

**HertsHelp Advocacy Service**

Duty Advocate 0300 1234 044 (Mon-Fri 9am- 5pm)

Referral Social Care Advocacy Form - Children Related Issues only

Please complete in block capitals or type

|  |  |
| --- | --- |
| Client Name: |  |
| Date of Birth: |  |
| Local Authority: |  |
| Home Address |  |
| Postcode |  |
| Telephone number |  |
| Date referral made: |  |

|  |
| --- |
| Has the client been assessed by referrer as having substantial difficulties to engage in the process? If so what are the difficulties? e.g. significant learning difficulties, Asperger/autism/down syndrome/mental health etc.  Is this diagnosed? Yes/No  If no, please describe difficulties |
| Has the client been deemed by referrer as having no appropriate person (personal or professional) to support them to engage in the process? |
| Are there any other agencies involved with the client but referrer has deemed them not appropriate, please detail whom and why: |
| Has the client been supported with Information and Advice around this process?  Y/N? |

Please state the **stage** the client’s case is at in the process

**Please tick:**

|  |  |
| --- | --- |
| **Stage:** | **Please tick only one** |
| Early Help |  |
| Child in Need |  |
| Child Protection |  |
| Court/Legal Proceedings |  |

**Reason for the referral** (If in doubt call Duty Advocate):

|  |
| --- |
| State the type and nature of support required for the client. Please provide as much details as you can: |
|  |

**Consent**

|  |  |
| --- | --- |
| Has client consented to this referral? | **Y/N?** |
| If no have they been made aware of referral? If not why not? | **Y/N?** |
| If the client is not able to consent, are you giving us instruction? | **Y/N?** |

## **Specific Cultural and Communication Needs**

|  |  |  |  |
| --- | --- | --- | --- |
| Language |  | Ethnicity |  |
| Gender |  | Religion |  |
| Sexuality |  | Disability |  |
| Other (Specify) | | | |
| How does the person communicate? E.g. verbal/non-verbal | | | |

**Contact Details**

|  |
| --- |
| **Details of person completing this form (i.e. Referrer)** |
| Name: |
| Job: |
| Team: |
| Organisation: |
| Address: |
| Telephone & Mobile: |
| Email: |

|  |
| --- |
| Please detail any risk issues or incidents that our staff should be aware of: |

Please return this form by **fax** to **0300 456 2365**

by email to: [hertshelpadvocacy@pohwer.net](mailto:hertshelpadvocacy@pohwer.net)

If you have any queries please contact HertsHelp **Information, Advice and Support Centre** by **phone** on **0300 1234 044**. Thank you.