



Advonet Advocacy

Standard Operating Procedures (SOPS)

Version One
September 2018

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Background Information

From April 2018 Advonet as part of a consortium was commissioned to deliver a single, integrated advocacy service for Leeds. The service is commissioned by Leeds City Council. Advonet is the lead partner working in partnership with AgeUKLeeds, Touchstone and Signhealth.

The consortium will deliver the following advocacy streams;

1. Community advocacy
2. Independent Health Complaints advocacy
3. Care Act advocacy (CAA)
4. Independent Mental Capacity Advocacy (IMCA)
5. Deprivation of Liberty Safeguards (DoLS), Relevant Person's Representative (RPR)
6. Independent Mental Health Advocacy (IMHA)

Advonet delivers other services in addition to advocacy. Our team can provide you with this information and details of other relevant services in the city.

Contacts

Email: office@advonet.org.uk

Tel: 0113 244 060

Text: 07397939820

Unity Business Centre
26 Roundhay Road
Leeds
LS7 1AB

Our main office is located at Unity Business Centre, for details of how to get there and transport links please see www.advonet.org.uk

We also hold drop-in sessions in the community and GP surgeries across the city. Please contact us for a list of outreach surgeries. Appointments with clients can take place in the community, inpatient settings and at our main office.

Service Availability

Our offices are staffed from 9am to 5pm, Monday to Friday, and a voicemail facility will operate outside of these times. Our offices are open throughout the year except for Bank Holidays including Christmas Day and New Year. Advocates work flexibly where possible to meet the needs of their clients.

This guide will give you information on referral processes, the parameters of advocacy, how we work as a service and the different types of advocacy.

What is Advocacy?

“Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy

schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice” (NDTi Advocacy Charter, 2018)

Advonets advocacy services are person-centred and help people to:

- be involved in decision making processes including best interest meetings
- have a say in decisions about their care and treatment
- say what they want
- secure and safeguard their human rights
- represent their wishes and views
- access appropriate services and support
- challenge unfair and discriminatory practices, policies and procedures
- identify unmet need and gaps in service provision
- explore their options and rights without bias to enable them to make informed choices

In carrying out the work above our advocates will explore their client’s views and wishes with them, provide information to help them make informed choices, and support our client’s development of self-advocacy skills. Our advocates will not give their personal opinion, make decisions for, or seek to influence a client’s decision-making. Advocacy is not a crisis or emergency support service and advocates are not support workers, counsellors, befrienders or mediators. If we are not the right service we will signpost or refer clients to the right organisation.

Working under Instruction

Advocates work under instruction which means their work is directed by their client and their client’s desired outcome. If a client with capacity refuses to instruct an advocate or does not wish an advocate to be involved we will be unable to provide advocacy. Where a client has been assessed under the Mental Capacity Act 2005 as lacking capacity to make a specific decision, they may still be able to instruct their advocate and/or express their preferences and views. If however, they lack capacity to give a direct instruction and/or express their views the advocate will undertake their role under a Non-Instructed Advocacy (NIA) framework and may use a variety of advocacy methods such as Watching Brief.

When working within a NIA approach and/or where clients have communication difficulties advocates need sufficient time to fully engage with the advocacy process. Non-Instructed Advocates remain independent and will gather their client’s views, wishes and opinions in the best way possible to inform the decision making process and/or any best interest meeting.

Consent and Information Sharing

Advonet will not routinely disclose to any third party that a client is accessing our services, or share information with other parties involved in the advocacy enquiry area or decision making process, without the direct verbal or written consent from our client. Where a client has been assessed under the Mental Capacity Act 2005 and is undergoing a best interest decision making process the advocate will share information with the decision maker and/or referrer.

When a third party including professionals, shares relevant information with an advocate this information is not withheld from their client and will be shared appropriately as this supports their client to make informed choices, have a say, and be involved and included in decisions being made. There may be occasions where a best interest decision has been made around not disclosing specific information to a client we are working with, if this is the case please inform the named advocate at the time of disclosure.

Advonet has organisational confidentiality and safeguarding policies and follows these when making decisions about disclosing and sharing information when explicit consent has not been given by a client.

Advocacy Principles

Our service adheres to the key principles contained within the Advocacy Charter that underpin independent advocacy. The charter was developed to inform advocacy practice and training, and raise awareness of the value of Advocacy and as a quality assurance mechanism.

