



## INDEPENDENT CARE ACT ADVOCACY REFERRAL FORM

v2024.06

PLEASE READ THIS BEFORE COMPLETING THIS REFERRAL FORM:

The role of an ICAA is defined in the Care Act 2014 and before we can assign an ICAA certain specific information must be provided. We have included a checklist on the final page to ensure that all required information is included, please ensure you use this. A failure to provide this required information can lead to a rejection of the referral and/or delay in an ICAA being appointed.

The right to an ICAA is if the person would have a:

- substantial difficulty being involved in specific Local Authority-led processes
- that they have no one appropriate to represent/support them
- You must indicate if this is instructed advocacy (the client is able to consent and agrees) or non-instructed advocacy (and you have evidenced this by including a relevant capacity assessment)

It is your **statutory duty** to ensure that the required information is supplied and if you are the person leading on the LA-led process you have a legal obligation to engage with the allocated ICAA.

This service is commissioned by Wokingham Borough Council (WBC) for people whose **social care needs are the responsibility of Wokingham** or alternatively, **Wokingham is leading on a Safeguarding Investigation (s42/s44)**.

If this is not the case, they would not be eligible for this WBC commissioned service.

Contact us first on [enquiries@matrixsdt.com](mailto:enquiries@matrixsdt.com) to check on our availability to provide this service under a spot purchase arrangement before completing this form and supplying their personal data.

ICAA normally operates only in **standard office hours**—we are **not an emergency service**. However, we will prioritise urgent referrals (Safeguarding) and attempt to accommodate tight timescales.

### AN IMPORTANT NOTE ON USING THIS FORM

This is a PDF form - it must be completed using a PDF App/Programme.

Do not complete with a pdf plugin inside a Web Browser as you may find that you cannot save it or some fields become non-functional.

Please make sure you complete as fully as possible, including why you are referring and the evidence you are relying on as regards the lack of capacity to consent to the referral. Incomplete or missing information can cause delays to allocation.

There are different forms and requirements for the different types of advocacy such as Independent Mental Health Advocacy (IMHA) or Independent Mental Capacity Advocacy (IMCA) find them, and other guidance at:

**[www.matrixsdt.com](http://www.matrixsdt.com)**      **[referral@matrixsdt.com](mailto:referral@matrixsdt.com)**

**0118 996 0141**

If you have an enquiry about other services or spot-purchase arrangement then please contact:

**[enquiries@matrixsdt.com](mailto:enquiries@matrixsdt.com)**

**IMPORTANT:** Confidentiality and GDPR compliance

When you send personally identifiable information (such as this form) you must send this securely to us, using Egress or another secure method.



**PLEASE TELL US A BIT ABOUT THE CLIENT**

<b>Full Name</b>			
<b>Preferred name/ pronouns</b> (if known)			
<b>Normal Address</b>			
<b>Current Location</b>			
<b>Best way to arrange to see them</b>			
<b>Date of Birth</b> (dd/mm/yyyy)	<b>Gender</b>		
<b>Ethnicity</b>	<b>Religion</b>		
<b>Marital Status</b>	<b>Orientation</b>		

**Other Protected Characteristics (click all that apply)**

Physical	Learning Disability	Visual	Organic Mental Health
Hearing	Autism/Asperger's	Carer	Functional Mental Health
Dual Sensory	Other (specify below)	Pregnant	Cognitive Impairment

**Additional information or comments related to the above**

**Does the client have any special communication requirements**

This may be the client has hearing or language issues and so requires an interpreter, signer or someone who uses Makaton. They may be wary of strangers therefore needs a familiar staff member/person with them, an early or late riser, etc.

