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| **Referral Guidance – Advocacy for All** |
| **This is guidance to help referrers complete the separate Referral Form for the following Statutory Advocacy services provided by Advocacy for All (AFA)** |
| **Independent Mental Capacity Advocacy (IMCA)** |
| **Independent Care Act Advocacy (ICAA)** |

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| **General guidance** | | | |
| **If you are not sure about which service to refer to please contact AFA: 0345 310 1812** | | | |
| **Timeframes**  All referrals will be assessed and allocated within 5 working days (upon receipt of a completed **signed** Referral Form **including Risk Assessment**) | | | |
| **Sharing of Information**  Please be aware that client-related information disclosed to AFA will be shared with the client as a matter of course. However, where that would involve third party information (provided by someone else) and where sharing that information is likely to cause significant (physical, mental or emotional) harm to the person or someone else, it is expected that this must have been clearly communicated to AFA by the person relaying the information and non-disclosure specified. | | | |
| **Please check that you complete all necessary parts of the Referral Form and attach ALL necessary information before returning the form to AFA. Emailed referrals are preferred as they can be processed quickly and without use of paper. Referrals are safe to send by the email below as it is encrypted.** | | | |
| **Independent Mental Capacity Advocacy (IMCA)** | | | |
| **Sections on Referral Form to complete** | | **Part 1, Part 2 (Section H only), Part 3** | |
| **Referrer**  IMCA referrals can only be made by the decision maker (relevant staff from the Local Authority and Local Health partners e.g. Social Worker/Care Manager for a move and doctor or nurse providing medical treatment) | | | |
| **Eligibility criteria**  To qualify for IMCA support a client must meet **1 to 6** of the following criteria:   1. Located within or come under the responsibility of the local authority 2. Have a specific condition affecting their ability to make decisions e.g. Learning Disability, Mental Health Needs, Acquired Brain Injury 3. Have been assessed as lacking capacity to make a particular decision 4. Is 16 years or older 5. No other family member or unpaid person is willing or appropriate to consult in relation to the decision (unless a safeguarding issue) 6. A decision needs to be made about one of the following:    1. Serious medical treatment    2. A change of accommodation (including hospital stay of 28 days or care home over 8 weeks)    3. Safeguarding Adult proceedings for an alleged perpetrator lacking capacity (the person may have family and still be eligible for IMCA in this instance)    4. A care review in relation to accommodation where it is felt that the person would benefit from IMCA.   N.B. The IMCA role also includes supporting people subject to Deprivation of Liberty Safeguards Section 39. | | | |
| **Independent Care Act Advocacy (ICAA)** | | | |
| **Sections on Referral Form to complete** | | **Part 1, Part 2 (Section J only), Part 3** | |
| **Referrer**  ICAA referrals can only be made by Local Authority Care Management or Safeguarding Adults Team. | | | |
| **Eligibility criteria**  To qualify for ICAA support a client must be located within or come under the responsibility of the local authority.  A person is legally entitled to an Advocate under the Care Act if:   * It appears to the local authority that they may have care and support needs **and** * they have substantial difficulty in being involved in the relevant process **and** * there is no ‘appropriate’ \* unpaid individual to support them   A person cannot act as an ‘Appropriate Individual’ under the Care Act if they are:   * already providing care or treatment to the person in a professional capacity or on a paid basis * someone the person does not want to support them * someone who is unlikely to be able to, or available to, adequately support the person’s involvement * someone implicated in an enquiry into abuse or neglect or who has been judged by a Safeguarding Adult Review to have failed to prevent abuse or neglect.   An independent advocate must be offered to support and represent the person for the purpose of assisting their involvement if these conditions are met and if the individual is required to take part in one or more of the following processes described in the Care Act:   * a needs assessment * a carer’s assessment * the preparation of a care and support or support plan * a review of a care and support or support plan * a safeguarding enquiry * a safeguarding adult review   N.B. AFA works only with eligible people aged 18 years and over. If advocacy is required for someone under 18 advice should be sought from the local authority regarding the appropriate Advocacy organisation. | | | |
| **Advocacy for All**  Civic Centre  St Mary’s Road  Swanley  BR8 7BU | | | Email: [referrals@advocacyforall.org.uk](mailto:referrals@advocacyforall.org.uk)  Telephone: 0345 310 1812  Website: [www.advocacyforall.org.uk](http://www.advocacyforall.org.uk) |
| C:\Users\Phillip.Coffey\Pictures\Advocacy for All logo_1_Hi-res (RGB).jpg | Advocacy for All is an independent advocacy organisation and an equal opportunities employer.  A Company Limited by Guarantee Registered in England No. 3407428 Registered Charity No. 1064855 | | |