

This service is only for parents who have a diagnosed learning disability, are aged 18+ and have a child/children within the Child Protection Process. See full eligibility criteria under section 1. All referrals must come from LLScommissioning@westsussex.gov.uk. Referrals from other email addresses will not be accepted. The parent must have 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.

## 0 Office Use Only

Case reference	Date referral received
Advocacy service referred to	Advocate/Team

## 1 Eligibility/Consent

### Eligibility

- The service provider shall provide advocacy support for parents with a diagnosed learning disability aged 18+, ordinarily resident within the local authority geographical boundaries of West Sussex, if there is not an appropriate individual to support them and the person:
  - has substantial difficulty in being involved or engaged at any stage of the assessment, planning and care review as defined by the Care Act 2014.
  - and, the parent's needs are assessed by Adult Social Care to meet all three conditions, and they are unable to achieve 2 or more of the specified outcomes as set out in the Care and Support (Eligibility Criteria) Regulations 2015 (the 'Eligibility Regulations').
  - and has substantial difficulty in being involved or engaged with the activities specified in section 2.
- The advocate will support and represent parents for the purpose of assisting their involvement to take part in one or more of the following:
  - Assessments carried out by social services regarding their ability to act as a parent where for example there is imminent danger, or an emergency protection order is being considered.
  - S47 Child protection case conference
  - S20 voluntary removal
  - Public Law Outline Process (PLO) or court proceedings.

### Does the person meet these eligibility criteria?

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



## 2 Referrer Details

<b>Date of referral</b>	<b>Organisation</b> (if referring on a professional basis)	
<b>First Name</b>	<b>Last Name</b>	
<b>Address</b>	<b>Postcode</b>	
	<b>Telephone Number</b>	
<b>Email Address</b>	<b>Mobile Number</b>	
<b>Job Title/Relationship to Client</b>		
Health Professional	Social Worker (children's)	Social Worker (adults)
Team Manager (Social Care)	Administrator	Solicitor
Other (please specify)		

## 3 Client Details

<b>Title</b>	<b>Date of Birth</b>
<b>First Name</b>	<b>Last Name</b>
<b>Permanent Address</b>	<b>Postcode</b>
	<b>Telephone Number</b>
<b>Email Address</b>	<b>Mobile Number</b>



## 3 Client Details cont.

<b>Current Address</b> (if different from above)	<b>Postcode</b>
	<b>Telephone Number</b>

**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

### 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		

### 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?

## 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](mailto: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 Policy, please ask your advocate or go to [www.theadvocacypeople.org.uk/privacy](http://www.theadvocacypeople.org.uk/privacy)

# West Sussex Parent's Child Protection Advocacy



## 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