National Advocacy Service for People with Disabilities

2015 Annual Report

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1. INTRODUCTION

The National Advocacy Service for People with Disabilities (NAS) provides an independent, confidential and free, issues-based representative advocacy service that works exclusively for the person using the service and adheres to the highest professional standards. 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.

Over 1,000 people with disabilities engaged with NAS during 2015 with the demand for the service is growing year on year. Waiting lists were recorded for the first time and concentrated in urban areas.

NAS is fully funded and supported by the Citizens Information Board which has a mandate under the Citizens Information Act 2007 to provide advocacy for people with disabilities.

NAS was originally managed by five Citizens Information Services and staffed by five Regional Managers, 35 Advocates (WTE) and five Administrators. Following a review in 2013, NAS was restructured into one national company with a Board of Directors. By November 2013, the new NAS Board was in place and by February 2014, a National Manager was appointed. A Transfer of Undertakings process for all staff took place and became effective on 1st June 2014. NAS now operates through a National Manager with four regions.

2015 was a year of consolidation for NAS, it being the first full year of the single new national service. The challenges which NAS faced into at the start of the year were myriad and complex. They included the ongoing consolidation of policies and systems from the five separate companies into one national organisation, a complex external environment faced by people with disabilities and the changing landscape of advocacy.

NAS advocates continued to support individuals who had been excluded from decision making and whose quality of life was poor; to respond to changes in the external environment which affected people with disabilities including the ongoing closure of larger style congregated settings and to build relationships with key stakeholders.

Considerable progress was made on a number of internal processes which support the ongoing development of a national independent representative advocacy service. This included the commencement of the EFQM which is the European Foundation for Quality Management Quality Mark with a specific focus on customer feedback, along with the engagement of an external policy writer to develop a suite of national operational policies.

2. NATIONAL ADVOCACY SERVICE STAFFING & BUDGET FOR 2015

NAS operated with the following staff (WTE) during 2015:

- 1 National Manager
- 4 Regional Managers
- 5 Administrators
- 7 Senior Advocates
- 28 Advocates

In 2015, the budget allocated to NAS was €3,103,045. Approximately 80% of the budget was allocated to salaries.

There were a number of staff changes due to maternity leaves, extended sick leave and resignation of the National Manager in July. In the interim, Helen Brougham CIB Advocacy Manager stepped into the role until end December 2015. The new National Manager recruited in December 2015 will commence in the role in January 2016.

Nuala Doherty Chairperson of the NAS Board accepted the role in March 2015 following Donal de Buitler's resignation in February 2015.

3. MEETING THE REPRESENTATIVE ADVOCACY NEEDS OF PEOPLE WITH DISABILITIES

3.1. CORE NATIONAL ADVOCACY SERVICE

Independent, representative advocacy is led and guided by the will, preferences and human rights of the people who use the service. NAS advocacy aims to support people to have greater control over their lives and to maximise their involvement in decisions, which relate to their advocacy goals.

NAS Advocates aim to:-

a) Build a working relationship with the person and to understand, respect and represent their will and preferences. This will usually involve spending time with the person in their various environments.
b) Involve the person in all aspects of the process.
c) Keep the person informed throughout the process.
d) Access and /or assist the person to access relevant information about available choices.
e) Present information in ways that assist the person to consider and weigh options and possible consequences in order to make their own informed decisions and choices.
f) Support the person to be directly involved in decision-making processes, which affect them.
g) Ensure that all practicable efforts are made to remove any barriers to communication and to employ whatever methods or resources might assist communication.

NAS supports the right of every person to assert and enjoy their human rights, to participate in society as an equal citizen and to fulfil their full potential within a life of their own choosing.

NAS Advocates work to -

a) Protect and uphold the human rights of the person.

b) Uphold the person’s rights and status as a citizen.

c) Support the person’s right to take risks and experience failure.

d) Ensure equality through due process for the person, making full use of internal and external redress mechanisms where necessary and seeking further advice and support as required.

