

INDEPENDENT GENERIC ADVOCACY REFERRAL FORM

v2023.09

PLEASE READ THIS BEFORE COMPLETING 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, visit our website and fill in a quick enquiry, and we will guide you through the information we need to arrange the advocacy support you require. If we cannot support you, we will give you the contact details of who can provide this support.

Advocacy is about placing individuals at the heart of the decision-making 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, Care Act Advocacy and Independent Mental Health Advocacy.

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.

If this is for Care Act Advocacy, Independent Mental Capacity Advocacy or Independent Mental Health Advocacy this is not the correct form—please download the correct form otherwise your referral will be rejected.

Generic Advocacy is a non-statutory role, it is for those individuals who:

- Have a social care need or impairment that means they struggle to have their voice heard
 - Have no one else to support them to have their voice heard
 - Live in Slough and if eligible, would be funded by Slough for their care needs
- are able to consent (have capacity) to the support and it is not an ongoing issue or support role.
- Without this short-term support, their needs would escalate or their health and wellbeing decrease.

If you are unsure of the service needed, or if you/they are eligible for this SBC commissioned service contact us first on enquiries@matrixsdt.com.

AN IMPORTANT NOTE ON USING THIS FORM

This is a PDF form - it must be completed using a PDF App/Programme.

Do not complete with a pdf plugin inside a Web Browser as you may find that you cannot save it or some fields become non-functional.

Please make sure you complete as fully as possible, including why you are referring and the evidence you are relying on as regards the lack of capacity to consent to the referral. Incomplete or missing information can cause delays to allocation.

There are different forms and requirements for the different types of advocacy such as Independent Mental Health Advocacy (IMHA) or Independent Mental Capacity Advocacy (IMCA) find them, and other guidance at:

www.matrixsdt.com **referral@matrixsdt.com**

01753 451399

If you have an enquiry about other services or spot-purchase arrangement then please contact:

enquiries@matrixsdt.com

IMPORTANT: Confidentiality and GDPR compliance

When you send personally identifiable information (such as this form) you must send this securely to us, using Egress or another secure method.



PLEASE TELL US A BIT ABOUT THE CLIENT

Full Name			
Preferred name/ pronouns (if known)			
Normal Address			
Current Location			
Best way to arrange to see them			
D.O.B. (dd/mm/yyyy)		Gender	
Ethnicity		Religion	
Marital Status		Orientation	

Other Protected Characteristics (click all that apply)

Physical	Learning Disability	Visual	Organic Mental Health
Hearing	Autism/Asperger's	Carer	Functional Mental Health
Dual Sensory	Other (specify below)	Pregnant	Cognitive Impairment

Additional information or comments 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, signer or someone who uses Makaton. They may be wary of strangers therefore needs a familiar staff member/person with them, an early or late riser, etc.

Any other client information you consider relevant

(this is about the person, not information about the process this is on page 4)



SIGNIFICANT PEOPLE INVOLVED (PROFESSIONALS)

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, CPNs, Responsible Clinicians, etc.*

SIGNIFICANT PEOPLE INVOLVED (FRIENDS, FAMILY, ETC.)

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

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

Note: Advocates are not there to replace family/friends but primarily for when people have no one else who is independent of paid/professional services who can support the person during the issue, and make representations on their behalf with health and social care services.

Potential reasons for them not being appropriate could be: they express their own strong views rather than support the person to be involved or the client themselves has said they do not want them involved, etc.



Please provide details of the issue that the person needs advocacy support with

This may include: what has led up to the need for this, has there been any historic issues, what steps you or they may have taken already, etc. You may include supporting information in addition to this referral to help us understand the situation.

What is the goal or outcome the person is looking for (if known)



Referrer Details

Name	
Role/Profession	
Organisation	
Team/Department	
Telephone	
Mobile	
Email	
Address	
How did you hear of us?	

CHECKLIST

<i>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.</i>	Y	N	NA
1. ONE or more of the following eligibility criteria;			
a) – They have an impairment that affects their ability to speak up for themselves			
b) - They have an unmet social care need			
c) - They are currently in receipt of Social Care from Slough Borough Council			
2. The client has consented to this referral (has capacity)			
3. The client has consented to us storing confidential information			
4. The Client has been identified as having no family/friends appropriate to support them			
5. If family or friends have been identified, you have stated why they are not appropriate to support.			
6. Slough has the responsibility for social care issues and they reside in Slough			
7. The client is aged 18 or over (except young carers)			
8. I recognise it is my responsibility to send this referral securely in line with GDPR requirements			

WHAT HAPPENS NEXT?

Email securely to: **referral@matrixsdt.com**

WHAT HAPPENS NEXT?

Acknowledgement—You will receive confirmation of receipt of the referral within a few hours. If you have not received this by the next working day please contact us.

Review - we will check that the referral includes all the information that we require, and the MCA is complete (if supplied).

Clarify - if there is any missing information, issues about eligibility, etc we will contact you and request this.

Allocate - as soon as we have all the information we need, we will allocate and provide the contact details of who has been assigned and you can liaise with them directly when they will visit.

If you have included all the required information, the above four steps usually occurs within a few working hours.

Data Protection Act 2018 and GDPR

In line with the Data Protection Act 2018 and GDPR, we would normally obtain consent from the client to store and record sensitive data. This sensitive data will be recorded, stored and protected by Matrix Advocacy and will only be shared on a need to know basis with other people or professionals. All information will be treated confidentially and used only for the purposes presented in the pursuit of our responsibilities, and will be deleted within the agreed timescales as outlined in GDPR. As this particular referral is being made on behalf of someone else in their best interests, by completing this form you will be indicating that you have a statutory role in making this referral and it is necessary and proportionate to share their data with Matrix in upholding their Human Rights and rights under the Care Act 2014.