Database No: (office use)

Independent Care Act Advocacy Referral Form

Advocacy and the duty to involve

Local authorities must involve people in decisions made about them and their care and support. No matter how complex a person's needs, local authorities are required to help people express their wishes and feelings, support them in weighing up their options, and assist them in making their own decisions.

When does the advocacy duty apply?

The advocacy duty will apply from the point of first contact with the local authority and at any subsequent stage of the assessment, planning, care review, safeguarding enquiry or safeguarding review. If it appears to the authority that a person or their carer has care and support needs, then a judgement must be made as to whether that person has **substantial difficulty** in being involved. If they do, and there is **not an appropriate individual** to support them, an **independent advocate** must be appointed to support and represent the person for the purpose of assisting their full involvement.

If completing online, click once on relevant box to check. Write in text fields where required.

Date Sent:	
CLIENT DETAILS	
Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Other	Full Name:
Date of Birth:	
Gender: ☐ Male ☐ Female ☐ Transgender M to F ☐ Transgender F to M ☐ Prefers not to say ☐ Other (specify)	
Home Address: Postcode:	Current Location (if different): Postcode:
Telephone No.	Telephone No.
Email:	
Preferred method of contact:	
Client's current location:	☐ Own Home ☐ Care / nursing home ☐ Hospital ☐ Supported Living ☐ Prison ☐ Other (please specify)
Local Authority:	
Emergency Contact Name:	
Emergency Telephone Number:	
Emergency Contact Relationship:	

What is the Person's primary communication method?	
☐ English	☐ Other Spoken Language (specify)
☐ British Sign Language	☐ Gestures/Facial Expressions/Vocalisations
☐ Words/Pictures/Makaton	☐ No obvious means of communication
☐ Other (specify)	

REFERRAL DETAILS

Referral Reason	☐ An adult needs assessment ☐ A carer's assessment ☐ The preparation of a care and support plan or support plan ☐ The review of a care and support plan ☐ The review of a carer's support plan ☐ A child's needs assessment under Transition to adult care/support ☐ A child's carer's assessment under Transition to adult care/support ☐ A young carer's assessment ☐ A safeguarding enquiry ☐ A safeguarding adults review	
Substantial Difficulty The person is unable to:	☐ understand relevant information ☐ retain information ☐ use or weigh up information ☐ communicate views, wishes and feelings	
Previous IMCA Involvement	☐ Yes ☐ No ☐ Don't know	
Why does the person need an Independent Advocate?	☐ Only paid professional help available ☐ No friend/family member available ☐ No preferred friend/family member available to them ☐ No friend/family member available without a vested interest ☐ Conflict/dispute with the Local Authority ☐ Other reason, please give details:	
Referrer Name		
Referrer job title or relationship to client		
Referrer contact numbers		
Referrer's email		
Referrer's profession & LA Team if relevant		
Names and contact details of others involved or to be consulted		
Please detail any risks or behaviours the Advocate needs to be aware of when dealing with the referral		
Please provide any other relevant information, including the dates of any planned meetings		
Are you aware of any records of the person's wishes? ☐ Yes ☐ No If yes, please give details.		

Details of the Person requiring an Advocate (check ONE box only in each section)

Ethnic Background

White
- ☐ British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background (specify)

Mixed Ethnic Groups
- ☐ White & Black Caribbean
- ☐ White & Black African
- ☐ White & Asian
- ☐ Any other Mixed ethnic background (specify)

Black / Black British
- ☐ African
- ☐ Caribbean
- ☐ Any other Black/African/Caribbean background (specify)

Asian / Asian British
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background (specify)

Other Ethnic Group
- ☐ Arab
- ☐ Any other ethnic group (specify)

- ☐ Ethnicity not known
- ☐ Prefers not to say

Sexual Orientation

- ☐ Lesbian
- ☐ Bisexual
- ☐ Questioning
- ☐ Gay Man
- ☐ Other (specify)
- ☐ Not known
- ☐ Heterosexual
- ☐ Prefers not to say

Marital or Civil Partnership Status

- ☐ Single
- ☐ Co-habiting
- ☐ Married
- ☐ In Civil Partnership
- ☐ Not known
- ☐ Separated (but still legally married / in civil partnership)
- ☐ Divorced or Civil Partnership Dissolved
- ☐ Widowed
- ☐ Surviving partner of Civil Partnership
- ☐ Prefers not to say

Religion or Belief

- ☐ Buddhist
- ☐ Christian (all denominations)
- ☐ Hindu
- ☐ Jewish
- ☐ Not known
- ☐ Muslim
- ☐ Sikh
- ☐ No Religion
- ☐ Other (specify)
- ☐ Prefers not to say

Does the Person have a Military connection?

- ☐ Yes, Serving
- ☐ No
- ☐ Yes, Veteran
- ☐ Not known
- ☐ Yes, Carer relationship
- ☐ Prefers not to say

Does the Person consider themself to have a disability?

- ☐ Yes
- ☐ Not known
- ☐ No
- ☐ Prefers not to say

What type of impairment does this Person have? (check all that apply)

- ☐ Mental Health Problem
- ☐ Physical Disability
- ☐ Sensory (Hearing)
- ☐ Sensory (Sight)
- ☐ Autism Spectrum Condition
- ☐ Cognitive Impairment
- ☐ Acquired Brain Injury
- ☐ Serious Physical Illness
- ☐ Learning Disability
- ☐ Dementia / Alzheimer’s
- ☐ Unconsciousness
- ☐ Other (please specify below)

Declaration:		
Where appropriate, the client has been made aware of the referral	☐ Yes	☐ No
Where appropriate, the client has given their consent to the referral	☐ Yes	☐ No
If not appropriate, I am satisfied that the referral meets the criteria under the Care Act and is in the best interests of the client	☐ Yes	☐ No

Referrer's Name or Signature:	Date:

Please send the completed form

By email to: Plymouth@seap.org.uk

Or by post to: PO Box 375, Hastings, TN34 9HU

Or by fax to: 01424 204687

If referral confirmation not received within 2 working days, or you would like to discuss any aspects of a referral, please call Plymouth Advocacy on: 0300 343 5719.

Data Protection

All records are held by seAp in accordance with current Data Protection legislation.