The criteria which must be met for a client to be eligible for a Care Act Advocate is shown on page 3. **Referrals can only be made by the client’s Care Co-ordinator or the assessor who will complete an assessment under the Care Act**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Client Details** | | | | | | |
| **Name** |  | | | **Known as** |  | |
| **Date of birth** |  | | | **Gender** |  | |
| **Ward / Address of current location** |  | | | | | |
| **postcode** |  | | | **Telephone no.** |  | |
| **Staff contact name at current address** | |  | | | | |
| **Home address (if different from above)** |  | | | | | |
| **postcode** |  | | | **Telephone no**. |  | |
| **Religion or spiritual beliefs** |  | | | | | |
| **Ethnicity** | White British | | White Irish | | | White Gypsy / Irish Traveller |
| Other White background | | Black / Black British African | | | Black / Black British Caribbean |
| Other Black background | | Asian / Asian British Bangladeshi | | | Asian / Asian British Chinese |
| Asian / Asian British Indian | | Asian / Asian British Pakistani | | | Other Asian background |
| White / Asian | | White / Black African | | | White / Black Caribbean |
| Other mixed background: | | Other ethnic group: | | | |
| **Additional needs** | Learning Disability | | Mental Illness | | | Dementia |
| Autism | | Acquired Brain Injury | | | Other: |
| **Communication needs / preferences** | English language | | Other spoken language: | | | British Sign Language |
| Pictures / symbols | | Makaton | | | Gestures / facial expressions |
| Sounds / vocalisations | | No formal means of communication | | | Other: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer Details** | | | |
| **Name** |  | **Job Title** |  |
| **Organisation / Service** |  | **Team** |  |
| **Address** |  | | |
| **Postcode** |  | **Telephone / mobile number** |  |
| **Email address** |  | **Who should we contact to arrange initial appointment:** |  |
| **Signature** |  | | |
| **Print name** |  | **Date referral made** |  |
| **Is the client aware of this referral?** | | | **Yes / No** |
| **If ‘no’, why is the client not aware of the referral?** | | | |
| **NOTE: If a referral is made without the permission of any person who has the capacity to consent to advocacy; this breach of that person’s confidentiality will be reported to the referring body’s Information Governance team in all cases.** | | | |
| **Does the client lack the capacity to consent to a referral?** | | | Yes / No |
| **NOTE: where you identify that the client lacks capacity to consent to the referral, you are providing the necessary consent by submitting this form. This consent will allow the service to process the client’s information, act on behalf of the client, create anonymised case studies and share anonymised case notes for advocacy qualification training purposes or commissioning reports.** | | | |

|  |  |
| --- | --- |
| **Are there any current risks we need to be aware of**: | |
| **Are there any upcoming meetings or deadlines we need to be aware of**: | |
| **Additional information, including need for advocacy support:** | |
| Referral Details: **please tick all criteria which apply** | |
| The Local Authority must arrange for an independent advocate to facilitate the involvement of a person in their assessments, preparation and review of their care and support plans and through safeguarding adult enquires and reviews under the Care Act 2014 if they consider that: | |
| the person would experience **substantial difficulty** in understanding the processes or in communicating their views, wishes or feelings. **Please tick to confirm** |  |
| The Care Act defines four areas where substantial difficulty might be found:   * Understanding relevant information * Retaining that information * Using or weighing that information as part of engaging * Communicating their views, wishes and feelings   People can experience substantial difficulty without having a cognitive impairment. | |
| there is no **appropriate individual** to help them.  **Please tick to confirm** |  |
| The Care Act states the following about who may be an appropriate individual:   * It cannot be someone who is already providing care or treatment in a paid capacity * If they have capacity, the person being supported must agree to the individual supporting them * If they lack capacity, the Local Authority must be satisfied that it is in the person’s best interests to be supported by the person identified as the appropriate individual * The appropriate individual identified must be willing to support the person * The appropriate individual must be able to support the person’s active involvement e.g be geographically close enough, be able to understand the process themselves, be able to put the persons opinions before their own. | |
| There **is an appropriate individual** to help and **an advocate will also be appointed. Please tick to confirm** |  |
| There are two exceptions where both an appropriate individual **and** an advocate should be appointed, as follows:   * When a placement is being considered in an NHS-funded provision in either a hospital (for four weeks or more) or in a care home (for eight weeks or more) and the Local Authority believes that it would be in the best interests of the person to arrange an advocate * Where there is a disagreement between the Local Authority and the appropriate individual and both think an independent advocate would be beneficial to the person. | |
| **The duty to refer to an independent advocate applies to the following** | |
| **a Safeguarding Enquiry** |  |
| **a Safeguarding Review** |  |
| **a Needs Assessment under section 9** |  |
| **a Carer’s Assessment under section 10** |  |
| **the preparation of a Care and Support Plan under section 25** |  |
| **a review of a Care and Support Plan under section 27** |  |
| **a Child’s Needs Assessment under section 60** |  |
| **a Child’s Carer’s Assessment under section 62** |  |
| **a Young Carer’s Assessment under section 65** |  |
| The duty applies in all settings including the community, care homes or prisons | |

|  |  |  |  |
| --- | --- | --- | --- |
| **For ICAA service use** | | | |
| **Date referral received** |  | **ICAA assigned to case** |  |
| **RIS number** |  | **Person processing referral** |  |

Email this form to: [essexadvocacy@rethink.org](mailto:essexadvocacy@rethink.org)

Send by post to: Rethink Advocacy, Saxon House, 27 Duke Street, Chelmsford, CM1 1HT

Telephone: 0300 790 0559

**General Data Protection Regulation (GDPR)** All records are kept in accordance with current GDPR legislation

For concerns or complaints regarding the referral please contact Head of Service:

**Catherine Mercer:** [**catherine.mercer@rethink.org**](mailto:catherine.mercer@rethink.org)