There are 10 key principles:

1. Clarity of Purpose
2. Independence
3. Confidentiality
4. Person Led
5. Empowerment
6. Equal and diversity
7. Accessibility
8. Accountability
9. Safeguarding
10. Supporting Advocates

Independence – we are independent from statutory organisations, service providers, funders and commissioners including other services within Advonet or our partners. This ensures that the wishes and feelings of the person receiving advocacy are represented and are not inhibited by conflicts of interest or partiality.

Person Led – advocates work is directed by the person they are advocating for. Advocacy supports people to make their own informed choices, including helping them think about any risks and consequences that may result from their decision. Advocates do not withhold information.

Confidentiality – we recognise the importance of confidentiality as central to enabling people to feel they have a safe space to share their story. Our written confidentiality policy is discussed with clients at the beginning of our work including circumstances where we may need to disclose information to a third party.

Empowerment – we seek to continually develop our service in line with the people who use it including taking into account the advocacy support they want. The ultimate goal of advocacy is to promote and support self-advocacy so that a person is able to speak up for themselves. For further information on the advocacy charter visit www.advonet.org.uk

Advonet also operates within an Advocacy Quality Performance Mark (AQPM) and advocates are appropriately qualified and trained, holding the Independent Advocacy Qualification (IAQ) and associated specialist modules for statutory advocacy such as IMCA and IMHA.

Multi-skilled Advocates

Advocates within Advonet are trained to work across more than one advocacy approach and undertake their role within different legislative frameworks such as the Mental Capacity Act and Mental Health Act. This enables Advonet and advocates to be responsive to the changing needs of their client and maintain an ongoing relationship with them which provides continuity of contact. Advocates carry out their role in accordance with the legislation they are working under. Where advocates are asked to undertake work that falls outside of their role, either by their client or a professional they will endeavour to signpost or refer to the appropriate service.

Referral Routes and Service Access

Each advocacy service has established access criteria and this may be determined by legislation for statutory advocacy and additional need in NHS and community advocacy service streams. See appendix A for an overview of each type of advocacy and access criteria.

All referrals to Advonet should be made using the single referral form (see Appendix B), which is designed to help us determine what type of advocacy support is required.

Referrers should:

- complete the required parts of the referral form including any planned meetings
- ensure all referrals are sent securely, using an encrypted email system or password protected document
- contact Advonet if you are unsure which advocacy stream is most appropriate for the person you are referring
- submit referrals at the point you identify someone requires advocacy support to ensure advocacy can commence in advance of meetings and decisions
- provide supplementary information with the referral, such as decision-specific capacity assessments, DoLS forms, care plans or assessment notes.

Allocation Process

Advonet triages, prioritises and allocates referrals in-line with established legislation, criteria and agreed timescales. (Appendix C & D).

Once a referral has been received we will:

- acknowledge receipt with the person making the referral within **two** working days
- notify the person making the referral if there is a waiting period prior to allocation
- contact the person requiring advocacy and/or the decision-maker/referrer where there is a lack of capacity, if further information is required or needs clarifying
- check the person requiring advocacy has given consent for the referral
- allocate the referral to a named advocate

- once allocated the named advocate will contact the person requiring advocacy and arrange to meet with them.

Please note: Incomplete referral forms will result in delays in allocation which may affect timescales other professionals are working to. Where relevant paperwork has not been provided such as DoLS authorisation forms there will be a delay in allocating until these have been received.

For advocacy involvement to be meaningful and support clients statutory and human rights, it is important that all referrals are made with sufficient time for the advocate to engage with the person requiring advocacy prior to meetings and decisions being made. Delays in responding to communication from the referral team or advocate may extend the advocacy process and impact on capacity and responsiveness.

Case Closure

Advocates undertake work on active cases. When agreed work has been completed, decisions made and/or a client is discharged or moves out of area cases are closed promptly. Where we are unable to make contact with clients and/or professionals or gain an instruction, after a specified period of time we will close a case.

Out of Area Referrals and Spot Purchase

As part of our contract with Leeds City Council we accept referrals for people resident within the boundary of Leeds City Council.

In addition, we will be open to RPR referrals for people ordinarily resident in Leeds but currently residing out of area. Should a referral be required outside of our contractual remit the referrer should contact us to discuss a spot purchase arrangement where we, or our partners may be able to provide advocacy. This will be dependent on service capacity at the time the referral is made. Where a spot purchase arrangement is agreed confirmation of payment will be required prior to any advocacy work commencing.

Concerns and Complaints

Advonet aims to provide the highest quality service, and maintains a commitment to dealing positively and fairly with concerns and complaints from clients, professionals and other stakeholders. We believe this is best achieved by implementing a combination of preventative measures, robust complaints procedures and maintaining a flexible and responsive approach when they occur.

