

Independent Mental Capacity Advocate Referral Protocol

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1. Introduction and Objectives

Scope of Service

The provision of an Independent Mental Capacity Advocate (IMCA) is a statutory requirement of the Mental Capacity Act 2005. Any adult in Oxfordshire meeting the two primary criteria outlined in this document must be referred for an IMCA service.

Independent Mental Capacity Advocates (IMCAs) work on a 1-1 basis with adults who lack capacity, but who need support with decisions to be made in relation to resettlement or serious medical treatments.

It is expected that the majority of the referrals to the IMCA service will concern people in the following groups:

- People with dementia
- People with learning disabilities
- People with mental ill health

However, it is anticipated that referrals will also be made for people who lack capacity for other reasons including:

- People who have experienced strokes
- People with acquired brain injuries

A crucial part of the advocacy service will be to ensure that all steps have been taken to engage the person using a variety of communication methods.

The service is provided in Oxfordshire by Oxfordshire Advocacy Development Group (OADG) 01865 767462 who employ

Independent Mental Capacity Advocates (IMCAs) to serve the county.

These Advocates have all undertaken the IMCA training and been selected for their level of experience in working directly with clients, including non verbal clients and those who lack capacity.

IMCAs will not work with clients continuously, but will support them through a particular issue until it is resolved. IMCAs do not provide a befriending service.

2. Role and Functions of an IMCA

This section lays out the functions of an IMCA, as defined by the Department of Health with reference to the Mental Capacity Act 2005 and Code of Practice 2007

Summary

An IMCA is someone appointed to support a person who lacks capacity, in specific circumstances. The IMCA makes representations about the person's wishes, feelings, beliefs and values, at the same time as bringing to the attention of the decision-maker all factors that are relevant to the decision. The IMCA can challenge the decision-maker on behalf of the person lacking capacity if necessary.

FUNCTIONS OF AN INDEPENDENT MENTAL CAPACITY ADVOCATE (IMCA)

1. The key functions of the Independent Mental Capacity Advocate (IMCA) are set out in the Mental Capacity Act 2005 in section 36(2), and Code of Practice. They include:
 - representing and supporting the person who lacks capacity
 - obtaining and evaluating information
 - ascertaining the person's wishes and feelings, as far as possible
 - investigating alternative courses of action – for example, looking at different care arrangements and to explore the least restrictive option
 - obtaining a further medical opinion, if necessary.
2. Section 36(2) refers to regulations prescribing the steps an IMCA must go through for the purpose of carrying out these functions. See below:

Representing the person who lacks capacity

3. In order to carry out this task, the IMCA will need to investigate the particular circumstances of the vulnerable

person in relation to other aspects of the best interests checklist. These include:

- whether the person is likely to regain capacity in relation to the matter in question, and if so, when that is likely to be;
 - the need to permit and encourage the person to participate, or to improve his/her ability to participate, as fully as possible in any act done for and any decision affecting him/her;
 - so far as these can be ascertained, the past and present wishes and feelings of the person concerned, any beliefs and values that may have influenced the decision in question, and the factors which the person would consider if able to do so;
 - any other relevant factors, including for example, the need to promote the human rights of the person concerned.
4. In addition, the advocate will need to consider whether the principles set out in Section 1 of the Act have been complied with. In particular:
- Where there is more than one course of action or a choice of decisions to be made, the IMCA will need to check whether all possible options or alternatives have been explored and whether the proposed option would be the least restrictive of the person's future choices or would allow him/her the most freedom.
 - They should also check that the person has been given adequate support to try to make his or her own decision and that he or she does in fact lack capacity in relation to the decision in question.

Other functions

5. Section 35(6) provides IMCAs with certain powers to enable them to carry out their functions under the Act. These include:
- the right to visit and have a private discussion with the vulnerable person concerned; and
 - the right to examine and take copies any records (such as clinical records, care plans or social care assessment

documents) which are considered by the decision maker to be relevant to the decision or action in question.

