Solihull Action through Advocacy

POLICY
AND
PROCEDURE

Referrals and Allocations Policy

The purpose of this policy is to outline SAtA's policy and related procedures in relation to the receipt of referrals for its different services and the subsequent prioritisation and allocation of those cases.

It is important that the referral process is clear both to potential service users as well as to other professionals and also that managers are provided with clear guidance to support in making good and consistent decisions in respect of case prioritisation and allocation.

SAtA recognises that it may be the case at times that due to high levels of demand it will not be possible to immediately allocate all referrals and instructions that are received and that it may be necessary to operate a waiting list. This policy sets out the criteria to be applied in deciding which cases to prioritise for allocation.

Information for Potential Referrers

SAtA will ensure that information relating to all of its services including the scope, eligibility criteria and referral process is accessible to all potential referrers (including to service users as potential self-referrers).
This information will be made available via the website as well as on printed media (including leaflets and "Information for Professionals" documents).

Referrals

In general, referrals should be made using one of SAtA's standard referral forms. SAtA has 3 standard referral forms, one for each of the following:

- Community Advocacy
- Independent Mental Capacity Advocacy
- Care Act Advocacy

Referral forms are made available for download for SAtA's website and can also be obtained by email or by post. The standard forms are also appended to this policy.
Completed forms can be returned via email (referrals@solihulladvocacy.org.uk) or post (11-13 Land Lane, Marston Green, Solihull, B37 7DE).

A note on IMCA and Care Act Referrals for Solihull MBC

SAtA is commissioned to provide IMCA and Care Act services to Solihull Metropolitan Borough Council (SMBC). For this purpose, it has been agreed that SAtA will accept referrals from SMBC social workers on the standard form provided by SMBC. DoLS instructions will be submitted using *adass Form 11*. This is to facilitate a simplified process for social work teams to manage the range of statutory advocacy functions.

For non-statutory advocacy only we will accept initial referrals over the telephone, face-to-face (at our offices or a drop-in location) or via website enquiry in the following circumstances:

1. Where it is a self-referral and the person may require support to complete the referral form;
2. Where the referral is urgent and the completion of the form would result in an unacceptable delay in the receipt of the referral and/or commencement of work;

In any case in which a referral is initially accepted without a referral form, the allocated advocate should ensure that a form is completed without delay.

Acknowledgement

Receipt of all referrals will be acknowledged within 1 day of the referral being received. This will usually take the form of an email confirmation to state that the referral has been received and that an advocate will be allocated. Indication of the target timescale for allocation will also be provided.

Once the case has been allocated, the IMCA will contact the instructor to confirm that they are the allocated worker.

Timescales

SAtA operates general target timescales for allocation of cases across its advocacy provision as below. It should be noted that these target timescales are for guidance purposes and that the timescales for allocation of individual cases is based on prioritisation criteria which is dealt with in the following section:

For **statutory advocacy instructions** (IMCA, DoLS and Care Act), cases should be allocated and first contact made with the client within **3 working days** of the instruction being received.
For **all other referrals**, allocation and first contact should be made within **5 working days**.

Prioritisation

We aim to ensure that we maintain a staffing cohort that minimises the need to prioritise between cases and ensures that all referrals and instructions are dealt with within the target timescales above. Nevertheless we recognise that there may be occasions on which it is not possible to immediately allocate all pending cases due to temporary resource issues.

Service managers are responsible for the allocation of cases within their teams and where necessary they will prioritise cases according to the following guidance:

For non-statutory advocacy referrals:

1. First priority will be given to any case where a potential urgent safeguarding issue exists
2. Next priority will be given based on the level of need of the person and the urgency and impact of the issue with which the person requires support
3. Where there is negligible or no difference between cases in respect of need or urgency, cases will be allocated in the order in which the referrals were received

For IMCA Instructions:

1. Priority will always be given to IMCA instructions above other non-IMCA referrals
2. Priority will be given to cases where a statutory duty exists (Serious Medical Treatment and Accommodation decisions) over instructions that are made pursuant to a discretionary power (care reviews and safeguarding)
3. In particular, priority will also be given to s.39a DoLS instructions.
4. Consideration will be given to the length of time available for the decision to be made with cases with shorter periods being given higher priority over those with longer periods.
5. In particular, priority will be given to instructions relating to Serious Medical Treatment where decisions need to be made urgently.

For Care Act Referrals:

1. Priority will be given to Care Act advocacy referrals above non-statutory advocacy referrals
2. We will prioritise Care Act referral categories in the following order:
    i. Safeguarding
    ii. Assessment
    iii. Support Planning
    iv. Reviews
3. If necessary, regard will be had to the level of need of individual clients in deciding which cases to prioritise.

Allocation

It is recognised that allocations will predominantly be driven by case-load issues at the time the referral is made, with cases being allocated to individuals with the greatest free capacity. However, wherever possible, Managers shall make every effort to ensure the allocation of the most appropriate advocate to individual cases. In so doing, regard shall be had to:

- Any pre-existing advocacy relationships (in the case new referrals for existing clients)
- The issue with which the person requires support and the skills and expertise of available advocates in relation to that particular area.

- Any particular preferences or cultural requirements of the person (for example whether they would prefer a female advocate to a male)

Referral and Allocation Monitoring

Referral levels should be monitored at weekly management meetings.

Issues in relation to prioritisation or allocation of referrals should be discussed with the CEO at the time such issues arise.

Any identified issues in relation to IMCA, DoLS and Care Act referrals should be discussed at the Management Meeting and if appropriate should be addressed with the commissioners of the service(s) and/or the social work or NHS teams concerned.