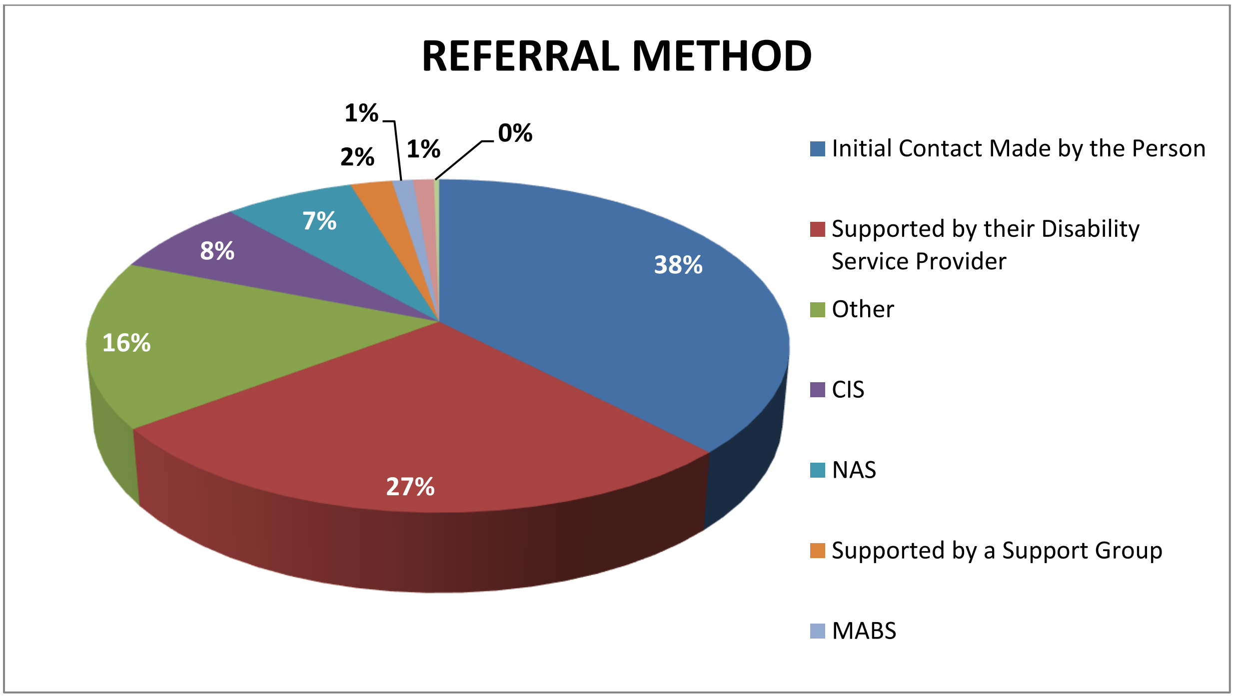
The focus of NAS work is to provide a one-to-one independent representative advocacy service for people with disabilities.

3.2. HOW CAN PEOPLE ACCESS NAS

There are a number of different routes to access NAS:-

- Direct face to face contact between a person with a disability and an advocate
- Through the NAS National Number which operates Monday to Friday 10am to 4pm
- By email or letter or other phone (staff mobiles)

People who contact NAS may be a self- referral, family member or health professional. Self-referrals and people supported by service providers were the predominant methods of referral for people accessing NAS during 2015.



NAS reviewed its monitoring and reporting on initial enquires casework, waiting lists, waiting times and national phone line activities over 2015. This work identified some variances in recording methodology and highlighted the need to develop improved mechanisms to monitor and manage enquiries and casework on an ongoing basis. This will also support further development of the case management system (ECMS) and the collection of quantitative and qualitative data for NAS.

3.3. NAS PHONE LINE

The NAS National Number 0761 07 3000 provides a single point of contact to first time callers to NAS, and responds to general enquiries. Many callers want information on rights and entitlements and they are signposted to their local Citizens Information Service. The single point of contact is proving to be an important tool in supporting a national service:

Enquiry Line Feedback

‘Many thanks for this and all your help on the phone. I also received a call yesterday from the Dublin office and they were very helpful also. A very efficient service’