Any complaint or concern regarding referrals, allocation timescales, working approaches or advocates working as part of Advonet should be directed to the relevant service manager.

We have found that a key component of preventing complaints is to work proactively to manage expectations around what advocacy is and isn't, what an advocate can and can't do and the scope and limitations of the service. To this end we will continue to seek opportunities to engage in dialogue with referring partners to provide training and literature, address individual concerns, answer queries and discuss any operational issues.

Appendix A – Types of Advocacy and Access Criteria

Community Advocacy

We provide short term, issue based advocacy to anyone over the age of 18, who lives within the geographical boundary of Leeds and/or are registered with a Leeds GP. We check GP registration where addresses are located on the boundary of two local authorities. Independent advocacy will enable individuals to understand their choices, obtain their rights and make sure their voice is heard directly or their preferences represented in relation to issues effecting their health and wellbeing; and for whom there is no other appropriate support available.

Referrals for patients who are ordinarily resident within the geographical boundary of Leeds City Council and currently resident and receiving care and treatment in an inpatient mental health setting can also be accepted.

When the Community Advocacy service has a waiting list it operates a Prioritisation Procedure which takes into account the advocacy issue, barriers to accessing services and support and prioritises people with a protected characteristic such as disability and/or those who are from disadvantaged groups or communities.

Access is available through an open referral process, including self-referral, a professional, carer or other. Consent, where possible, from the person requiring advocacy will be established before any work is carried out on third party referrals.

Independent Health Complaints Advocacy

This service supports residents who wish to complain about NHS-funded services they have received, either in their own right or on behalf of a child, family member, or carer and whom live, permanently or temporarily within the Leeds Local Authority Metropolitan District. This includes those people who are residing in any prisons within this geographical boundary, students and gypsies and travellers. For any person living outside of this boundary who wishes to use the IHCA service in relation to an NHS service they received in Leeds will be considered on a case by case. Children and younger people may be supported via an approved representative. This approval is granted by the NHS service about whom the complaint is being made.

Advonet provides practical support and information on local and national NHS complaints procedures, and will assist with the preparation of complaints, help clients with correspondence, support at local resolution meetings and progression to the Parliamentary and Health Service Ombudsman (PHSO).

Access is available through an open referral process, including self-referral, a professional, carer or other. Consent, where possible, from the person requiring advocacy will be established before any work is carried out on third party referrals.

Care Act Advocate (CAA)

Care Act advocacy is available to any eligible Leeds resident within the geographical boundary of Leeds. Referrals for Care Act advocacy will be made by Adult and Health Social Workers who are assessing or reviewing care or conducting a safeguarding process for an individual who they judge as having substantial difficulty being involved in

the process and where there is no other appropriate person to support them to be involved.

The Care Act advocate will support the person to be involved in the social care processes and decisions arising from them, and will represent the person's views and wishes as far as they can ascertain them. Where the latter is not possible, advocates will adopt a non-instructed approach to ensure the person's human rights and previously stated views and wishes have been taken into account, as well as whether the principles of the Care Act have been followed.

Care Act advocates should be given access to relevant information about the client, and involved where appropriate in a timely manner by professionals. Advocates may raise concerns or complaints as instructed by their client, which should be considered and responded to by the Local Authority in line with Care Act guidance.

Eligibility for access to a Care Act advocate is set out in the Care Act and summarised below.

A person is judged as having substantial difficulty in being involved in the social care process if it seems this substantial difficulty prevents them from one or more of the following;

- understand information relevant to the process
- retain this information
- weigh this information as part of being involved in the process
- use this information as part of being involved in the process
- communicate their views about the process

A family member or friend may not be an appropriate person due to being unwilling or unable to support the client to be involved in the social care process, or because the client objects to their being involved. Where there is a dispute between the Local Authority and family members, and both parties feel an independent advocate would be of benefit a referral can be made.

Referrals will be acknowledged within 48 hours and advocacy will be provided in line with the timescales for Adults and Health processes e.g. assessment, reviews and safeguarding. Referrals for a safeguarding issue will take priority over all other referrals for Care Act Advocacy.

Out of area placements will be discussed on a case by case basis.

[Independent Mental Capacity Advocate \(IMCA\)](#)

Eligibility for access to an IMCA is set out in the Mental Capacity Act. Referrals for IMCAs should be made by the decision makers involved; i.e. by professionals in the area the person is currently resident, rather than ordinarily resident.

