



NHS Greater Huddersfield Clinical Commissioning Group  
and NHS North Kirklees Clinical Commissioning Group

| Office Use Only |  |
|-----------------|--|
| PSOCC Ref :     |  |
| Received:       |  |
| Acknowledged:   |  |
| Assessed:       |  |
| Worker:         |  |
| Closed:         |  |

## Touchstone Kirklees Advocacy Service - Referral Form

**Mental Health Advocacy Service**

**IMHA Service**

### Your details:

Your Name:

Phone:

Address:

Postcode:

Date of Birth:

Email:

Contact me by: Phone  Email  Letter  Other

Usual transport: Walk  Own Car  Cycle  Taxi  Bus  Other

### How did you hear about us?

### If you're being referred to us by someone else:

Their name:

Phone/email:

Organisation:

How you know them:

### Your current care:

Are you on CPA (do you have a Care Co-ordinator)? Yes  No  Not Sure

Do you have a Personal Budget from Kirklees Council? Yes  No  Not Sure

### The types of things I would like help with:

- Support in ward rounds
- Speaking up for myself
- Knowing my rights
- Increasing my confidence
- Meeting new people
- Helping other people
- Organising myself better
- Working out what I want

### The types of things I am finding hard:

- Housing
- Medication / treatment
- Getting the kind of care I want
- Money / bills / benefits
- Transport
- Physical needs
- Legal stuff
- Other things (please state)

### Can we contact you in the future about advocacy groups / events?

Yes

No

**I agree this information is correct and is given with full knowledge and consent of the person being referred.**

Signed:

Date:

Signed (referrer):

Date:

When complete please return to: [advocacy@touchstonesupport.org.uk](mailto:advocacy@touchstonesupport.org.uk) or by post to:  
Dewsbury Business Centre, 1<sup>st</sup> Floor, 13 Wellington Road East, Dewsbury, WF13 1HF. 01924 460 211

**Only for IMHA / people in hospital**

**I am:**

- |                         |                          |                                    |                          |
|-------------------------|--------------------------|------------------------------------|--------------------------|
| An informal patient     | <input type="checkbox"/> | On supervised community treatment  | <input type="checkbox"/> |
| Detained on Section 2   | <input type="checkbox"/> | On Guardianship                    | <input type="checkbox"/> |
| Detained on Section 3   | <input type="checkbox"/> | Under 18 & on Section 58 treatment | <input type="checkbox"/> |
| On Section 57 treatment | <input type="checkbox"/> | Other _____                        | <input type="checkbox"/> |

**I would like help with:**

- |                           |                          |                                       |                          |
|---------------------------|--------------------------|---------------------------------------|--------------------------|
| Ward rounds               | <input type="checkbox"/> | Understanding my legal rights         | <input type="checkbox"/> |
| Leave from hospital       | <input type="checkbox"/> | Appeals to the Mental Health Tribunal | <input type="checkbox"/> |
| Discharge from hospital   | <input type="checkbox"/> | Accessing legal advice                | <input type="checkbox"/> |
| Making a formal complaint | <input type="checkbox"/> | Care Programme Approach (CPA)         | <input type="checkbox"/> |

**Touchstone Advocacy Service Confidentiality Agreement:**

All Touchstone staff and volunteers are committed to protecting your confidentiality.

We will not seek any information about you unless you give us your permission.

We will never discuss information about you unless:

- You give us your permission,
- There is a serious risk to your safety or the safety of others,
- We are compelled to do so by law.

Please sign here if you understand and agree with the above:

|             |  |
|-------------|--|
| Print Name: |  |
| Signature:  |  |
| Advocate:   |  |
| Date:       |  |