4. PEOPLE SUPPORTED BY THE NATIONAL ADVOCACY SERVICE IN 2015

4.1. NAS CASE STATISTICS[1]

The number of people in receipt of services since 2011

NAS Statistics	2011	2012	2013	2014	2015
People at Start of Period	206	573	667	671	592
Total Client numbers	856	1068	1063	1013	959
New Cases	650	495	397	342	367
Closed Cases	291	411	399	423	369
Initial Enquiries	748	872	861	809	1288
No. On Waiting List	n/a	n/a	n/a	n/a	154

Initial enquiries include all enquiries into the service by any of the access routes. The demand for NAS has continued to grow year on year. Case complexity has also increased over time. Waiting lists recorded for the first time in 2015 are concentrated in urban areas, although NAS continues to experience overall growth in demand as demonstrated by the annual increase in initial enquiries. With

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[1] See Appendix 2 – ECMS Statistics

the development of waiting lists and the need to ensure consistent customer service at initial points of contact, CIB Social Policy & Research Team in collaboration with NAS, tendered for independent researchers to review access pathways to NAS. The tender process was completed in December 2015 and the work will commence early 2016.

The primary focus of the review is to identify standardised processes for use by NAS to ensure effective and timely service responses to people who engage with the service.

The review has five inter-related objectives:

1. To recommend processes for managing all initial enquiries to NAS;
2. To identify demand patterns, the reach of the service, the level of awareness of the service offer and how NAS currently manages demand;
3. To identify and recommend good practice for NAS waiting time management;
4. To recommend standard definitions, criteria and practice for managing demand and caller expectations
5. To identify components of a real time, integrated and fit for purpose electronic system that captures and reports on service demand nationally and regionally and to make recommendations accordingly.

This review involves comprehensive consultation with all key stakeholders and is expected to be complete by mid-2016.

4.2. NUMBER OF ISSUES PER ADVOCACY CASE[2]

Of the people supported by NAS advocates, 41% had one key issue of concern, 52% identified between two to seven issues and 6% had in excess of eight issues, illustrating the complexities requiring advocacy support in the lives of some people with disability and the complexity of NAS work. The most frequent advocacy issues were housing, health, justice, social welfare, childcare related court cases, family and relationships, money and tax.

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[2] See Appendix 2 – ECMS Statistics

4.3. AREAS OF ADVOCACY INTERVENTION 2015[3]

When an advocate works with an individual, empowerment is a key component of the work. By building confidence and capacity, the individual may over time be willing and able to speak up on their own behalf. Therefore, self-advocacy is an essential element of any advocacy plan. In addition, many different concerns may be included into the individual’s advocacy plan.

Throughout the year and across all the people supported by NAS, the advocacy issues varied, but with some key areas of support needs arising consistently: -

- Support in accessing important personal information - care plan, transition plan, personal outcome measures (POMS), person centred planning (PCP) documents;
- Support in expressing will and preference to ensure input to decisions;
- Support in understanding legal/appeal processes to ensure the person’s will and preference were heard in these processes;
- Support with accessing choice about where and with whom to share accommodation, when moving from residential to community living.

The implications of the health de-congregation policy (closure of institutional style settings of 10 or more people in favour of smaller settings), means that many people with disabilities are now experiencing a change of home environment for the first time in many years. HIQA standards and government policy support the person being involved in the decision making process. However, the complexity of health and social care systems often results in an individual experiencing exclusion from important decision-making processes, thus creating the clear need for NAS advocacy support for the people involved.

NAS works with people in all parts of the community –both living in residential services, those living independently and those integrated in their communities. The case below demonstrates the value of advocacy intervention for those living in the community.

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[3] See Appendix 2 – ECMS Statistics

Case

Jane lived at home with her father, grandmother and sister. She has a mild intellectual disability. Jane had a difficult relationship with her family and was there was domestic abuse in the family home. Jane wanted to move out of home into her own place, but could not get on the housing list, both because she owned part of the family home and because she was not considered to be capable of independent living as a result of being a Ward of Court.

The advocate worked with HSE Disability Manager to secure Jane a respite placement in a residential Disability Service, and worked with the Wards of Court office to ensure that Jane’s committee could be changed in line with Jane’s will and preference. Following intervention from the advocate, Jane was supported by the Local Authority social work team to be accepted onto the housing list . Jane is currently waiting to receive the keys to her new home, and has been supported by her advocate to negotiate with the Disability Service to provide a key worker. Proceedings to have Jane discharged from Wardship are ongoing.