IMCA referrals **must** be made for persons aged 16 and over for whom Leeds health and social care professionals are considering a 'best interests' decision regarding the following, due to the person having been formally assessed as lacking capacity to make the decision themselves;

- serious medical treatment
- long term change in accommodation

IMCAs **may** also be appointed for initial Care Reviews and for safeguarding issues (for the latter the family and friends remit below does not apply). Support for ongoing Care Reviews could then be provided by a Care Act Advocate.

A person is judged as lacking capacity if they have a mental impairment which prevents them from doing one or more of the following;

- understand information relevant to the decision
- retain this information
- weigh this information as part of making a decision
- use this information as part of making a decision
- communicate their decision

In conducting a capacity assessment, the decision maker should ensure they have used any relevant communication aids and employed the principles of the Mental Capacity Act.

An IMCA should be instructed for the above where there is no other appropriate individual for the decision maker to consult with. A family member or friend may be inappropriate due to being unwilling or unable to support the client be involved in the social care process, or because the client objects to their being involved. Where there is a dispute between the Local Authority and family members, and it is believed an independent advocate would be of benefit a referral should still be made.

An IMCA will provide a report for the decision maker, to aid their decision making, and will support the client to be as involved as possible in the decision.

Deprivation of Liberty Safeguards

An IMCA should also be instructed where a Deprivation of Liberty Safeguards authorisation has been requested (sections 39A, 39C, 39D of the amended Mental Capacity Act 2005).

39A IMCA

39A IMCAs should be instructed if an urgent Deprivation of Liberty Authorisation has been given or a request for a standard authorisation has been made and no one is available to consult other than those providing care in a professional (paid) capacity. The 39A IMCA will support the relevant Person during the assessment process, consult with assessors and submit a report to the Supervisory Body regarding their findings. They should be instructed by the Supervisory Body as soon as it received an application from the Managing Authority.

39C IMCA

39C IMCAs should be instructed when there is a gap in the appointment of an unpaid Relevant Person's Representative (RPR). 39C IMCAs have the right to make submissions to the Supervisory Body on the question of whether a qualifying requirement should be reviewed, or to give information or make submissions to any assessor carrying out a review assessment. The involvement of the 39C IMCA will end as soon as a new RPR is appointed.

39D IMCA

Both the relevant person and the unpaid RPR have a statutory right to the services of a 39D IMCA. A 39D IMCA should be instructed to support an unpaid RPR in their role if:

- they request such support
- the Supervisory Body believes they need support to carry out the RPR role
- the Supervisory Body believes that the unpaid RPR will not exercise the relevant person's rights of review or appeal

The 39D IMCA will assist the unpaid RPR to understand the RPR role, attend meetings, deal with professionals involved and, if needed, support the RPR to challenge the DoLS in the Court of Protection. A 39D IMCA can be requested at any stage during the term of the authorisation.

Relevant Person's Representative (RPR)

When a DoLS authorisation is granted a referral for a professional RPR should be made if there is no one suitable or available to undertake the RPR role. The RPR will visit the person regularly, ensure that the DoLS continues to be appropriate and the relevant criteria and any conditions attached to the DoLS continue to be met. The RPR will be in a good position to identify any other areas of concern which should be addressed including issues not directly related to the DoLS but which have a bearing on the circumstances of the person's care. The professional RPR will:

- maintain regular contact with the relevant person and provide support which is independent of all others involved
- support and represent the person in all matters relating to the DoLS including any meetings which may be convened
- ensure that the relevant person is supported to understand and exercise their right of review, complaint and challenge
- if necessary challenge the DoLS in the Court of Protection.

When an authorisation expires the role of the RPR will also end.

Independent Mental Health Advocate (IMHA)

As set out in Mental Health Act, people are eligible for an IMHA if they are:

- detained under the Mental Health Act 1983 (excluding people detained under certain short-term sections);
- conditionally discharged restricted patients;
- subject to guardianship;
- subject to Community Treatment Orders (CTOs).

People who are being considered for treatment requiring consent and/or a second opinion, such as ECT treatment, may also qualify for independent mental health advocate assistance.

IMHAs will help qualifying patients understand the legal provisions to which they are subject under the Mental Health Act 1983, and the rights and safeguards to which they are entitled. This could include assistance in obtaining information about any of the following:

- the provisions of the legislation under which s/he qualifies for an IMHA
- any conditions or restrictions s/he is subject to for example any arrangements made for s17 leave
- the mental health treatment being given, proposed or being discussed and the legal authority under which this would be given;
- the requirement that would apply in connection with the giving of the treatment;
- their rights under the Act and how those rights can be exercised.