**Any other client information you consider relevant**

(this is about the person, not information about the process this is on page 4)



### What is the support that the person needs (advocacy type)

An ICAA only supports/represents a client with one process per referral. Please indicate which one applies

*The Care Act 2014 sets a series of examples of when the Local Authority may offer to appoint an advocate, under s67 (social care planning) and s68 (safeguarding) if the person would have substantial difficulty being involved and there is no one independent of professionals appropriate to support them. Alternatively, they would have to be assessed as lacking capacity to consent to the appointment of an advocate and/or lack capacity around the process and related decisions.*

#### **Eligibility for an advocate to support/represent the person around Care Act assessments are under s67;**

- (a) section 9(5)(a) and (b) - carrying out needs assessment;
- (b) section 10(7)(a) - carrying out carer's assessment;
- (c) section 25(3)(a) and (b) - preparing care and support plan;
- (d) section 25(4)(a) and (b) - preparing support plan;
- (e) section 27(2)(b)(i) and (ii) - revising care and support plan;
- (f) section 27(3)(b)(i) and (ii) - revising support plan;
- (g) section 59(2)(a) and (b) - carrying out child's needs assessment; we cannot provide this service to under 16s.
- (h) section 61(3)(a) - carrying out child's carer's assessment; we cannot provide this service to under 16s.
- (i) section 64(3)(a) and (b) - carrying out young carer's assessment; we cannot provide this service to under 16s.

#### **Eligibility for an advocate to support/represent persons around Safeguarding procedures are under s68:**

- (j) an enquiry under section 42(2) - a safeguarding enquiry,
- (k) a review under section 44(1) or a review under section 44(4) - a safeguarding review (even if the person is deceased)

### When does this assessment/investigation need to be made?

Please do not put 'as soon as possible'; an ICAA needs time to complete their investigations.

### Are there any key dates we need to be aware of?

This may include: planned MDT meetings, dates when key professionals are unavailable, dates or times when client is unavailable due to activities, planned annual care reviews, etc.

### ARE THERE LIKELY TO BE ANY OTHER DECISIONS REQUIRING AN ADVOCATE THAT YOU ARE AWARE OF?

We ask this as this aids us in allocation. If they have no one involved they may need an IMCA as it is felt that their social care needs are so high, that following assessment they may need to potentially move and require an IMCA. They may be detained under the MHA and be entitled to an IMHA. If we know in advance (if at all possible), it means we can appoint one advocate who is qualified in all roles. This offers the most person-centred and efficient service.



**Please provide details of the Local Authority-led process**

This may include: what has led up to the need for this, has there been any historic issues, what steps you may have taken to involve the person and maximise their involvement/capacity, what the safeguarding concerns are, etc.  
You may include supporting information in addition to this referral to help us understand the situation.



**SIGNIFICANT PEOPLE INVOLVED (PROFESSIONALS)**

Names, contact details and relationships of any professionals who knows the person or may be able to provide information. *E.g. Care Manager, Doctor, manager of home, care staff, nurses, advocates, CPNs, Responsible Clinicians, etc.*

**SIGNIFICANT PEOPLE INVOLVED (FRIENDS, FAMILY, ETC.)**

*Names of friends, family or any unpaid person who knows the person.  
Please include contact details and relationship to the person where possible.*

**If you have included friends/family, you must explain why they are not appropriate to support**

*Note: ICAAs are not there to replace family/friends but primarily for when people have no one else who is independent of paid/professional services who can support the person during the process, and make representations on their behalf.*

*Potential reasons for them not being appropriate could be: they express their own strong views rather than support the person to be involved, they express views about the outcome of any assessment, this is a safeguarding referral and they are named as a potential perpetrator, the person themselves has said they do not want them involved, etc.*



**SELF-DETERMINATION**

*People have a right to choose what happens to them, where they live, what support they receive or want, etc. Either the client agrees to this referral or an advocate is appointed in their best interests. The starting point in any Mental Capacity Act assessment is that the person has capacity until you can provide sufficient evidence that they do not. Before you remove this right to choose you must take all reasonable steps to maximise the person’s capacity to make the decision for themselves. Only after you have done this, and then completed a Mental Capacity Act assessment that illustrates your compliance with the fundamental principles, and evidences both the four-stage test (Functional) and two-stage test (‘Diagnostic’) can you then take the decision to appoint an ICAA in their best interests. The assessment must be contemporary, decision and context specific.*

