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| **Hartlepool Adult Social Care Advocacy**  **General Advocacy Referral Form**  **October 2023** | | | | | | | | | | | | |
| **GUIDANCE:** | | | | | | | | | | | | |
| **Not providing the necessary information could affect response times. Please complete the form in full, including signatures and dates.**  ***NB – we accept referrals directly by Email at*** [***adultscommissioning@hartlepool.gov.uk***](mailto:adultscommissioning@hartlepool.gov.uk)  Discuss this referral to Adult Social Care Advocacy with the patient/individual for HBC to identify a General Advocate from the Provider Framework.  Give the patient/individual the opportunity to decide whether to request advocacy support themselves.  Consider referring to Advocacy if you think the patient/individual may benefit from advocacy support, but is unable, or unlikely to request support themselves.  A referral should **NOT** be made to Advocacy where the referrer knows, or strongly suspects the patient/individual does not want the support of an Advocate.  The Service is not a substitute for any independent advocacy which already takes place.  *This form is subject to review to maintain service provision and monitoring.* | | | | | | | | | | | | |
| **PLEASE RETURN THE COMPLETED FORM VIA EMAIL** | | | | | | | | | | | | |
| **SERVICE USER DETAILS:** | | | | | | | | | | | | |
| **Name:** |  | | | | | | | | | | | |
| **Gender:** | **M** | **F** | | **O** | | **DOB:** | |  | | | | |
| **Permanent Address:** |  | | | | | | | | | | | |
| **Postcode:** |  | | | | | **Telephone:** | |  | | | | |
| **Current Location:** |  | | | | | | | | | | | |
| **Postcode:** |  | | | | | **Telephone:** | |  | | | | |
| **ETHNIC BACKGROUND *(Please tick box that applies)*** | | | | | | | | | | | | |
| **White British** | | | | |  | **Black/Black British (African)** | | | | | |  |
| **White Irish** | | | | |  | **Black/Black British (Caribbean)** | | | | | |  |
| **White (Other Background)** | | | | |  | **Black/Black British (Other Background)** | | | | | |  |
| **Mixed: White/Black African** | | | | |  | **Asian/Asian British (Bangladeshi)** | | | | | |  |
| **Mixed: White/Black Caribbean** | | | | |  | **Asian/Asian British (Indian)** | | | | | |  |
| **Mixed: White/Asian** | | | | |  | **Asian/ Asian British (Pakistani)** | | | | | |  |
| **Mixed: (Other Background)** | | | | |  | **Asian/Asian British (Other Background)** | | | | | |  |
| **Chinese** | | | | |  | **Other Ethnic Group** | | | | | |  |
| **Any identified religious, cultural or spiritual needs?** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Are there any relevant risks that the Advocate should be aware of? (eg: behaviour, security issues, exposure to infection). If yes please give brief details.** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **REFERRAL DETAILS:** | | | | | | | | | | | | |
| IS THIS A SELF-REFERRAL? | | | | | | | | | | YES | NO | |
| The advocacy service has a duty to ensure the safety of lone workers. In accordance with the data protection act we reserve the right to speak to and request information from third parties regarding past and current risk. For further information please contact the advocacy service. | | | | | | | | | | | | |
| IF THIS IS NOT A SELF-REFERRAL PLEASE PROVIDE DETAILS BELOW: | | | | | | | | | | | | |
| Referrer: |  | | | | | | | | | | | |
| Role: |  | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | |
| Postcode: |  | | | | | | Telephone: | |  | | | |
| Email: |  | | | | | | Fax: | |  | | | |
| REASON FOR REFERRAL | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| BRIEF DETAILS OF THE SITUATION THAT REQUIRES ADVOCACY INVOLVEMENT: | | | | | | | | | | | | |
| e.g. Older People, Learning Disability, Physical Disability …  *(please indicate)*   * Does the individual meet the eligibility criteria under the Care Act 2014 (***see back page***)? **YES NO** * Has the patient/individual received Advocacy support before? **YES/NO/DON’T KNOW** * If yes, name of Advocate/Provider: | | | | | | | | | | | | |
| ARE THERE ANY DEADLINES OR IMPORTANT MEETING DATES? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **CONTACT DETAILS:** | | | | | | | | | | | | |
| Care Coordinator: |  | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | |
| Postcode: |  | | | | | | Telephone: | |  | | | |
| Email: |  | | | | | | Fax: | |  | | | |
| GP: |  | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | |
| Postcode: |  | | | | | | Telephone: | |  | | | |
| Email: |  | | | | | | Fax: | |  | | | |
| Nearest Relative: |  | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | |
| Postcode: |  | | | | | | Telephone: | |  | | | |
| Email: |  | | | | | | Fax: | |  | | | |
| **DECLARATION:** | | | | | | | | | | | | |
| Because of the General Data Protection Regulations 2018 a signature is needed to say that you agree to HBC securely holding personal information (including the information on this form), on a computer and in a filing system. It is the policy of HBC that all personal data will be held in accordance with the principles and requirements of the General Data Protection Regulations 2018 and other relevant legislation, and that procedures will be put in place to ensure the fair processing of data relating to individuals. You can request further information on confidentiality from ourselves, or the appropriate advocacy service.  *I agree HBC can securely hold, and put on computer and in a filing system, the information on this form.*  **MUST BE SIGNED AND DATED** | | | | | | | | | | | | |
| SIGNATURE | | |  | | | | | | | | | |
| DATE | | |  | | | | | | | | | |
| **THE REFERRER** (leave blank if signed by Service User) I would like HBC to do this work. They can keep, and put on computer and in a filing system, the information on this form provided to do the work. I am providing this information and asking for this referral in the Service User’s best interests.  **MUST BE SIGNED AND DATED** | | | | | | | | | | | | |
| SIGNATURE | | |  | | | | | | | | | |
| PRINT NAME | | |  | | | | | | | | | |
| DATE | | |  | | | | | | | | | |