5. IMPACT OF NAS

Over one thousand people (1288) engaged in an advocacy process with NAS during 2015. At the end of the year 595 of these people transferred into 2016 casework. People with disabilities were supported in a variety of areas and many had multiple outcomes as outlined below:

- 21% supported to self- advocate;
- 14% explored lifestyle options;
- 14% to deal with being excluded from decisions;
- 14% family relationships;
- 7% became more independent;
- 7% to develop social connections;
- 7% support with inadequate or lack of PA hours;
- 7% supported to improve communications;
- 7% lack of access to own money

The case example below details NAS work in relation to decision making and the positive impact for the individual.

Case

Young man was living in a psychiatric unit for a two year period. He had no long term enduring mental health issue and there was no plan in place for him to move elsewhere. There was regular administering of medication due to his purported challenging behavior. The advocate made representations on his behalf regarding his wishes to move from the setting. As a result funding was secured and appropriate accommodation with required supports was identified in keeping with his wishes. A number of months on, the young man has settled well into his new accommodation, is availing of supports, has integrated well into his community and the administration of medication has significantly decreased.

The case example below highlights the complex role of an advocate in working with people around sensitive issues, such as finance:

Case

A man living in a nursing home was being supported by NAS. In the course of this advocacy work it came to light that he had no knowledge of his finances and that a family member was apparently accessing his accounts. It was his wish that the matter be dealt with sensitively so that his relationship with the family member was not damaged. The advocate worked with him to secure access to his account details over time and also worked with the nursing home to put measures in place to transfer his finances into a new account to which only he had access. Efforts were made on an ongoing basis to involve the family member and the advocate supported the man to voice his wishes in meetings regarding his finances. He gained the clarity he wanted in relation to his personal finances, had a new account set up with direct access and maintained his relationship with the family member in the process.

6. NATIONAL ADVOCACY SERVICE AWARENESS ACTIVITY

NAS advocates engaged in extensive awareness raising about the NAS service offer throughout 2015.[4] This was particularly important to build relationships with services and to enhance their understanding of independent representative advocacy.

In June 2015, NAS printed and distributed accessible leaflets to all advocates. Promotional materials including the easy to read leaflets were printed and distributed across the country. However, other pressures on resources including the increased volume of initial enquiries, coupled with maternity leave did result in some interruption to this promotional activity.

Other promotional activities included participation in an 'Advocacy Gathering' event in Cork, HSE Service Provider Summits, Sage Conference 'Launch of Quality Standards' and the Civil Society Coalition on the Assisted Decision Making (Capacity) Bill led by NUIG. NAS also engaged with stakeholders at a national level - details following in this report.

NAS Policy and Practice Development

Early 2015, NAS staff engaged in a process, to identify and agree NAS core values, advocacy practice, policies and communications. Various operational policies had been in use throughout the five regions prior to the NAS restructuring. In August 2015, to meet the requirement for a standard Code of Practice and a single suite of national policies and procedures NAS appointed a Policy Writer to work with a NAS Policy Advisory Group. This Policy Advisory Group includes representation from across NAS staff and CIB Advocacy Team. With the Policy Writer, the group developed key operational policies and procedures, which supports the quality and consistency of the advocacy service offer and practice throughout the organisation.

In addition, NAS continues to develop the quality of its advocacy practice through support and supervision, regular case review, practice development and team meetings.

7. WORKING WITH SERVICES

Advocacy for people with disabilities is still a relatively new concept and there continues to be some misunderstanding about advocacy and the role of an advocate. NAS frequently experiences issues with

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[4] See Appendix 1 – Promotion & Training

some service providers and statutory agencies when seeking information and their engagement with the advocacy process. In some instances the engagement may be more tokenistic than real. NAS advocates spend a lot of time seeking access to people who wish to use the service and access to information, decision makers and meetings. This is hugely time consuming and detracts from NAS resources to provide advocacy to the people who need it. Although NAS engages in extensive relationship building and demonstrates the value of advocacy through good practice, the lack of statutory powers does mean that issues can arise in the following areas:-

- Access to services – where providers do not facilitate NAS presence in situ;
- Access to information – where an individual cannot give written consent, NAS may not obtain access to documents;
- Decision making – as services slowly begin a cultural shift away from 'best interests' many decisions continue to be made on behalf of individuals without reference to the person, their will and preference and/or their advocate;
- Obfuscation in relation to delay in replying to correspondence and access to key decision makers.

