Advocates' Checklist

Introduction

Discussions between Network members have identified pinch points and places where people get stuck in their journey through services.

This checklist has been developed to help advocates consider how they are working with learning disabled and/or autistic people, especially those subject to seclusion and segregation or resident on mental health wards.

Section 1: Understanding the Person and Their Journey

- Do I know how long this person has been in hospital? ☐
- Have I explored why they were admitted and what's keeping them there? ☐
- Have I asked what they want for the future (e.g. where they want to live, relationships, aspirations)? ☐
- Have I spoken with any previous or current advocates (with consent)? ☐
- Have I talked to family, carers or support networks to build a fuller picture (with consent)? ☐
- Have I ensured this person understands their rights and the role of advocacy? ☐
- Have I been involved in their key decision points (discharge planning, Care and Treatment Reviews)? ☐
- Have I left something behind they can use (My Plan, advocacy leaflet, contact info)? ☐
- Have I flagged any systemic issues to my manager or safeguarding if needed? ☐

Section 2: Working with Families

Principle: Assume family involvement as the default unless there is a clear reason not to (opt-out, not opt-in).

- Have I asked the person if they want family involved in advocacy or decision-making? ☐
- Have I contacted family early (with consent) to aid communication? ☐
- Do I clearly explain the advocacy role to families? ☐
- Do I leave families with clear information? ☐
- Have I asked families about the person's history, values, needs? ☐
- Do I regularly check if consent around family involvement has changed? ☐
- If the person does not want family involvement, have I documented and explored this? ☐
- Have I supported families to raise concerns or share information where appropriate? ☐

Section 3: Treatment and Care Planning

- Have I started with the person and not just their paperwork? ☐
- Have I reviewed key documents (if permitted): notes, CTR, CPA, capacity assessments, formulation reviews, communication plans, discharge plans, OT assessments ☐
- When were advocacy first involved? At admission? Early planning? ☐
- Do I attend MDT meetings or reviews when possible? ☐
- Am I confident the professionals involved understand my advocacy role and know how to contact me? ☐

Section 4: Working with Commissioners and Healthcare

- Have I spoken directly with the person about their care and treatment? ☐
- Have I checked their understanding and what's missing? ☐
- Have I reviewed care notes, CTR, CPA, capacity, formulation, communication passports, discharge plans, OT assessments? ☐
- Have I been in touch with the person commissioning their care? ☐
- Do I understand the reasons for admission/ detention and discharge plans? ☐

Section 5: Knowledge Building

- Have I considered key legal and policy frameworks (MHA, MCA, Code of Practice, DOLS)? ☐
- Have I read clinical and risk documentation (seclusion reviews, HCR-20, CTRs, care plans, risk management, OT assessments)? ☐
- Have I talked to the person's family and home team (commissioner, LA, ICB)? ☐
- Have I considered the person's physical health and wellbeing in hospital? ☐
- Do I understand their leave arrangements? ☐ Do they? ☐
- Do I understand what their daily reality is like? ☐ Have I observed it, spoken to the person, read their notes? ☐
- Have side effects of medication been explored (e.g. sleep, weight)? ☐
- Am I tracking discharge plans and challenging delays? ☐
- Do I understand CTR processes and the roles of independent reviewers? ☐
- Do people know how to contact me directly? ☐

Section 6: Taking Action

- Is there a clear Advocacy Action Plan in place with measurable goals and targets? ☐
- Are key meetings (CTR, MDT, tribunal, discharge) diarised? ☐
- Have I explored solicitor involvement? ☐
- Have I considered extended S17 leave? ☐
- Have I explored accommodation barriers with relevant teams? ☐
- Have I checked Court of Protection routes if capacity is lacking? ☐
- Do I review notes regularly? ☐
- Have I discussed this person in supervision? ☐
- Are timelines active or drifting? ☐
- Do I escalate concerns internally and externally as needed (CQC, safeguarding, legal, complaints, commissioners)? ☐
- Am I in contact with the person's family and supporting them? ☐

Section 7: Ongoing Support and Future Planning

- Is there a plan in place for transitions and discharge? ☐
- Has realistic preparation work been factored in? ☐
- Is communication between wards, family members and advocates strong? ☐
- Have I considered how to connect people with their local community, self-advocacy, and support groups? ☐
- How can I support people to develop friendships and reduce loneliness? ☐
- How am I ensuring I capture and share my knowledge effectively? ☐
- Am I preparing the person for IMHA ending? Are there handover tools in place for the person and their care team? ☐
- Have I explored advocacy funding via Section 117 aftercare or Continuing Healthcare? ☐
- Am I sure I'm not engaged in tick-box advocacy on this occasion? ☐
  Have I been bold? ☐
  Have I questioned? ☐
  Have I been professionally curious and thought critically about things? ☐

Section 8: Advocacy Journey and Escalation

- Have I raised concerns in ward rounds, MDT, CPA and CTR meetings? ☐
- Have I prepared the person for meetings? ☐ Did we consider the agenda, advocacy plan, and our roles? ☐
- Have I attended meetings if the person is unwilling or unable to attend? ☐
- Have I fed back to them what happened at the meeting? ☐
- Have I challenged human rights breaches and pushed for decisions to be deferred, if the person has not been involved or consulted? ☐

Internal Escalation Process Red Flags:

- No discharge plan > 6 months ☐
- Person excluded from decision-making meetings ☐
- Rights breaches not addressed ☐
- Family concerns ignored ☐
- Advocacy concerns ignored ☐

Action: Escalate to advocacy manager, safeguarding leads, commissioners.

External Escalation Options Red Flags:

- CQC complaints about rights breaches or poor care ☐
- Safeguarding referrals for abuse/neglect ☐
- Solicitors or COP for unlawful detention or capacity issues ☐
- Commissioners for inadequate discharge planning ☐
- PALS for access to primary care ☐
- CTR escalation if care provider blocking progress ☐

Notes: