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| **New RPR Advocacy Type**  | **Framework for the Advocate managing new referrals** |
| RPR - low to med need. | 1. Phone the Care home and monitor the conditions of the DoLs by asking the Care Home staff member to offer evidence from RP’s Care Plan.
2. Request an update on how the RP is presenting. Is the RP persistently asking to return home or leave the placement?
3. Record your information on Lumis and include that you have not visited the client due to escalation protocol.
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| RPR -High & 21a challengeRole 1.2 Representative | * 1. As above
1. Call weekly to ensure you are updated with the situation.
2. If the client requires a 21a challenge. Raise a Review with the Supervisory Body and discuss how to move the case forward within the present circumstances. There may be a delay in raising a 21a challenge.

Speak to your PM as to how to manage this type of case. It is considered that it will be important to meet with the client to ensure their wishes, value & feelings are known via the witness statement. If you do not meet the client then the legal process will be delayed. Your PM may need to discuss a delay with the Local Authority Legal Services. Contact your ODM for further direction with each case. |
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| **IMCA CAA Advocacy type** | **Support framework for advocates managing new referrals** |
| IMCA 39dIMCA 39a | 1. Manage discussions with the 39d by telephone or email?
2. It is not essential to visit the client to ascertain if the person is being deprived of their liberty.
3. Contact the Care Home Staff and record the information that you receive in relation to the suggested conditions and whether you believe a DoLS is the relevant legal option.
4. Contact the BIA and state your difficulties in meeting with the client face 2 face and support the BIA decision.
5. Record that you were not able to meet with the person in your written report to the BIA/Supervisory Body.
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| IMCA CoA  | 1. Consider the information gathered at the time of referral and plan ahead.
2. It will always be a benefit to meet with the client for a CoA decision.
3. If you are not able to attend a face to face contact with the client. Contact the Referrer and discuss a plan to take the case forward that will enable a safe transfer for the client to temporary basis (8weeks maximum)
4. Gather information from people who know the person at the centre of the decision to present findings for your report.
5. You are able to offer your input with regard to the rights of the person within an IMCA report. Record information gathered from relevant parties. Your report will be sufficient to present your independent findings.
6. You can be involved with Best Interest Meetings via the telephone or skype.
7. Further activate this case when it is appropriate to complete a face to face visit.

 Record the clients wishes, values and feelings concerning a permanent CoA. |
| IMCA SMT | 1. Consider the information gathered at the time of referral and plan ahead for this case with the Decision Maker.
2. It will always be a benefit to meet with the client for a SMT decision.
3. If the patient is in a Coma or is unable to communicate. Consider gathering information from a 3rd party, such as a GP or a Support Worker.
4. Contact the Decision Maker and discuss a plan to take the decision forward. Discuss the Best Interest framework and the rights of the person at the centre of the decision.
5. If a face to face was not possible due to restrictions, make this clear to the DM and within your records.
6. Submit your IMCA report including the rights of the person and IMCA considerations.
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| Care Act Care Assessments or Care & support | 1. Consider the information gathered at the time of referral and plan ahead for this case with the Decision Maker.
2. Contact the client by telephone if possible.
3. It will always be a benefit to meet with the client to enable representation for a Care Act decision.
4. If the patient is unable to communicate. Consider gathering information from a 3rd party, such as a Support Worker via telephone.
5. Contact the Decision Maker and discuss a plan to take the decision forward with regard to the assessment.
6. Where will the assessment take place etc?
7. If you have not been able to meet the client due to restrictions, make this clear to the DM and within your written records.
8. Submit a report indicating who you have gathered info from and why you did not speak to the patient
9. Do not delay a decision by not engaging face to face with the client. Discuss the case with your PM at the earliest time to consider how you move forward to support client involvement.
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| Care Act Safeguarding Adults | 1. Consider the information gathered at the time of referral and plan ahead for this case with the Decision Maker.
2. It will always be a benefit to meet with the client for a Safeguarding Case..
3. Contact the Decision Maker and discuss a plan to take the decision forward with regard to the Safeguarding Planning meetings.
4. Identify if the person is safe and a protection plan is in place.
5. Telephone the client if this is appropriate.
6. Submit a report also indicating who you gathered information from.
7. Do not delay a decision by not engaging face to face with the client. Discuss the case with your PM at the earliest time to consider how you move forward to support client involvement.
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| **IMHA, NHS ICA, Generic/Parenting** | **Screening to triage new referral** |
| IMHA Hospital  | 1. An arrangement will be made by the PM for the IMHA to make contact with the patient by telephone.
2. You will be discouraged to attend Ward Rounds. You will be able to present information to the Ward Manager to accompany the client at Ward Rounds.
3. If you have not met and spoken with the client, make this clear within your records.
4. Do not delay a decision by not engaging face to face with the client. Discuss the case with your PM at the earliest time to decide on a pathway forward.
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| IMHA CTO | 1. As above
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| NHS ICA | 1. Manage all cases by telephone and email.
2. Risk Assess the need to attend a resolution meeting
3. Discuss any difficulties with your PM
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| Generic Advocacy/Parent | 1. Support the client by telephone or email
2. For Parent Advocacy, consider where the meetings will take place for assessments and risk assess your attendance.
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| Self Advocacy case referrals | 1. Support the client by telephone or email.
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