Whilst NAS has welcomed the incorporation of advocacy into HSE/service provider Service Level Agreements, it is essential that training and capacity building for service provider staff around advocacy is included as part of those staff's training and development. On some occasions front line staff and local managers are unaware of the inclusion of advocacy in Service Agreements, do not understand why an advocate has been requested and what their role is and therefore can be circumspect about the advocate's involvement. NAS does provide information sessions on advocacy and some training for staff and management, but does not have the resources to deliver all that is required. A joined up approach to training and awareness raising is required, with all stakeholders committed to the same standards. NAS would welcome a situation where services were obliged to brief their staff on working with advocates. Where services do engage collaboratively with NAS, the advocacy process can be very effective for the person NAS is supporting, in terms of their contribution to decision making.

CIB is in discussion with the Department of Social Protection to seek statutory powers for NAS to overcome these barriers to access. In the meantime, NAS continues to develop a number of responses to reach the people who need the service. These responses have included targeting specific services across the country to enhance an understanding of the NAS model of advocacy, and advocacy in the context of residential settings more generally. The synopsis below of the GENIO Project highlights the continual learning from NAS projects:

GENIO PROJECT

Funding was secured in early 2015 via Genio for a six month advocate position to increase advocacy availability for individuals living in a residential service undergoing de-congregation in the Southern Region. The advocate took up their position in August 2015 and along with other advocates in that region worked to engage with all individuals to ensure they had the choice to seek advocacy support. At year end the transition of individuals to new accommodation is on-going, some have moved and continue to be supported by their advocate in their new homes, whilst others are still availing of advocacy support ahead of any move occurring.

One learning that has emerged through this work is the challenge of providing advocacy to so many individuals in one setting and the difficulties this can pose in terms of being able to meet people on a one to one basis, when others in that setting are so familiar with the advocate and want to seek out the advocate each time they see them in the building. On many occasions, this impinged on privacy and the ability for the advocate to discuss the person's advocacy plan.

8. CONGREGATED SETTINGS AND PEOPLE WITH AN INTELLECTUAL DISABILITY

During 2015, NAS experienced an increase in 'batch' referrals from congregated settings[5] linked to HIQA inspections. On several occasions, it was unclear what the advocacy issue was. These referrals coincided with either preparation by the service for a HIQA inspection, or alternatively as part of the Action Plan response to an inspection. NAS responded to these batch referrals by seeking to engage with service providers to develop meaningful engagement with advocacy and to enhance understanding of the NAS

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[5] A Congregated Setting is defined as a residential setting where a person lives with ten or more people. Report of the Working Group on Congregated Settings Health Service Executive June 2011

model of advocacy. Midlands North East region set up a pilot project to attempt to engage with services around batch referrals as outlined below:

NORTH EAST

NAS received a number of referrals from a residential service in the North East who had received a report from HIQA detailing 19 non-compliances with HIQA standards. A pilot project between NAS and the service was set up to address the volume of referrals made to NAS, which were in direct response to the HIQA report and not necessarily issue led. An Advocate and Senior Advocate from NAS Midlands North East team and 2 Persons in Charge from the service worked collaboratively on the pilot project to :

- Support the development of advocacy in *situ* through the sharing of information about advocacy and the role of NAS as an independent service;
- Support staff to identify good advocacy practice in their job roles;
- Support staff to identify advocacy champions within their teams;
- Support the development of an Advocacy Tool Kit for the staff.

Work completed to date:

NAS spent a day with residents to explain the role of NAS. This supported the completion of some initial enquiries and discussion around other enquiries from residents.

NAS also delivered a presentation to staff. Staff from across the service attended and offered feedback around the NAS role and criteria for eligibility and it was a worthwhile exchange of information by all parties.