IMHAs will also help qualifying patients to exercise their rights. This help may include:

- supporting patients in accessing information and better understanding what is happening to them
- speaking on the patient's behalf and representing them if requested or required
- signpost to other services such as benefit support, housing or employment;

The IMHA service provides a service to qualifying patients who have a diagnosed or it is reasonable to believe that they have a learning disability which for purposes of the Act is defined as 'a state of arrested or incomplete development of the mind which includes significant impairment of intelligence and social functioning' and who have an active case manager.

Advocacy may be provided in inpatient settings or in the community.

Appendix B – Referral Form and Guidelines

This referral form is for all types of advocacy. You can complete this form on your own behalf (self-referral) or on behalf of someone else. Part 1 must be completed and depending on the advocacy required please complete other relevant parts. Incomplete forms may result in delays in allocating an advocate.

Email referrals securely to advonet.office@advonet.cjism.net or you can password protect the form and email to office@advonet.org.uk with the password emailed separately.

Advocacy Required (Please select by putting an X in the box)	Community (part 1 of form)	IMCA (part 1 & 2 of form)	Care Act (part 1 & 3 of form)	IMHA (part 1 & 4 of form)	NHS Complaints (part 1 of form)	Unsure (part 1 of form)

How did you hear about this service?		Date of referral	
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Part 1: Referral Information

Client Details: (person requiring advocacy)					
Name:					
Home Address:			Current Address / ward / unit (if different):		
Postcode:			Postcode:		
Home tel number:			Current tel number:		
Can we leave a message?	Yes		No		
Date of Birth (DD/MM/YY):			Gender		
Has consent been given to you to make this referral by the person requiring advocacy? If No please provide details why:				Yes	No
<p>Reason for advocacy referral? (Please include a summary of the advocacy issue/decision being made, upcoming meeting dates, deadlines, priority areas etc)</p>					

Referrer Details:			
Name:			
Role / Job Title:			
Organisation			
Place of work (ward / unit / team - inc address):			
Phone Number:		Mobile:	
Email Address:		Secure email:	

Friends and/or family:				
Is there anyone (e.g. friend/relative) who can actively support the person's involvement in the decision(s) being made or who we need to consult with?	Yes		No	
If you have answered Yes above, please provide contact details for the person(s) including their relationship to the person requiring advocacy.				
Has anyone been ruled out of being consulted with, or supporting the person requiring advocacy? If Yes , please say below and the reason why.	Yes		No	
Have you informed the person named below that they are not able to support the person requiring advocacy? If No please say why.	Yes		No	
Are there any <u>current</u> Risk Issues we need to be aware of? If Yes please provide details below (e.g. restrictions etc)	Yes		No	

Other relevant information about the person requiring advocacy. Please select all that apply.			
Acquired Brain Injury		Dementia	
Autistic Spectrum Disorder		Learning Disability	
Blind / partially sighted		Long term health condition	
Carer		Mental Health Needs	
Cognitive Impairment		Older Person	
Deaf		Physical condition/illness	
Other (please state):			
Please state how the person requiring advocacy communicates.			
British Sign Language (BSL)		Gestures	Verbally
Cue Cards		Makaton	Writing

First Language (please state)		Other (please state)	
Any other relevant information?			

Part 2: Independent Mental Capacity Advocacy (IMCA)

What is the reason for this referral?			
Care Review		Safeguarding	
Change of Accommodation		Deprivation of Liberty Safeguards (DoLS)	
Serious Medical Treatment		Paid Relevant Persons Representative (RPR)	
Please indicate the Serious Medical Treatment you are considering:			
Artificial Nutrition and Hydration (ANH)		Hip / Leg operation	
Cancer treatment		Major amputation	
Dental work		Major surgery (open heart, neurosurgery)	
Do not attempt resuscitation (DNAR)		Medical investigation	
Electro-convulsive therapy (ECT)		Termination of pregnancy	
Treatment that may lead to loss of hearing or sight including treatment for cataracts		Potential future medical treatment or investigation	
Will the proposed procedure involve a General Anaesthetic (GA)?	Yes		No
Other treatment (Please state):			

Is the person currently an inpatient?	Yes		No		Hospital	
Ward			Ward direct tel:			
Have you assessed the person as lacking capacity in relation to the referral issue? (due to an impairment or disturbance in the functioning of the brain which means the person cannot understand, retain or weigh up information, or communicate their wishes or feelings)	Yes		No			
If Yes , when was this assessment carried out (DDMMYY) (We may ask for a copy of this assessment, please have it available on request)						
Does the person requiring advocacy have an appropriate person to support them as identified in part 1?	Yes		No			
Deprivation of Liberty Safeguards (DoLS):						
Has a DoLS application been made for the person requiring advocacy?	Yes		No			
Does the person have a Relevant Person's Representative? (RPR) If Yes please give details of this person below:	Yes		No			
Decision Maker Details (if the referrer is the decision maker please tick this box)						
Name:						

