This letter relates to requesting an advocate.

Please do note that you may wish to seek legal advice on these issues now and certainly once you receive a response if it is not favourable, or if no response is forthcoming within 7-14 days, depending on how urgent this is

DELETE THIS BOX BEFORE SENDING THIS LETTER

[Director of Adult Social Services]

[insert address of the person you are writing to]

[insert your name]

[insert the date of the letter]

Dear [insert name of the person you are writing to] ,

**Advocacy for [insert name of the person you are writing about]**

I am writing to you to raise a concern about [insert name]’s ability to take part in their assessment/ care planning process. I am their mother/father/brother/sister/son/daughter/ [insert your relationship to X here].

I am aware that under the Care Act 2014, it is a local authority’s duty to consider whether a person who has care and support needs would have substantial difficulty being involved in the process.   
  
[insert name] has the following needs:

*[briefly describe X’s condition, diagnosis or needs and how this impacts on:  
  
- understanding relevant information  
- retaining information  
- using or weighing information  
- communicating views, wishes and feelings]*

I believe that this means [insert name] will have substantial difficulty in being involved in this process and that they need support through an independent advocate.   
  
On [insert date] [insert name of advocate] was appointed to support [insert name of person with a learning disability]’s involvement. However, I am concerned about the advocacy because [briefly explain concerns

* The advocate has not met with [insert name of person with a learning disability]
* The advocate does not understand the Care Act
* The advocate does not seem to be independent

As you will be aware, unless [insert name of person with a learning disability] is adequately and appropriately supported to be involved in the assessment and care planning process, the assessment and care planning process must be repeated.

Please could you confirm that [insert name] will be fully supported in this process and that [arrangements will be made to appoint a new advocate/ or arrangements will be made to ensure that the advocate has sufficient time to discharge his/her role.]

I look forward to hearing from you within 7 days given the urgency of ensuring that [insert name] is fully supported in all future processes.

Yours sincerely

[insert your name]