NAS have also attempted on a national basis to address the large volume of enquiries from services in response to HIQA inspections. The scenario below provides a typical HIQA led referral:

HIQA REFERRALS

NAS received a large number of enquiries in relation to the people living in a house provided by a service provider. Each of the enquiries had the same advocacy issues, which were vague and regarding contracts of care and finances. Following further enquiries by the advocate it became apparent the referrals were sent by the service in preparation for a HIQA inspection and that the staff did not fully understand the advocate's role. The issues that presented were that the service users were not in a position to sign the contract of care or manage their finances –which are HIQA requirements -and the perception by the service was that a NAS advocate would be in a position to do on their behalf. The NAS advocate developed an awareness plan with the service to outline the role of NAS and to develop an understanding of advocacy within the service. Through the course of the promotion with the staff members, an understanding of the role of NAS was developed and queries re contract of care and finances addressed. Pathways for open lines of communication between both services were created. NAS also provided information to the PICs (Person in Charge under HIQA standards) around other advocacy options and provided guidance on how they could build their own in- house advocacy capacity.

Whilst this work has been extremely positive and will enhance services' understanding of what it truly means to uphold will and preference, there is a considerable amount of work still to be undertaken to lead to meaningful cultural shifts in residential and other services in Ireland.

The work of NAS further encounters the restrictions placed on people's lives through service providers' focus on risk avoidance rather positive risk taking. The case study below details how this focus manifests itself:

RESIDENTIAL SERVICE WESTERN REGION

Advocates describe a service where the focus is primarily on health (risk aversion, medication, diagnosis, safety) as distinct from a holistic and person centred focus (opportunities for activities for ordinary daily life, community links, skills development, genuine occupation, reasonable risk taking and opportunities for responsibility).

However, there are the beginnings of some change in that a two- person team have organised an ‘activation programme’ for approximately 35 residents with high support needs in two units and a volunteer programme was recently initiated.

Review Group

NAS undertook a “Day in the Life of Residents” exercise, the purpose of which was to 'step into the shoes' of residents and experience daily life from their perspective.

9. STAKEHOLDER ENGAGEMENT

In October 2015, NAS and CIB met with the HIQA Chief Executive and Director of Regulation and Chief Inspector of Social Services and agreed to work collaboratively on common interests such as enhancing the understanding of advocacy.

Following the serious concerns arising from the RTE Primetime programme on Aras Attracta, the HSE Social Care division set out a Quality Improvement Programme comprising of 6 Step Plans to implement a system-wide programme of change across the social care services. One of these steps included the development of a national Volunteer Advocacy Programme and independently chaired Service User and Family Councils. Between March and September 2015, the HSE Quality Improvement Division to support the Social Care Division held a number of meetings with key stakeholders, which included NAS and CIB.

9.1. Regional and National Advisory Groups (RAGs and NAG)

NAS and CIB revised the Terms of reference of the National and Regional Advisory Groups in April 2015. The aim of these groups is to advise and support NAS and CIB on the provision of an advocacy service for people with disabilities in line with national strategies.

One RAG met in March 2015 and there was one meeting of a reconstituted NAG in September 2015. The NAG considered “Challenges to Advocacy Access and Provision” and a draft Advocacy Engagement Tool prepared by NAS.

9.2. OIREACHTAS COMMITTEE HEARING

CIB attended as a witness at a Joint Oireachtas Committee hearing on Advocacy for Patient and Social Care. NAS accompanied CIB to this hearing. Other witnesses included the Ombudsman Peter Tyndall, Sage and Inclusion Ireland. A link to the Committee's report is available here http://www.oireachtas.ie/parliament/oireachtasbusiness/committees_list/health-and-children/reports/.