**Has there been a Capacity Assessment regarding this LA-led process (indicated on page 3)**

**What is the date of this MCA assessment?**

**Have you included a copy of this assessment?**

**Does the assessment relate specifically to the process that you have referred for?**

*If you have not included a copy of the assessment, or you are going to rely on other capacity assessments, please indicate when we will receive this/can have sight of this, or explain how you can evidence that the person lacks the capacity to make this particular decision.*

**There must be a completed assessment to proceed for non-instructed (best interests) referrals.**

**What is the reason or cause of the person’s lack of capacity?**

*Do not put unknown, the diagnostic aspect of the capacity test requires that you identify an impairment of the functioning of the mind or brain that directly affects the ability of someone to make the decision required e.g. understand a decision needs to be made, be able to retain the salient information for long enough to weight the various factors in the balance, and finally communicate this decision.*

**Are there any Advance Directives, Lasting Power of Attorneys, Court-appointed Deputies or Court Orders that you are aware of?**

*Please confirm if this has been checked (it is registered with the Office of the Public Guardian or you have seen a copy with the seal).*

**Only fill in this section for clients who can instruct/have capacity (must be a yes to all questions)**

The client has capacity regarding the decision on page 3

The client agrees to this referral

The client agrees to Matrix storing this information



**Referrer Details (must be someone representing the Local Authority)**

<b>Name</b>	
<b>Role/Profession</b>	
<b>Organisation</b>	
<b>Team/Department</b>	
<b>Telephone</b>	
<b>Mobile</b>	
<b>Email</b>	
<b>Address</b>	
<b>How did you hear of us?</b>	

**CHECKLIST**

*Please confirm that you have included all of the information below. Missing information will lead to either rejection of the referral or cause delays before an advocate can be allocated.*

Y	N	NA

**1. ONE of the following advocacy roles ;**

- a) – Care Act Advocate - s67 Assessment/Support Planning for Social Care
- b) - Care Act Advocate - s67 Annual review of the current care plan/accommodation
- c) - Care Act Advocate - s68 represent and/or support through the safeguarding process
- d) - Care Act Advocate—s67 support/represent through another LA-led process (detailed on page 4)

- 2. a) The client has been assessed as lacking capacity regarding this process (we will need a copy of this)
- b) The Client agrees to this referral being made (has capacity)

3. Storing confidential information - the information is being shared in their best interests or the client has agreed

4. The Client has been identified as having no family/friends appropriate to support them (or that they want)

5. If family or friends have been identified, you have stated why they are not appropriate to support.

6. Wokingham has the responsibility for social care issues or is leading on the safeguarding

7. The client is aged 16 or over

8. I recognise it is my responsibility to send this referral securely in line with GDPR requirements

**WHAT HAPPENS NEXT?**

Email securely to: **referral@matrixsdt.com**

**WHAT HAPPENS NEXT?**

**Acknowledgement**—You will receive confirmation of receipt of the referral within a few hours. If you have not received this by the next working day please contact us.

**Review** - we will check that the referral includes all the information that we require, and the MCA is complete (if supplied).

**Clarify** - if there is any missing information, issues about eligibility, etc we will contact you and request this.

**Allocate** - as soon as we have all the information we need, we will allocate and provide the contact details of who has been assigned and you can liaise with them directly when they will visit.

**Data Protection Act 2018 and GDPR**

In line with the Data Protection Act 2018 and GDPR, we would normally obtain consent from the client to store and record sensitive data. This sensitive data will be recorded, stored and protected by Matrix Advocacy and will only be shared on a need to know basis with other people or professionals. All information will be treated confidentially and used only for the purposes presented in the pursuit of our responsibilities, and will be deleted within the agreed timescales as outlined in GDPR. If this particular referral is being made on behalf of someone else in their best interests, by completing this form you will be indicating that you have a statutory role in making this referral and it is necessary and proportionate to share their data with Matrix in upholding their Human Rights and rights under the Care Act 2014.