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| ***For Information and advice on how to complete this form please phone:***  ***Devon Advocacy Consortium (DAC) on* 01392 822 377**  ***Failure to complete all relevant parts of this form could result in delayed allocation of this referral.***  ***The referral form should be emailed to*** [***devonadvocacy@livingoptions.org***](mailto:devonadvocacy@livingoptions.org) |

### INFORMATION about THE PERSON MAKING THE NHS COMPLAINT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | Date of Birth | | | |  | | | |
| Address |  | | | | | | | Email | | | |  | | | |
| Tel | | | |  | | | |
| Postcode | | | |  | | | |
| Client currently living in | Own home |  | Care home |  | Hospital |  | Supported living |  | Prison |  | Uncertain | |  | Other (specify) |  |

The **Independent Health Complaints Advocacy (IHCA)** service is provided by Rethink Advocacy, which is one of the Devon Advocacy Consortium (DAC) partner organisations. Rethink Advocacy can offer support to individuals complaining about an NHS service either they, or someone close to them, has received or attempted to access. To help empower individuals Rethink Advocacy will usually start by sending a Self-Help Information Pack (SHIP) which contains information about the complaints process and how Rethink Advocacy uses people’s personal data. Rethink Advocacy will also send a **consent and authority to share form** which the complainant is required to sign and return if they require one to one support from a named advocate.

**On receipt of the signed consent form, Rethink Advocacy will allocate a named advocate.**

They will arrange an initial phone call, to discuss what advocacy support is needed and to plan a way forward.

**Rethink Advocacy aims to provide different levels of advocacy support depending on individual needs. The questions below allow us to begin assessing the level of in-put that may be required.**

**To prioritise fairly we request that you answer the questions as fully as possible.**

**WHY DOES THE PERSON MAKING THE COMPLAINT NEED AN INDEPENDENT ADVOCATE?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are there family/ friends able to support the person making the complaint? | Yes |  | No |  |
| Are there any agencies able to support the person making the complaint? | Yes |  | No |  |
| If yes to either of the above, please explain briefly why further support is needed: | | | | |
|  | | | | |
| Can the person making the complaint communicate views, wishes & feelings? | Yes |  | No |  |
| If no, please summarise how they have difficulty communicating and the current circumstances that contribute. E.g. Diagnosed disability/ condition, a recent bereavement or traumatic event. | | | | |
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| What is the primary communication method of the person making a complaint? (please tick the most appropriate) | | | | | | |
| English | |  | Other Spoken Language |  | Gestures/vocalizations/facial expressions |  |
| Sign language (e.g. BSL) | |  | Words/Pictures/Makaton |  | No obvious means of communication |  |
| Other (please state) |  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the person making the complaint have any disabilities? (please tick as many as are relevant) | | | | | | | |
| Acquired Brain Injury |  | Autistic Spectrum Condition |  | Cognitive impairment |  | Dementia |  |
| Learning Disability |  | Mental Health problems |  | Serious Physical Illness |  | Learning Difficulty |  |
| Unconsciousness |  | Other  (please state) |  | | | | |

**INFORMATION ABOUT THE NHS COMPLAINT**

To support the person not to have to repeat their story to different people this initial referral does not require detailed information about the complaint. Where one to one advocacy support is required, the advocate will help and encourage the individual to tell their story and to plan a way forward to achieve their desired outcomes. Below are a few questions however that would be useful for us to know the answers to.

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| --- | --- |
| Please list NHS providers the complaint is about (e.g. Name of Hospital, GP or dental practice) |  |
| When did the treatment/ incident happen? |  |
| Dates & times of any planned meetings? |  |
| Has the person already started the complaint? |  |
| Is there anything else important to tell us? |  |

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| **INFORMATION ABOUT THE PERSON MAKING THIS REFERRAL**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | How did you hear about the Advocacy service? E.g. Internet, signposted from PALs. | |  | | | | Please state here if you are self-referring: | |  | | | | Please complete below information if you are making this referral on behalf of someone else: | | | | | | Referrer name and relationship to client |  | | Name of organisation if any |  | | Referrer ‘s address |  | | Telephone |  | | Email |  |   **CLIENT MONITORING INFORMATION**  **We are required to request the following data to ensure that our service is fair and treats our users equally. This information is separate to your referral for advocacy and has no impact on the service that we will provide.**  **The following questions are optional; you can choose to answer some, all or none of them. These questions are for the person who wishes to make a complaint to answer.**   |  |  | | --- | --- | | Gender |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Is the gender you identify with the same as your sex registered at birth? | Yes |  | No |  |   **Ethnic Origin** |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **White:** |  | **Mixed:** |  | **Asian or Asian British:** |  | **Black or Black British:** |  | **Other** |  |
| British |  | White & Black Caribbean |  | Indian |  | Black Caribbean |  | Other Ethnic Group (please specify) |  |
| Irish |  | White & Black African |  | Pakistani |  | Black African |  | Not Established |  |
| Other White (please specify) |  | White & Asian |  | Bangladeshi |  | Other Black (please specify) |  |  |  |
|  |  | Other Mixed  (please specify) |  | Chinese |  |  |  |  |  |
|  |  |  |  | Other Asian (please specify) |  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Are you married or in a civil partnership? | Yes |  | No |  |

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| --- | --- |
| How would you describe your sexual orientation? |  |

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| --- | --- |
| What religion are you? |  |

The Devon Advocacy Consortium (DAC) is a partnership made up of 4 specialist advocacy providers: Living Options Devon (lead), Rethink Advocacy, Vocal Advocacy and Young Devon.

Devon Advocacy Consortium

Living Options Devon

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