6. If the IMCA considers that further information is required in order to form a view as to the person's best interests, the following courses of action may be appropriate, according to the particular circumstances of the case:
 - Where the vulnerable person has communication difficulties, the advocate may consider seeking specialist help, for example from a speech therapist or translator;
 - The IMCA may wish to discuss possible options with other professionals or paid carers directly involved in providing care or treatment for the vulnerable person, bearing in mind the duty of confidentiality towards the person concerned;
 - Where the decision or action concerns medical treatment, the advocate may consider requesting the doctor responsible to seek a second opinion from a doctor with an appropriate specialist expertise, as to whether the proposed treatment is necessary and in the person's best interests.

Challenging decisions

7. Having offered information about the vulnerable person lacking capacity in relation to a specific matter, there may be occasions when the IMCA feels that insufficient regard has been given to that advice and information. In some cases, there may be significant disagreement between the advocate and the decision-maker about whether the proposed course of action is actually in the person's best interests. In such cases, the IMCA may need to take steps to try to resolve the disagreement.

Where Disagreements arise every effort should be made to resolve the disagreement at the earliest possible stage in accordance with the local policy.

8. Section 36(3) of the Act provides for regulations to make provision for the circumstances in which the IMCA can challenge, or assist in challenging the decision maker. The

IMCA should be able to assist the person who lacks capacity to obtain a second medical opinion; or to obtain legal advice as to whether to make a formal complaint or take a case to Court.

3. Referral Process

3.1 Who to refer

In accordance with the Oxfordshire Joint Policy:

“ 5.4 A referral to the Independent Mental Capacity Advocate service (IMCAs) must be made in the following circumstances, when the person lacking capacity has no close relatives, friends or any other person to help protect their interests. (NB: The Code of Practice indicates that it is the Decision Maker’s responsibility to decide whether it is appropriate to consult an available relative, friend or other person. Where it is felt not to be appropriate an IMCA must be instructed) [ref. 4.10i-iv]:

- i Decisions relating to providing, withholding or withdrawing serious medical treatment
- ii Decisions about long-term changes in accommodation or residence. (*for definitions, see p. 14*)

5.5 In addition a referral to the Independent Mental Capacity Advocate service (IMCAs) must be considered and may be made in the following circumstances:

1. Any review of arrangements as to accommodation where:

a The local authority or NHS trust has arranged that accommodation, **and**

b. The person lacking capacity has no close relatives, friends or any other person to help protect their interests [ref. 3.10i-iv] (see above guidance from the Code of Practice – 5.4): **and**

c. It would be of particular benefit to the person lacking capacity to do so.

2. Adult protection cases where, in accordance with the *Oxfordshire Codes of Practice for the Protection of All Vulnerable*

Adults from Abuse, Exploitation & Mistreatment, protective measures in relation to a person lacking capacity are taken to minimise the risk that any abuse or neglect of the person, **or by the person**, will continue.

In suspected cases of vulnerable adult abuse, a referral to the IMCA needs to be considered where there is potential benefit to the vulnerable person even though there may be friends and family.

3.2 Policy for IMCA involvement in Adult Protection Safeguarding Adults Cases:

POLICY STATEMENT

CRITERIA FOR THE USE OF Independent Mental Capacity Advocates (IMCAs) IN ADULT PROTECTION SAFEGUARDING ADULTS CASES

Agreed by Oxfordshire Safeguarding Adults Board – April 2007

1. Introduction

The Mental Capacity Act 2005 provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves.

The Act sets out core principles and methods for making decisions and carrying out actions in relation to personal welfare, healthcare and financial matters affecting people who may lack capacity to make specific decisions about these issues for themselves.

The Act introduces several new roles, bodies and powers, all of which support the Act's provisions. One of these is the Independent Mental Capacity Advocacy (IMCA) Service, which introduces the role of the Independent Mental Capacity Advocate (IMCA).

Oxfordshire Advocacy Development Group (OADG) provides the IMCA Service in Oxfordshire.

