision-maker does not abide by the client's expressed wishes when known or, if unknown, does not act in the client's best interest.

Staff are obligated to act on their knowledge when a client's best interests are endangered as a result of unsafe practice or professional misconduct by nurses or other health care providers. When nurses/carers encounter impediments that hinder their ability to provide safe and competent care, it is their duty to advocate within their practice environments to resolve problems and promote quality health care.

Fidelity to the client is primary and must be supported by a moral climate that facilitates client

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autonomy and decision making that is in the best interest of the client. All staff are entitled to have a clearly delineated, responsive and fully supportive process within their work environments that enables them to fulfil their advocacy role completely and effectively. Staff are personally accountable for ensuring that they promote and protect the interests and dignity of residents and clients, irrespective of gender, age, race, ability, sexuality, economic status, lifestyle, culture and religious or political beliefs.

## 6.0 Expected Outcome:

Registered Nurses have a professional obligation to provide safe and appropriate nursing care to the residents they serve. Residents are in an unfamiliar environment when they enter the health care system. All staff are knowledgeable about this environment and are able to interpret information and clarify language associated with this environment so that residents are well-informed and empowered to make decisions about their own health care. Nurses/carers help create a health care environment in which patients/ clients have maximum control within the limits of their capabilities and the health care options available to them.

## 7.0 Implementation Plan

It is the responsibility of the Clinical Nurse Manager to bring this guideline to the attention of all staff working in The Village Residence

## 8.0 References

Nursing and Midwifery Board Ireland (2000) - The Code of Professional Conduct for each Nurse and Midwife

Nursing & Midwifery Council (2002) – Code of Professional Conduct

Consultation with Directors of Nursing (Community Hospitals)

HIQA (2009) National Quality Standards for Residential Care Settings for

Older People in Ireland, Standard 3 (3.5 and 3.6) and 5 (5.1, 5.2, 5.4. 5.5 and 5.6)



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Appendix 1.

### **Consent to Share/Give Information Agreement Form**

In order to fully understand your situation, it will be helpful to discuss with some other agencies and people what they know about you.

We will only ask them about matters which concern your health and care needs.

It may also be necessary to share with them information I have about you.

I do need your permission to do so and I will not act against your wishes.

**We will respect the confidentiality of any information shared with other agencies.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

DOB: \_\_\_\_\_ PCN: \_\_\_\_\_

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Address: \_\_\_\_\_

**To nominate a person to act on your behalf.**

Should you be unable due to ill health to make decisions regarding your wishes, we would like you to nominate a person / persons who we could with your permission discuss your wishes / health needs to enable us to make an informed decision regarding your care.

I nominate \_\_\_\_\_ relationship \_\_\_\_\_ as my advocate to represent my wishes should I be unable to do so.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Grade: \_\_\_\_\_

Date: \_\_\_\_\_

Review this form every 6 months with client

Date of next review: \_\_\_\_\_