**Needs which meet the eligibility criteria: adults who need care and support**

**2.** (1) An adult’s needs meet the eligibility criteria if—

(a) the adult’s needs arise from or are related to a physical or mental impairment or illness;

(b) as a result of the adult’s needs the adult is unable to achieve two or more of the outcomes specified in paragraph (2); and

(c) as a consequence there is, or is likely to be, a significant impact on the adult’s well-being.

(2) The specified outcomes are—

(a) managing and maintaining nutrition;

(b) maintaining personal hygiene;

(c) managing toilet needs;

(d) being appropriately clothed;

(e) being able to make use of the adult’s home safely;

(f) maintaining a habitable home environment;

(g) developing and maintaining family or other personal relationships;

(h) accessing and engaging in work, training, education or volunteering;

(I) making use of necessary facilities or services in the local community including public transport, and recreational facilities or services; and

(j) carrying out any caring responsibilities the adult has for a child.

(3) For the purposes of this regulation an adult is to be regarded as being unable to achieve an outcome if the adult—

(a) is unable to achieve it without assistance;

(b) is able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety;

(c) is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or

(d) is able to achieve it without assistance but takes significantly longer than would normally be expected.

(4) Where the level of an adult’s needs fluctuates, in determining whether the adult’s needs meet the eligibility criteria, the local authority must take into account the adult’s circumstances over such period as it considers necessary to establish accurately the adult’s level of need.

**Needs which meet the eligibility criteria: carers**

**3.**—(1) A carer’s needs meet the eligibility criteria if—

(a) the needs arise as a consequence of providing necessary care for an adult;

(b) the effect of the carer’s needs is that any of the circumstances specified in paragraph (2) apply to the carer; and

(c) as a consequence of that fact there is, or is likely to be, a significant impact on the carer’s well-being.

(2) The circumstances specified in this paragraph are as follows—

(a) the carer’s physical or mental health is, or is at risk of, deteriorating;

(b) the carer is unable to achieve any of the following outcomes—

(i) carrying out any caring responsibilities the carer has for a child;

(ii) providing care to other persons for whom the carer provides care;

(iii) maintaining a habitable home environment in the carer’s home (whether or not this is also the home of the adult needing care);

(iv) managing and maintaining nutrition;

(v) developing and maintaining family or other personal relationships;

(vi) engaging in work, training, education or volunteering;

(vii) making use of necessary facilities or services in the local community, including recreational facilities or services; and

(viii) engaging in recreational activities.

(3) For the purposes of paragraph (2) a carer is to be regarded as being unable to achieve an outcome if the carer—

(a) is unable to achieve it without assistance;

(b) is able to achieve it without assistance but doing so causes the carer significant pain, distress or anxiety; or

(c) is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the carer, or of others.

(4) Where the level of a carer’s needs fluctuates, in determining whether the carer’s needs meet the eligibility criteria, the local authority must take into account the carer’s circumstances over such period as it considers necessary to establish accurately the carer’s level of need