Parent's Child Protection Advocacy

Referral Form for parents who have a child/children within the Child Protection Process.

the advocacy people

This service is only for parents who have children within the Child Protection Process and who have been assessed as having an eligible social care need.
Referrals will be accepted from involved professionals, provided the parent has given their consent to the referral being made. If you believe the parent does not have the capacity to consent, please give brief details in the 'Additional Information' section of this form.
There may be a waiting period before the case can be allocated to an advocate. Please ensure you let us know of any pressing timescales in advance, in order for us to prioritise cases accordingly.

0 Office Use Only

Case reference

Date referral received

Advocacy service referred to

Advocate/Team

1 Eligibility/Consent

Eligibility

We can only accept referrals when the parent's needs meet **all three** of the following conditions, as set out in Care and Support (Eligibility Criteria) Regulations 2015 (the 'Eligibility Regulations'):

- the adult's needs arise from or are related to a physical or mental impairment or illness
- as a result, the adult is unable to achieve 2 or more of the specified outcomes (which are described in the eligibility criteria)
- as a consequence of being unable to achieve these outcomes there is, or there is likely to be, a significant impact on the adult's wellbeing

Does the person have an assessed eligible social care need?

Yes ☐ No ☐

Does the person requiring advocacy support consent to the referral?
(if they are unable to give consent, please detail why in the 'additional information' box on page 6)

Yes ☐ Unable to give consent ☐

Has consent been given by any older children for information about them to be shared with the parent's advocate?
(if they are unable to give consent, please detail why in the 'additional information' box on page 6)

Yes ☐ Unable to give consent ☐

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2 Referrer Details

Date of referral

Organisation (if referring on a professional basis)

First Name

Last Name

Address

Postcode

Telephone Number

Email Address

Mobile Number

Job Title/Relationship to Client

Health Professional ☐ Social Worker (children's) ☐ Social Worker (adults) ☐

Team Manager (Social Care) ☐ Administrator ☐ Solicitor ☐

Other (please specify)

3 Client Details

Title

Date of Birth

First Name

Last Name

Permanent Address

Postcode

Telephone Number

Email Address

Mobile Number

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3 Client Details cont.

Current Address (if different from above)

Postcode

Telephone Number

Location Setting

Own home	☐	Own home (with support)	☐	Supported Living	☐
Hospital	☐	Care/Nursing Home	☐	Dementia Ward	☐
Acute Psychiatric Ward	☐	Forensic Secure Unit	☐	Prison	☐
Homeless	☐	No fixed abode	☐		

Other/Ward Name (if in hospital)

Preferred method of contact

Any	☐	Phone	☐	Mobile	☐
SMS (Text)	☐	Email	☐	Post	☐
No Direct Contact	☐				

Is English Spoken?

Yes ☐ No ☐ Not known ☐

Primary Communication Method

Spoken English	☐	Other spoken language (specify below)	☐
Words/Pictures/Makaton	☐	Gestures/Expressions/Vocalisations	☐
British Sign Language (BSL)	☐	No Obvious Means	☐
Not known	☐		

Other (please specify other spoken languages here)

Does the client identify as having a disability?

Yes ☐ No ☐ Not known ☐ Prefers not to say ☐

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3 Client Details cont.

Does the client have a diagnosed or recognised disability? (select all that apply)

Mental Health Condition ☐	Acquired Brain Injury ☐	Serious Physical Illness ☐
Physical Disability ☐	Learning Disability ☐	Cognitive Impairment ☐
Sensory (Visual) ☐	Sensory (Auditory) ☐	Dementia/Alzheimer's ☐
Asperger's/Autistic Spectrum Condition	☐	Unconsciousness ☐

Other (please specify)

Is there one disability which is most relevant to the case? (If there is not, leave blank)

Mental Health Condition ☐	Acquired Brain Injury ☐	Serious Physical Illness ☐
Physical Disability ☐	Learning Disability ☐	Cognitive Impairment ☐
Sensory (Visual) ☐	Sensory (Auditory) ☐	Dementia/Alzheimer's ☐
Asperger's/Autistic Spectrum Condition	☐	Unconsciousness ☐