Role / Job Title:	
Place of work (inc address):	
Phone Number	
Email Address:	

Part 3: Care Act Advocacy Referrals (CAA)

Does the person requiring advocacy have substantial difficulty in engaging with, or understanding the referral issue? (For e.g. difficulty understanding, retaining, using / weighing up information or communicating their wishes and feelings)		Yes/No	Please provide details
Does the person requiring advocacy have an appropriate person to support them as identified in part 1?			
Is the person going through a social care process? Please tick below:			
Safeguarding	Care Review	Assessment of Need	Preparation of care / support plan

Part 4: Independent Mental Health Advocacy (IMHA)

Is the person:	Yes / No	Details
Detained under a section of the Mental Health Act 1983? <i>(Please state which section and start date of section)</i>		
A conditionally discharged restricted patient?		
Subject to a community treatment order? (CTO)		
Subject to a guardianship order?		
Under 18 and being considered for ECT (electroconvulsive therapy) or a section 58a treatment?		

Additional Contacts:	
Name of Responsible Clinician (RC)	
Name of Nearest Relative	
Relationship of Nearest Relative to the person	

Monitoring Form

The following information is collected to help us create equal opportunities for individual's resident within our local communities. We use this information anonymously to identify if the diversity of the people accessing our services fully reflects the communities we serve. When it doesn't this information helps us to make new links with services and organisations, support equality and diversity and promote equal access to our services.

Ethnicity			
White (British)		Asian/Asian British (Indian)	
White (Irish)		Asian/Asian British (Pakistani)	
White (Other)		Asian/Asian British (Other)	
Black/Black British (African)		Mixed: White/Black African	
Black/Black British (Caribbean)		Mixed: White/Black Caribbean	
Black/Black British (Other)		Mixed: White/Asian	
Asian/Asian British (Chinese)		Mixed: Other	
Asian/Asian British (Bangladeshi)		Prefer not to say	
Other (please state)			

Religion			
Buddhist		Muslim	
Christian		Sikh	
Hindu		No Belief	
Jewish		No Religion	
Other (please state)		Prefer not to say	

Gender			
Female		Non-binary	
Male		Trans male	
			Trans female
			Prefer not to say

Sexuality			
Heterosexual		Lesbian	
Bisexual		Pansexual	
Other: (please specify)			
			Gay
			Prefer not to say

Glossary of Terms

Non-binary refers to individuals who don't see themselves as either male or female. Individuals identifying as non-binary may ask you to use gender neutral pronouns such as they/their rather than he/she. Please do not ask non-binary individuals the sex or gender assigned to them at birth as this is irrelevant.

Trans male/female refers to individuals who are transitioning to the gender they identify with.

Pansexual refers to individuals who are romantically, emotionally, sexually attracted to people regardless of their sex and gender identity.

Referral Form Guidelines

Please read these guidelines to assist you in completing the Advocacy referral form for all types of advocacy provided through Advonet.

Incomplete forms will require following up with the person who has completed it and this may create a delay in allocating an advocate and commencing advocacy work.

Advocacy type: There are different types of advocacy which sit under different legislation and include statutory and non-statutory. Please select the type of advocacy required which includes Community, Health Complaints, Care Act (CCA), Independent Mental Capacity (IMCA) and Independent Mental Health Advocacy (IMHA). For further information on the types of advocacy you can refer to Advonet's Standard Operating Procedures (SOPS).

Part 1: All referrers or individuals requiring advocacy must complete all the fields in part 1. This is the minimum information required to accurately determine how we can best support the person requiring advocacy and to ensure Advocacy is the right service for them.

1. Client details refers to the person requiring advocacy (relevant person/client). Inaccurate contact details will result in a delay in commencing work and/or gaining instruction from the client
2. Consent is required where a person has capacity to instruct an advocate on their behalf. Advocates cannot be retained where a client with capacity has not given consent for the referral. Should a client say they do not want an advocate an advocate will not be allocated. Where an individual lacks capacity to instruct, consent to act is provided by the referrer/decision maker.
3. Reason for the advocacy referral needs to clearly state what the advocacy issue or barrier that is preventing the client from being involved and having a say in decisions being made is. It is not sufficient to say the person requires 'support'. It's important to include any needs, meeting dates or priority issues which will help when processing and allocating referrals
4. Referrers details are required so we can follow up if further information is required
5. Individuals can often be supported by family or friends to advocate on their behalf. Where an appropriate person has been requested or identified please include their details. If a person is not considered appropriate please state why. Having a difference of opinion does not automatically mean a person is not appropriate to consult with and/or advocate for the client
6. Information about risks is required as advocates' often lone work and we need to ensure the safety of both staff and clients by managing any risks disclosed. Advonet manages risk and works on the basis of current risk rather than historical risk unless this remains relevant
7. Other relevant information enables us to offer an appropriate level of support based on the client's needs including communication methods.