# Advocacy Action Planning



| This sheet helps us to identify areas where we can provide you with advocacy support. For each area think about how you feel right now and circle the number which best describes how things are, where 1 is the worst things can be and 10 is the best they can be. Mark 10 for any area where you do not want support right now. |   |   |   |   |   |   |   |   |   |    | What action could help improve things? |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|----|----------------------------------------|
| Finding the right information                                                                                                                                                                                                                                                                                                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                                        |
| Feeling in control of my situation                                                                                                                                                                                                                                                                                                 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                                        |
| Participating in my community                                                                                                                                                                                                                                                                                                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                                        |
| My mental health                                                                                                                                                                                                                                                                                                                   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                                        |
| Access to employment / education / volunteering                                                                                                                                                                                                                                                                                    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                                        |
| Speaking up for myself and others                                                                                                                                                                                                                                                                                                  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                                        |
| My physical health                                                                                                                                                                                                                                                                                                                 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                                        |
| My social networks: family, friends & relationships                                                                                                                                                                                                                                                                                | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                                        |
| My self confidence                                                                                                                                                                                                                                                                                                                 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                                        |
| Understanding my legal rights                                                                                                                                                                                                                                                                                                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                                        |
| My housing situation / organising things at home                                                                                                                                                                                                                                                                                   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                                        |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Touchstone Kirklees Advocacy Service Monitoring Form

Collecting this information is important to us to ensure that we are being fair and effective at helping everyone. We keep this information secure - it will **ONLY** be used for service improvement and monitoring purposes and will never be shared in an identifiable way. Please fill out as much of this form as you can by ticking the boxes that apply to you and if you prefer not to answer some of these questions, that's ok. Please ask a member of our team if you would like to know more about how we hold this information and why we collect it.

|                             |                                                |                                                  |                                                  |
|-----------------------------|------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| <b>Gender</b>               | <input type="checkbox"/> Male                  | <input type="checkbox"/> Female                  |                                                  |
|                             | <input type="checkbox"/> Other                 | <input type="checkbox"/> Do not Wish to State    |                                                  |
| <b>Age</b>                  | <input type="checkbox"/> 18-24                 | <input type="checkbox"/> 25-34                   | <input type="checkbox"/> 35-44                   |
|                             | <input type="checkbox"/> 45-54                 | <input type="checkbox"/> 55-64                   | <input type="checkbox"/> 65-74                   |
|                             | <input type="checkbox"/> 75-84                 | <input type="checkbox"/> 85+                     | <input type="checkbox"/> Do not wish to state    |
| <b>Ethnic Origin</b>        | <b>White</b>                                   | <b>Black</b>                                     |                                                  |
|                             | <input type="checkbox"/> White British         | <input type="checkbox"/> Black British           | <input type="checkbox"/> Other Black background: |
|                             | <input type="checkbox"/> White Irish           | <input type="checkbox"/> African                 |                                                  |
|                             | <input type="checkbox"/> White Other           | <input type="checkbox"/> Caribbean               |                                                  |
|                             | <b>Asian</b>                                   | <b>Mixed</b>                                     | <input type="checkbox"/> Do not wish to state    |
|                             | <input type="checkbox"/> Pakistani             | <input type="checkbox"/> White & Black African   |                                                  |
|                             | <input type="checkbox"/> Bangladeshi           | <input type="checkbox"/> White & Black Caribbean |                                                  |
|                             | <input type="checkbox"/> Indian                | <input type="checkbox"/> White & Asian           |                                                  |
|                             | <input type="checkbox"/> Kashmiri              | <input type="checkbox"/> Other Mixed             |                                                  |
|                             | <input type="checkbox"/> Other Asian           |                                                  |                                                  |
|                             | <b>Other</b>                                   |                                                  |                                                  |
|                             | <input type="checkbox"/> Chinese               | <input type="checkbox"/> Gypsy/Traveller         | <input type="checkbox"/> Other                   |
| <b>Sexual Orientation</b>   | <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Gay/Lesbian             | <input type="checkbox"/> Other                   |
|                             | <input type="checkbox"/> Transgender           | <input type="checkbox"/> Bisexual                | <input type="checkbox"/> Do not wish to state    |
| <b>Disability</b>           | <input type="checkbox"/> Physical              | <input type="checkbox"/> Dementia                | <input type="checkbox"/> Sensory Disability      |
|                             | <input type="checkbox"/> Learning Disability   | <input type="checkbox"/> Mental Health Problem   | <input type="checkbox"/> Autistic Spectrum       |
|                             | <input type="checkbox"/> Hidden Disability     | <input type="checkbox"/> Other                   | <input type="checkbox"/> Do not wish to state    |
| <b>Ex-Service Personnel</b> | <input type="checkbox"/> Yes                   | <input type="checkbox"/> No                      | <input type="checkbox"/> Spouse/Partner          |
|                             | <input type="checkbox"/> Do not wish to state  |                                                  |                                                  |