The Committee Report recommended a National Patient Advocacy Service, which would help co-ordinate advocacy services and develop a Code of Practice for Advocacy Services in agreement with national stakeholders – ensuring that all professional & volunteer advocates operate to the same ethical and legal standards. The Report found that the lack of statutory powers for advocacy are considered to be a barrier which can prevent advocacy services from accessing or acting on behalf of people with disabilities. The report recommended that consideration should be given to commencing the relevant section of the Citizens' Information Act 2007 in order to resolve this issue. The Committee Report recommended a need for advocacy services to be co-ordinated; including the new Patient Advocacy Service, voluntary bodies and any public body they operate alongside such as:

i Office of the Ombudsman
ii Office for the Ombudsman for Children
iii Irish Human Rights and Equality Commission
iv Citizens Information Board

10. CONCLUSION

2015 was a significant year for NAS in that the organisation began to consolidate its progression from a developmental phase into a more established service. The support of the Board of Directors with the development of values, policies, and quality assurance has been critical to this consolidation.

The external environment remains challenging, as the cultural shift required in disability services is slow. Moreover, the advocacy landscape is changing and NAS has to continue to develop a strategic approach in response to these external factors.

NAS will continue to engage with key stakeholders in 2016, and with CIB regarding the potential granting of statutory powers for NAS.

NAS will continue over 2016 to support individuals to have their will and preference adhered to and implemented. In addition, NAS will grow as a service in terms of policy and practice development, access to the service, consistency of service offer and quality assurance.

APPENDIX 1: PROMOTION AND TRAINING 2015

GREATER DUBLIN REGION

The Greater Dublin Region completed approximately over 40 promotions with a range of stakeholders. These included St John of God; Sunbeam Services; St Michael's House; HSE Disability Services and sister services; Enable Ireland; Cheshire Services and local Self-advocacy groups. The audience included staff, board members and largely people with disabilities.

MIDLAND AND NORTH EAST REGION

The Midlands and North East Region completed approximately 35 promotions with a range of stakeholders. These included St John of God; a plethora of residential services; Disability Services across the region; a range of nursing homes and Nua Healthcare. The audience included staff, residential services and largely people with disabilities.

SOUTHERN REGION

The Southern Region completed approximately over 40 promotions with a range of stakeholders. These included a range of HSE services across the region; St John of God; Brothers of Charity; a range of services in COPE; Acquired Brain Injury Ireland; a range of community groups and Cheshire Homes. The audience included staff of all grades including management, largely people with disabilities, and families.

WESTERN REGION

The Western Region completed approximately over 60 promotions with a range of stakeholders. There were also large amounts of networking activities with a range of stakeholders. The stakeholders included a range of Disability Services and staff across the region; RehabCare; Enable Ireland; National Learning Network; Centres for Independent Living; Cheshire Homes; a range of community houses; a range of nursing homes; IWA and Brothers of Charity. The audience included a range of staff and managers, people with disabilities and a range of residential services.

APPENDIX 2: CASE MANAGEMENT STATISTICS

People Supported By Type of Disability

PEOPLE WITH:	CASES
Intellectual disability	**31.31%**
Physical disability	**22.27%**
Mental Health	**19.62%**
Learning disability	**12.46%**
Autistic spectrum	**7.76%**
Sensory disability	**6.57%**

Advocates record the primary disability for the person they are working with, although many of the people supported by NAS will have a combination of disabilities. Advocacy for people with intellectual disability represents the largest percentage of work carried out by advocates and is resource intensive in that many of those people live in residential services and may have the most complex advocacy cases. NAS also continues to support people across the range of disabilities and across a range of different advocacy issues as can be seen below.

Types of Advocacy Intervention 2015

ISSUES	CASES
Accessing Rights or Entitlements	14.13%
Information Provision	12.82%
Ensuring Will and Preference is Considered by Decision Makers	12.72%
Self-Advocacy Support/Coaching	11.60%
Option Exploration	10.66%
Inclusion and Representation in Decision Making Processes	10.29%
Making Decisions	7.20%
Completing an Appear and/or Request to Have a Decision Reviewed	6.92%
Research and Preparation	5.43%
Moving to Community Living Arrangements	4.30%
Making a Complaint	3.93%

How People Accessed NAS in 2015

Initial Contact Method	Qty	%
Initial Contact Made by the Person	137	14.27
Supported by their Disability Service Provider	98	10.21
Other	59	6.15
CIS	27	2.81
NAS	25	2.60
Supported by a Support Group	8	0.83
MABS	4	0.42
Supported by a Peer/Friend/Informal Support	4	0.42
CIPS	1	0.10