Any supporting documents such as capacity assessments, care plans etc should wherever possible accompany the referral form. Any delays in receiving or accessing relevant documents will result in delays in advocacy work starting and progressing.

Part 2: This section needs to be completed in addition to part 1, if you are referring someone who is eligible under the Mental Capacity Act 2005 (MCA) who requires an Independent Mental Capacity Advocate (IMCA). Please complete all the relevant fields.

Part 3: This section needs to be completed in addition to section 1, if you are referring someone who is eligible under the Care Act 2014 (CA) who requires a Care Act Advocate (CAA). Please complete all the relevant fields.

Part 4: This section needs to be completed in addition to section 1, if you are referring someone who is a qualifying patient detained under the Mental Health Act 1983 (MHA) who requires an Independent Mental Health Advocate (IMHA). Please complete all the relevant fields.

Returning the referral form: Referral forms can be emailed via secure email for referrals: advonet.office@advonet.cjsm.net

NB this needs to be sent from another secure email server from NHS addresses

Or from Leeds City Council via Mail Express to office@advonet.org.uk

If you do not have a secure email system you can password protect the form and send the password in a separate follow-up email to office@advonet.org.uk

Referral Process: Once received the referral form will be checked and entered onto our secure database system. Any incomplete forms will need to be follow-up and this may delay allocating an advocate.

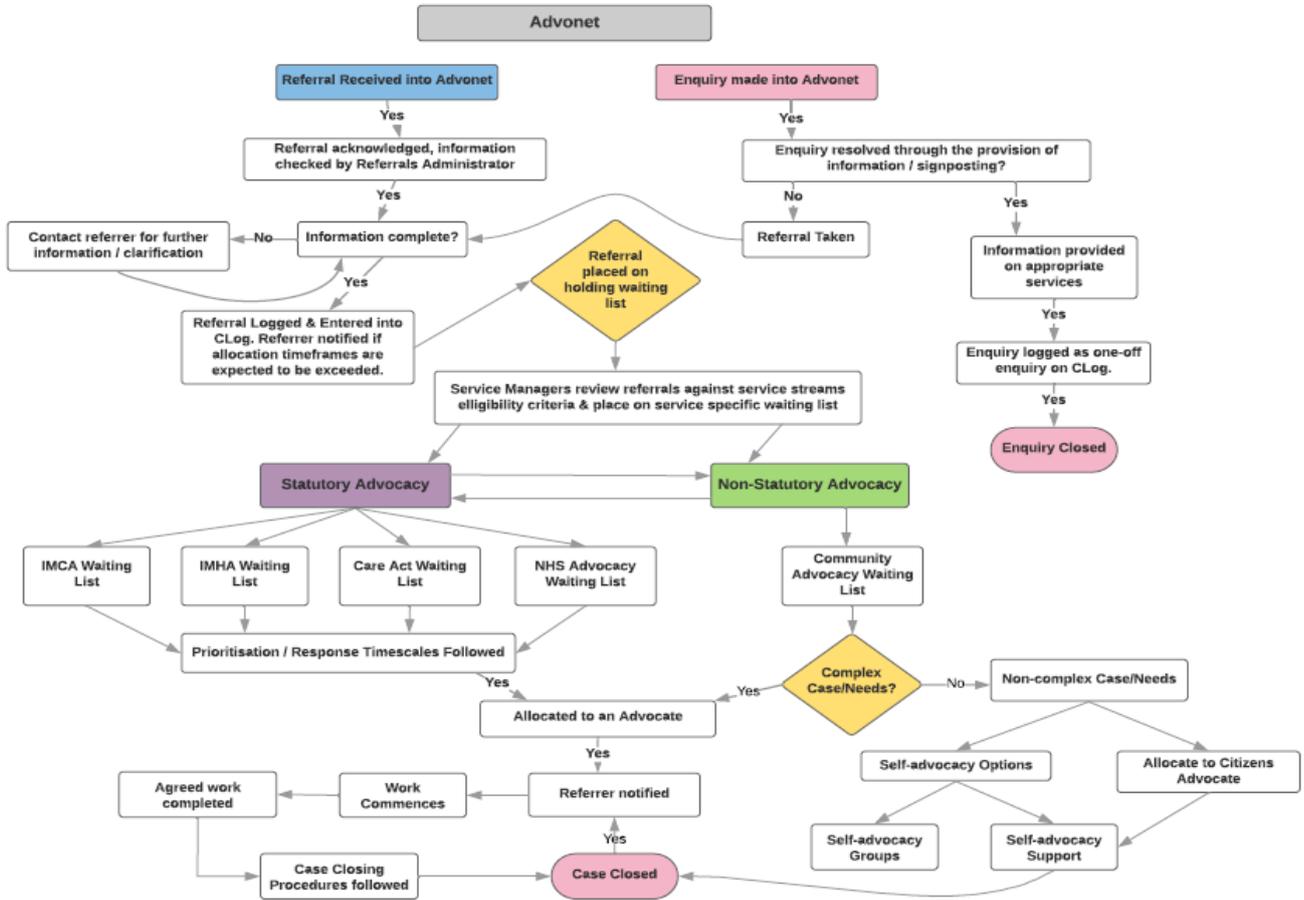
Once the information has been checked the case will be placed on the waiting list and allocated to a named advocate. Please be aware that allocating means that the named advocate will then plan in a time to meet the client to gain consent and instruction, where they have capacity, and contact other relevant professionals.

