



PLEASE READ THIS BEFORE COMPLETING AND SENDING THIS REFERRAL FORM:

If you are the person who requires the advocacy support, you do not need to fill in this form.

You can call us directly over the phone, email us, or SMS text us, and we will guide you through the information we need to arrange the advocacy support you require or are entitled to access.

Advocacy is about placing individuals at the heart of the advocacy process, promoting social justice, inclusion and empowerment. We expect the client to be involved in the decision to refer to advocacy—you will be asked about this. Only if a client has been assessed as lacking capacity for the particular decision/process can a referral be made in their 'Best Interests', this refers to Independent Mental Health Advocacy and Care Act Advocacy only.

Advocacy is issue-focussed, short-term (usually less than 3 months), and is not intended to replace existing services e.g. legal advice, social care, benefits, support workers, etc. but focussed on securing these services if needed.

Care Act Advocacy is for those individuals who need support through the process of social care support (assessment, support planning and/or annual review) or during a (section 42) safeguarding investigation and they have no one else appropriate to support them through this process.

Independent Mental Health Advocacy is for those individuals who are 'Qualifying Patients' as defined in the Mental Health Act (which in most cases usually means detained under Section 2, 3, 37, 47 & 48 of the Act, subject to a Section 7 Guardianship Order or a Community Treatment Order).

Prison Advocacy is for issues around social care support (Care Act) or accessing Healthcare.

Discretionary/Preventative Advocacy is a non-statutory role, where an individual requires/requests support with a particular issue/decision/process, there is no one else willing/suitable/appropriate to support them, they are able to consent (have capacity) to the support and it is not an ongoing issue or support role. This short intervention is aimed to prevent an escalation in support needs and/or stop a decrease in their wellbeing.

If your referral is for an Independent Mental Capacity Advocacy (IMCA) you need to download a different form.

CHECKLIST

Please confirm that you have included all of the information below. Missing information will lead to either rejection of the referral or cause delays before an advocate can be allocated.

YES NO

1. ONE of the following advocacy roles ;

- a) – Independent Mental Health Advocate
- b) - Discretionary/Preventative Advocate
- c) – Care Act Advocate - Assessment//Support Planning/Annual Review of Social Care/Current Placement
- d) - Care Act Advocate—support through the safeguarding process
- e) - Advocacy in Prison (Care Act or Health)

2. Agreeing to this referral

- a) - the client consents to this advocacy referral, or
- b) - the client has been assessed as lacking capacity regarding this specific issue/process so an advocate is appointed in their best interests (we will need a copy of the assessment - Care Act and IMHA only)

3. Storing confidential information

- a) - the clients agrees that Advocacy in Surrey may store this confidential information
- b)- the referral is being made in their best interests

3. The Client has been identified as having no family/friends appropriate to support them (except for IMHA referrals and safeguarding issues)

4. If family or friends have been identified, you have stated why they are not appropriate to support.

5. The client is currently residing in Surrey and Surrey has the responsibility for social care issues

6. The client is aged 16 or over (except young carers)

7. I recognise it is my responsibility to send this referral securely in line with GDPR requirements



Advocacy
in Surrey

Care Act Advocacy
Independent Mental Health Advocacy
Discretionary/Preventative Advocacy
Advocacy in Surrey Prisons



CLIENT DETAILS

Full Name			
Normal Address			
Current Location (if in prison include House Block/Wing)			
What is the best way to contact them?			
D.O.B. (dd/mm/yyyy)		Gender	
Ethnicity		Religion	
Marital Status		Orientation	
Nature of care/support needs that mean they have a difficulty of being involved <i>(click all that apply)</i>			
Physical	Dual Sensory	Visual	Organic Mental Health
Deaf/HoH	Autism/Asperger's	Carer	Functional Mental Health
Living with HIV	Long term health condition	Other <i>(specify)</i>	Learning Disability
Additional information related to the above			
Does the client have any special communication requirements			
This may be the client has hearing or language issues and so requires an interpreter, BSL signer or someone who uses Makaton (for example). They may be wary of strangers therefore needs a familiar staff member/person with them, etc.			
Are there any risks we need to be made aware of?			
E.g. dog at property, history of making allegations, history of abuse and/or violence, etc.			



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Services Used and Significant People Involved

Names, contact details and relationships of any professionals who knows the person or may be able to provide information. E.g. Care Manager, Doctor, Manager of home, Care Staff, Nurses, Advocates, etc.

