Care Act Advocacy Referral Form

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| Guidance on advocacy involvement under the Care Act 2014 and completing this form:  Local Authorities have a legal duty under section 67 and 68 of the Care Act 2014 to arrange for an Independent Advocate to represent and support a person where certain conditions are met. The aim of Independent Advocacy under the Care Act is to enable people who have substantial difficulty being involved in relevant Care Act processes to be supported in that involvement as fully as possible, and where necessary to be represented by an advocate who speaks on their behalf. Theultimate aim is for people’s wishes, feelings and needs to be at the heart of the process.   * Before making a referral, referrers should identify if the person has **substantial difficulty** in being involved in the relevant Care Act process. This includes understanding, retaining, using or weighing information and / or communicating their views, wishes or feelings. In identifying substantial difficulty, a local authority must have regard to any health condition, learning difficulty or disability the person may have as well as the degree of complexity of their circumstances, whether they have previously refused an assessment (for assessment and planning functions) or whether the person is experiencing, or at risk of, abuse or neglect. * Before making a referral, referrers should identify that the person has **no other appropriate individual** to support their involvement. This individual cannot 1) be someone who is already providing the person with care or treatment in a professional capacity or on a paid basis (regardless of who employs or pays for them) 2) be someone that the person does not wish to be supported by or 3) be someone who will be unlikely to be able to support the person’s active involvement in the process (e.g. due to geographical distance).   **NB: Please ensure all relevant parts of the form are completed and Care Act criteria are met by checking relevant tick boxes and providing further information in the free text boxes available. Please note, failure to complete all relevant parts of the form may result in delaying the appointment of a Care act advocate*.*** |

Details relating to the Person:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Person (P)’s Name: |  | | | | |
| P’s Date of Birth: |  | | | | |
| **Local Authority Ref number:** | *i.e. Care First number* | | | | |
| P’s Home Address: |  | | | | |
| **Postcode** |  | | | | |
| Address of P’s Current Location*(if different from above):* |  | | | | |
| Postcode |  | | | | |
| Telephone Contact |  | | | | |
| How does P communicate? | | | | | |
|  | | | | | |
| **Please detail any risk issues or incidents relevant to P we should be aware of:** | | | | | |
|  | | | | | |
| **Has the person been informed about this referral?** *(please tick🗸)* | | **Yes** |  | **No** |  |

1. What process is the person to be involved in:

*Please Tick ☑ the relevant box/es below to ensure the criteria for Care Act Advocacy are met*

|  |  |
| --- | --- |
| section 9 needs assessment |  |
| section 10 carer’s assessment |  |
| section 25 preparing a support / care and support plan |  |
| section 27 revising a support / care and support plan |  |
| section 59 child’s needs assessment |  |
| section 61 child’s carer’s assessment |  |
| section 64 young carer’s assessment |  |
| section 42 safeguarding enquiry |  |
| section 44 safeguarding adults review (SAR) |  |
| CHC Assessment – This will require a spot purchase agreement. |  |

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| Please provide further information about the relevant process/es, including timescales and key dates: |
|  |

1. Substantial difficulty preventing the person’s involvement

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| Please state why the person has been identified as having substantial difficulty being involved in the process: |
|  |

The above means that the person has:

*Please Tick  the relevant box/es below to ensure the criteria for Care Act Advocacy are met*

|  |  |
| --- | --- |
| Difficulty understanding information |  |
| Difficulty retaining information |  |
| Difficulty using or weighing information |  |
| Difficulty communicating their views, wishes and feelings |  |

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| If a capacity assessment has found that the person is currently unable to make any decision in relation to the above process, please provide further information: |
|  |

1. Lack of appropriate individual

*Please Tick ☑ the relevant box below to ensure the criteria for Care Act Advocacy are met*

|  |  |
| --- | --- |
| The person has no other appropriate individual to support their involvement in the process |  |

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| Please provide information if parties have been considered and may be available but are not considered appropriate to support the person |
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1. Further information

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| --- |
| Please provide any other information that may help us to facilitate the person’s involvement or represent them effectively |
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**Local Authority / Referrer Contact Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of Local Authority Representative:** | | **Details of person completing this form:** *(if not Local Authority representative)* | |
| **Name** |  | **Name** |  |
| **Job Title** |  | **Job Title** |  |
| **Organisation** |  | **Organisation** |  |
| **Address** |  | **Address** |  |
| **Telephone** |  | **Telephone** |  |
| **Mobile** |  | **Mobile** |  |
| **Email** |  | **Email** |  |
| **Signed** |  | **Date** |  |
| **Name**  *(please print)* |  | **Relationship to P** |  |

**You can return this form to us by:**

Secure email: [pohwer@pohwer.net](mailto:pohwer@pohwer.net)

Fax: 0300 456 2365

Post: Care Act, POhWER, PO Box 14043, Birmingham, B6 9BL

If you have any queries about completing this form please call us on **0300 456 2370**.

## **Person’s Monitoring Information**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity** | | | | | | | | | |
| **Asian** | | **Black** | | **Mixed** | | **White** | |  | |
| British |  | British |  | British |  | British |  | Other |  |
| Bangladeshi |  | African |  | Asian/White |  | Irish |  | Declined |  |
| Chinese |  | Caribbean |  | Black African/White |  | Other |  | Unknown |  |
| Indian |  | Other |  | Black Caribbean/White |  |  |  | | |
| Pakistani |  |  | | Other |  |  |
| Other |  |  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | | **Sexual Orientation** | | **Religion** | | **Client Group**  *(please tick all relevant)* | |
| Female |  | Bisexual |  | Buddhist |  | Acquired brain injury |  |
| Male |  | Gay male |  | Christian |  | Autism |  |
| Intersex |  | Heterosexual |  | Hindu |  | Dementia |  |
| Transgender |  | Lesbian |  | Jewish |  | Child (under 18) |  |
| Declined |  | Declined |  | Muslim |  | Detained under MHA |  |
|  |  | Unknown |  | Sikh |  | Learning disability |  |
|  |  |  |  | Other |  | Profound and Multiple LD |  |
|  |  |  | | No Religion |  | Long term illness / condition |  |
|  |  |  | | Declined |  | Mental health |  |
|  |  |  | | Not Known |  | Multiple disability |  |
|  |  |  | |  |  | Physical disability |  |
|  |  |  | |  |  | Prisoner / Offender |  |
|  |  |  | |  |  | Sensory Impairment (Hearing) |  |
|  |  |  | |  |  | Sensory Impairment (Vision) |  |
|  |  |  | |  |  | Sensory impairment (Other) |  |
|  |  |  | |  |  | Substance misuse |  |
|  |  |  | |  |  | HM Forces |  |
|  |  |  | |  |  | Other *(Please state)* |  |
|  |  |  | |  |  |