Referrals received where dates for Best Interests or other meetings have been set to occur in a short timescale may result in a request to reschedule the planned meeting to enable the advocate to be present. Where meeting dates have still to be arranged please ensure you consult with the named advocate when arranging these dates to ensure they are available along with other professionals.

Advocacy work: Advocacy supports a person's statutory and human rights and their involvement in decision making processes. For advocacy to be meaningful time is required to ascertain the person's wishes, views and opinions and where capacity is lacking those of family, friends and other professionals. This information is then used to ensure the person has a say. Referrals that do not allow sufficient time for this to take place don't support the advocacy principles under which we work.

Allocation Timescales: Appendix D details both the eligibility criteria and allocation timescales.

ADVONET ACCESS AND REFERRAL PROCESS



Appendix D - Advocacy Eligibility Criteria and Allocation Timeframes

Advocacy Required	Eligibility Criteria	Advocate is Allocated and Referrer Informed	
We aim to allocate referrals within the timescales indicated below and will discuss timescales for allocation with referrers.			
Community Advocacy	Persons ordinarily resident within Leeds City Council boundary area.	As soon as possible, subject to whether a waiting list is in place.	
NHS Complaints Advocacy	Persons ordinarily resident within Leeds City Council boundary area.	An initial appointment will be offered within 5 working days.	
Care Act Advocacy	Persons for whom Leeds City Council is engaged in care assessment, planning or safeguarding processes, and who have substantial difficulty in being involved in these processes, with no appropriate person available to help them be involved.	Assessment / review of needs	To support timescales within Adult and Health processes
		Safeguarding	As above
Independent Mental Capacity Advocacy	<p>IMCA referrals must be made for persons aged 16 and over for whom Leeds Health and Social Care professionals are considering a ‘best interests’ decision regarding the following, due to the person having been formally assessed as lacking capacity to make the decision themselves and who have neither family nor friends who are appropriate to be consulted</p> <ul style="list-style-type: none"> • serious medical treatment • long term change in accommodation 	Once eligibility is established referrals allocated within 2 working days to a named advocate. Subsequent visits will be in response to client need.	
	<p>IMCA referrals may also be made for cases involving</p> <ul style="list-style-type: none"> • Adult Safeguarding • Care reviews (for BIM following initial change of accommodation) this will normally be taken by the original IMCA and arranged at the time the CoA decision is made 		
		DoLS 39A Urgent	
		DoLS 39A	
	<p>An IMCA should also be instructed in certain circumstances where a</p>	DoLS 39C	

	<p>Deprivation of Liberty Safeguards authorisation has been requested (sections 39A, 39C, 39D of the amended Mental Capacity Act 2005).</p> <p>When a DOLs is granted, a professional RPR referral should be made where there is no one else appropriate or willing to undertake this role. RPR referrals can be made in this instance for people who are in Leeds.</p>	DoLS 39D	
		RPR	
Independent Mental Health Advocacy	Persons who are detained under the Mental Health Act 1983 (excluding people detained under certain short-term sections); conditionally discharged restricted patients; patients subject to guardianship; patients subject to CTOs.	Section 2	Within 5 working days
		Section 3, 37, CTO, Guardianship Order and all other	Within 8 working days