Military Connection

Serving ☐	Veteran ☐	Carer relationship ☐
No ☐	Not known ☐	Prefers not to say ☐

Gender

Male ☐	Female ☐	Trans (Male to Female) ☐
Trans (Female to Male) ☐	Not known ☐	Prefers not to say ☐

Other (please specify)

Marital/Civil Partnership Status

Single ☐	Co-habiting ☐	Married ☐
Civil Partnership ☐	Divorced/Dissolved ☐	Separated ☐
Widowed ☐	Surviving (Civil Partnership) ☐	Not known ☐
Prefers not to say ☐		

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3 Client Details cont.

Sexual Orientation

Lesbian ☐ Gay Man ☐ Heterosexual ☐
Bisexual ☐ Questioning ☐ Not known ☐
Prefers not to say ☐
Other (please specify)

Belief

Buddhist ☐ Christian ☐ Hindu ☐
Jewish ☐ Muslim ☐ Sikh ☐
No Religion ☐ Not known ☐ Prefers not to say ☐
Other (please specify)

Ethnicity

Asian/Asian British

Indian ☐ Pakistani ☐
Chinese ☐ Bangladeshi ☐
Other (please specify)

Black/Black British

African ☐
Caribbean ☐
Other (please specify)

White

British ☐
Irish ☐
Gypsy/Traveller ☐
Other (please specify)

Mixed

White & Black Caribbean ☐
White & Black African ☐
White & Asian ☐
Other (please specify)

Other

Arab ☐
Other (please specify)

Not known ☐
Prefers not to say ☐

Does the client identify as Cornish?

Yes ☐ No ☐ Not known ☐

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4 Case Details

Local Authority (Council of client's location)

For which stage of the Child Protection process is support required?

Support with initial conference meeting	☐	Core group meeting	☐
Review conference	☐	PLO process	☐
Family group meeting (conference)	☐	Court proceedings	☐

Information about the need for advocacy support

Enter dates, times and venues of any important meetings or other deadlines

If there are any risks we should be aware of give details (otherwise state 'no known risks')

Additional information (about the client, such as special needs to consider when visiting)

Are there any dates/times the client can't be contacted?

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4 Case Details cont.

When would the client prefer to be contacted?

Morning ☐ Afternoon ☐ Either ☐

Emergency contact information

Name

Relationship to client

Phone

5 Declaration

In making this referral, I declare that:

- I understand that client information will be stored safely on a computer.
- I/the client agree/s to The Advocacy People and their delivery partners holding personal information (including information on this form).
- I understand the provision of an advocacy service is subject to the client meeting eligibility criteria.
- I confirm that I am a professional working with the client, and I have sought consent from the client to make this referral.
- I confirm that I will discuss (or have discussed) with the client how and which written and verbal information and reports will be shared with the advocate by the involved professional.
- I confirm that while working together with advocates and parents, we will agree how advocates will be invited and involved in meetings by the involved professional, giving notice of these meetings.

(N.B. Advocates can only attend meetings with the consent of the parent)

Please email the completed form to: **info@theadvocacypeople.org.uk**
or post to: **P.O. Box 375, Hastings, TN34 9HU**

If you have not received confirmation of this referral within **3 working days**, or you would like to discuss any aspects of a referral, please call **0330 440 9000**.

By requesting advocacy support, you give consent to The Advocacy People sharing information, as required for the purposes of providing the service.
For more information on our Privacy Notice, please ask your advocate or go to www.theadvocacypeople.org.uk/privacy

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Confidentiality

Communications between you and **The Advocacy People** are confidential. We will not divulge any information without your permission unless disclosure is required or permitted by law, e.g. where you tell us something which leads us to believe you or someone else may be at risk of serious harm or abuse or committing a serious criminal offence, where there is a court order for disclosure, or where we would be breaking the law by failing to disclose.

All records are held by **The Advocacy People** in accordance with current Data Protection legislation.

The Advocacy People