



**Independent Advocacy Care Act 2014**

**Referral Information and Form**

**The Care Act 2014** was introduced to promote the wellbeing of individuals and their carers to help them achieve the outcomes that matter to them in their everyday lives.

The key principle of WELLBEING applies in all cases where the Local Authority is carrying out a care and support function or making a decision in relation to a person with care and support needs or their carer.

**Under the Care Act 2014 the Local Authority has a duty to provide independent advocacy to adults who need care and support and their carers.**

**Not everyone is entitled to an independent advocate. Two conditions must be met:**

* The person has substantial difficulty being fully involved within assessment, care and support planning and review and safeguarding

AND

* There is no one appropriate and available to support and represent their wishes

**The client and/or carer must have:**

**Substantial difficulty (only one need apply)**

The person requiring care and support has difficulty in **one** of these areas:

* Understanding relevant information
* Retaining information
* Using/weighing up the information (as part of being involved in the key process)
* Communicating their own wishes, views and feelings

**What does appropriate to support mean?**

* The person has consented to that person supporting them

**AND**

* That person is willing to support them

**Inappropriate to support**

* You also need to consider if the person is appropriate to support the person
* The statutory guidance (7.32 – 7.41) give examples of this, e.g. a person may be inappropriate if they have their own strong views that may differ from the person requiring the care and support.

**The Local Authority MUST arrange independent advocacy even if the person has appropriate support when:**

* The exercising of the care assessment / planning function might result in a placement in either NHS funded provision in hospital for 4 weeks or more OR a care home for 8 weeks or more AND the Local Authority believes that it would be in the individual’s best interests to appoint an advocate.
* There is disagreement relating to the individual between the Local Authority and appropriate person AND both agree that it would be in the individual’s best interests to appoint an advocate.
* An individual makes an appeal against the Local Authority decision.

**The Advocate’s involvement can be in one or more of the following key areas:**

* Assessment Process (eligibility)
* Care and Support Planning
  + - Help support person to write the plan
    - To support or represent the person
* Care Review Process
  + - Initial review (at 6-8weeks)
    - Subsequent review (no later than 12mths after assessment)
* Safeguarding Enquiries / Reviews.
* Appeals process (NB - still under consultation)

**The Advocate’s role is to:**

* Help the individual understand the process and their rights
* Communicate the individual’s views, wishes and feelings
* Help the individual make decisions in the course of being involved in care and support arrangements
* Challenge decisions made by the Local Authority if the individual requires this or the decision made does not appear to be in that individual’s best interests (if they lack capacity to request a challenge).
* Provide the individual with support and represent them in safeguarding

**Please also note:**

* Where an independent advocate is provided the Local Authority must still consult with family and friends when the individual asks them to.
* Individuals’ statutory right to / professionals’ duty to refer for an Independent Mental Capacity Advocate (IMCA) OR Independent Mental Health Advocate (IMHA) are not affected by the new duties under the Care Act 2014.

**CARE ACT ADVOCACY REFERRAL FORM**

In order to comply with data protection legislation please send completed referral forms electronically via egress to: [advocacy@ageukcheshire.org.uk](mailto:advocacy@ageukcheshire.org.uk). If you do not have access to Egress please send them to the same email address but password protected. Please ensure the password is sent separately.

**Contact details:**

The Cheshire Advocacy Hub

Castle Community Centre  
Barbers Lane

Northwich

CW8 1DT

**Telephone number: 03333 660027**

Upon receipt of the referral form the Cheshire Advocacy Hub will allocate this referral to an Advocate from Age UK Cheshire or Disability Positive

**This is the Care Act referral form for those seeking advocacy for anyone aged 18 and over (and those children in transition to adult services).**

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| **Client Name** |  | | | | |
| **Telephone number** |  | | | | |
| **Current Address** |  | | | | |
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| **Permanent Address** |  | | | | |
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| **Age & Date of Birth** |  | | | | |
| **GP Name/ Practice** |  | | | | |
| **Equality & Diversity Information** | **Please complete or tick relevant box** | | | | |
| **Gender** |  | Not Known |  | Prefer Not  To Say |  |
| **Ethnicity** |  | Not Known |  | Prefer Not  To Say |  |
| **Any Disability Yes/No** |  | Not Known |  | Prefer Not  To Say |  |
| **Main Disability if Yes to above** |  | Not Known |  | Prefer Not  To Say |  |
| **Sexual Orientation** |  | Not Known |  | Prefer Not To Say |  |
| **Religion** |  | Not Known |  | Prefer Not  To Say |  |

|  |  |
| --- | --- |
| **Referrer:** | |
| **Name** |  |
| **Team Name (if applicable)** |  |
| **Telephone number** |  |
| **Email Address** |  |
| **Address** |  |

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| --- | --- |
| **Who is this referral for?** | **✓** |
| An adult with care and support needs |  |
| An adult carer with support needs |  |
| A child in transition to adult services |  |
| A child carer in transition to adult services |  |

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| **Consent to referral?** | **✓** |
| Have you discussed this referral with the person being referred? |  |
| Has the person agreed to this referral being made? |  |

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| **Advocacy required/issue (please tick one for the purpose of this referral):** | **✓** |
| Needs Assessment Completion |  |
| Carers Assessment Completion |  |
| Preparation of Care and Support Plan |  |
| Preparation of Support Plan |  |
| Review of Above Plans |  |
| Appeal |  |
| Safeguarding Enquiry |  |
| Safeguarding Review |  |

**How does the person prefer to communicate?**

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| --- |
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|  |  |
| --- | --- |
| **Nature of substantial difficulty?**  **(please tick all that apply)** | **✓** |
| Understanding relevant information |  |
| Retaining information |  |
| Using or weighing up information |  |
| Communicating their  own wishes, views and feelings |  |

|  |  |
| --- | --- |
| **Is the person considered to have any of the following?**  **(please tick all that apply)** | **✓** |
| Learning Disability |  |
| Dementia |  |
| Mental Ill Health |  |
| A Physical Disability |  |
| An Acquired Brain Injury |  |
| Deaf, Blind, Deaf/Blind |  |

**Have you explored all options for anyone who may be appropriate or available to offer support or facilitate involvement? Please provide?**

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**Is there any information the advocate needs in order to keep the person and/or the advocate safe (e.g. health or behavioural issues?)**

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|  |

**Consent**

I have read and understood how you will use and process my data for this service and I have informed any relevant third-parties of the information I provide to you about them, in line with the [privacy notice](https://www.ageuk.org.uk/cheshire/privacy-policy/)

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Age UK Cheshire registered charity number: 1091608   
Disability Positive registered charity number: 1091744.