 

**HertsHelp Advocacy Service**

**TEL: 0300 123 4044**

Adults: Social Care Advocacy (Independent Advocacy) Referral Form

PLEASE CAN YOU COMPLETE IN BLOCK CAPITALS

|  |  |
| --- | --- |
| Client(Service User) Name:  |  |
| Date of Birth: |  |
| Local Authority:  |  |
| Home Address |  |
| Postcode |  |
| Telephone number |  |
| Present location, postcode, tel. (if different from above)If hospital please include ward name and telephone number |  |
| Date referral made (? Top line of this section) |  |

|  |  |
| --- | --- |
| Is this a matter of safeguarding?If so complete this form and submit to HertsHelp Advocacy Service marked as URGENT | Y/N? |
| Has the client been assessed by referrer as having substantial difficulty to engage in assessment/safeguarding process? (Would more detail about the difficulty help advocates with initial contact?) | Y/N? |
| Has the client been deemed by referrer as having no appropriate person to support them to engage in assessment/safeguarding process? If there are persons involved with the client but referrer has deemed them not appropriate, please detail whom and why: | Y/N? |
| Has the client been supported with Information and Advice around the assessment/safeguarding process? | Y/N? |

**Advocacy under the Care Act/(Independent Advocacy….?)**

**Stage the client is at in the required area of support**; this will help us triage the case more rapidly **Please tick only one (if applicable)**

|  |  |
| --- | --- |
| **Stage:** | **Please tick only one** |
| Beginning of process |  |
| Pre-assessment |  |
| During assessment |  |
| Post assessment  |  |

Area of Support required (please tick only one)

|  |  |
| --- | --- |
| A needs assessment under Section 9 |  |
| A carer’s assessment under Section 10 |  |
| Preparation of a care and support plan or support plan under Section 25 |  |
| A review of a care and support plan or support plan under Section 27 |  |
| A safeguarding enquiry or Safeguarding Adult Review |  |

Any other reason for Advocacy Referral if applicable. (If you are unsure please call 0300 1234 044 and ask to speak to a Duty Advocate) (?could this be an extra line to the boxes above)

|  |
| --- |
| What is the issue the client wants to access support for? Please provide as much detail 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/**Is an Interpreter required?** |

**Contact Details**

|  |
| --- |
| **Details of person completing this form (Referrer);** if this is advocacy under the Care Act the referrer will be the assessor or safeguarding officer |
| 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 e-mail using **to** **hertshelpadvocacy@pohwer.net**

**I understand the** **Hertshelpadvocacy@pohwer.net** **Is a secure address as it stands**

Or by **fax** to **0300 456 2365**

If you have any queries please contact HertsHelp on **0300 1234 044**.