**Names of friends, family or any unpaid person who knows the person
Please include contact details and relationship to the person**

If you have included friends/family, you must explain why they are not able to support the person

Note: The advocacy service is primarily there to assist people who have no one (e.g. family and /or friends) independent of paid/professional services who can assist in the person to speak up for themselves.

For Independent Mental Health Advocacy this rule does not apply.

For Care Act Advocacy, this may be because they are expressing strong views about the perceived outcome of the assessment, or as a professional you feel that they would be unable to support the person through the process for another reason. It may also be that this is a safeguarding investigation. Please explain why.

What other services/support does the client access? (Click all that apply)

Drug/alcohol	Mental Health	GP	Social Care
Probation	Other (specify below)	Voluntary	Other SMH (specify below)
CMHRS/CMHT-OP (specify which one below)		CTPLD	Transition Team



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What is the advocacy type (indicate one)

- Care Act Advocacy—assessment/support plan for social care
- Care Act Advocacy—annual review of social care/placement
- Care Act Advocacy—support through the safeguarding process
- Care Act Advocacy—in prison or licensed premises
- Discretionary/Preventative Advocacy
- Independent Mental Health Advocacy
- Prison Advocacy—Healthcare

Care Act Advocacy note: *it is the responsibility of the funding authority and/or where the person is ordinary resident to commission these service—this means if you are not acting on behalf of Surrey we will need to agree reimbursement for providing these services on your behalf. The exception to this is for people in prisons (for the purpose of the Care Act are considered ordinary resident where the prison is located), and safeguarding, which is usually the responsibility of the Local Authority who are leading on the Section 42 investigation.*

Does the client agree (consent) to this referral being made

If you have indicated no, then we cannot accept this referral unless you have completed a mental capacity assessment, and they have been assessed as lacking the capacity to agree to this referral and/or instruct the advocate. Have you included a copy of this assessment?

Does the client consent to us storing the referral information

Please provide details of the support/issue/process

This may include: what has led up to the need for this, has there been any historic issues, what steps you may have already taken around this issue, any impending dates or deadlines, etc.

Empty text area for providing details of the support/issue/process.



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Please provide details of the support/issue/process (continued)

What is the goal that the client has stated (if any) or you hope to achieve by making this referral

This may include: having their voice heard in the process, a particular thing they wish to happen as a result of the advocacy intervention, etc.



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Referrer Details (leave black if you are referring yourself)

If this is Care Act then you will need to be the social worker planning to complete the assessment, or authorised by the safeguarding panel to make this referral.

Name	
Role/Profession	
Organisation	
Team/Department	
Telephone	
Mobile	
Email	
Address	

Please make sure you complete as fully as possible.
Ensure that all the information in the checklist is supplied, then return to:

info@advocacyinsurrey.org.uk www.advocacyinsurrey.org.uk

If you have any questions then email us (preferred) or call on 0800 335 7330

Please remember, the telephone line is primarily for client use.

You can return by email, please ensure that this confidential information is transmitted by using a secure portal such as Egress (preferred), NHS secure, password protected document or other secure system.

What happens next?

You will receive an acknowledgement of your referral within one working day, if you do not, contact us.

If all the required information is included, an advocate will be appointed and make contact with the client within 3 working days (usually sooner).

If the client is instructing us, please do not expect feedback about what is happening beyond acknowledgement and liaising for meetings as required — we are led by the client in these issues.

Unacceptable Behaviour Statement

Advocacy in Surrey staff at SDPP and Matrix work positively to support people who use our services and resolve issues. Our staff will not tolerate verbal, physical, racial abuse, threatening behaviour or discrimination of any kind. We reserve the right to withdraw any of our services from customers who fail to respond to guidance around this statement and continue to behave in an unacceptable manner.

Data Protection Act 2018

In line with the Data Protection Act 2018 we need to obtain consent from the client to store and record sensitive data. This sensitive data will be recorded, stored and protected by Advocacy in Surrey and will only be shared with the independent organisations that make up the Advocacy in Surrey partnership (Surrey Disabled People's Partnership & Matrix SDT). All information will be treated confidentially and used only for the purposes of the organisations within Advocacy in Surrey. If you are making a referral on behalf of someone else then you will need to inform us that they consent to this, or you will be indicating that you have a statutory role and are making this referral and it is necessary and proportionate to share their data with Advocacy in Surrey in their best interests.

For office use only

Referral date/time		Acknowledged	
Taken by		With Matrix	