OADG has a 3-year agreement with Oxfordshire County Council for the provision of the IMCA service. The IMCA service in Oxfordshire became operational in April 2007.

2. Independent Mental Capacity Advocate (IMCA) Service

The purpose of the Independent Mental Capacity Advocacy Service is to help particularly vulnerable people, who lack capacity, make important decisions about serious medical treatment and changes of accommodation when they have no family or friends that it would be appropriate to consult about those decisions. The role of the Independent Mental Capacity Advocate (IMCA) is to work with and support people who lack capacity, and represent their views to the 'decision maker' - the person/body responsible for determining or arranging treatment or services in accordance with the best interests of the person lacking capacity.

The statutory role of the IMCA was extended through Regulations to cover two additional circumstances:

- a) where a safeguarding adults allegation has been made and
- b) in care reviews.

This Policy Statement provides guidance on which eligible individuals under safeguarding adults measures would benefit from having the involvement of an IMCA, ensuring that the available resources are targeted to those in most need.

This Policy Statement should be read in conjunction with the Oxfordshire Safeguarding Adults/Adult Protection Procedures and The Mental Capacity Act Code of Practice.

3. Who is Eligible?

In relation to safeguarding adults cases, the Regulations specify that Local Authorities and the NHS have powers to instruct an IMCA if the following requirements are met:

- safeguarding measures are being put in place in relation to the protection of vulnerable adults from abuse i.e. as part of a Safeguarding Plan; and
- the person lacks capacity

The Local Authority or NHS body may instruct an IMCA to represent the person concerned if it is satisfied that it would be of benefit for the person to do so.

In safeguarding adults cases only, access to IMCAs is **not restricted** to people who have no one else to support or represent them. **Therefore, people who lack capacity and who have family and friends can still have an IMCA to support them through the safeguarding process.**

The regulations equally apply to a person:

- Who may have been abused,
- Who has been neglected, or
- Who is alleged to be the abuser

Where the qualifying criteria are met, it would be unlawful for the Local Authority or the NHS not to consider the exercise of their power to instruct an IMCA for safeguarding adults cases.

4. Assessing Capacity in relation to Safeguarding Adults Issues

Someone is said to lack capacity if they are unable to make a particular decision. This inability must be caused by an impediment or disturbance of the mind or brain, whether temporary or permanent.

In order to make a decision, the person needs to be able to:

- Absorb basic information about the pros and cons of an issue
- Retain the information for long enough to process it
- Weigh up the pros and cons against their own value system and arrive at a decision
- Communicate that decision

The Mental Capacity Act introduces a functional test for the assessment of capacity. The Code of Practice (chapter 10) of the mental Capacity Act provides detailed guidance.

To be eligible for the IMCA service a person must lack capacity in relation to the specific issue or decision in question.

For example:

A person with a learning disability may be able to decide what food/clothes they like but may be unable to make a decision as to whether they continue to live with an abusive family member because they are not able to absorb and weigh up the pros and cons of continuing to do so.

5. At what point in the process should an IMCA become involved?

Consideration should be given as to the most appropriate time to instruct an IMCA in safeguarding adults cases. This will be dependent on the decisions to be made and the risks to those involved. In some cases it will be appropriate to involve an IMCA at the Strategy Discussion/Meeting stage. This would need to happen for cases where the wishes/decisions made by the individual would have a significant impact on the investigative process or where immediate actions need to be taken to safeguard the individual prior to further investigation taking place.

In other cases, it may be more appropriate for an IMCA to become involved at the case conference/safeguarding planning stage so that they can provide input into the safeguarding plan. This would be more appropriate in cases where decisions need to be made as a result of findings of the investigation.

Where an IMCA has been involved at any stage of the safeguarding process, the IMCA should be invited to attend Safeguarding Adults Meetings, as appropriate, including any subsequent reviews. The involvement of the IMCA should be reviewed once the specific decisions that prompted the referral have been resolved.

In some situations, a case may start out as a safeguarding adults case, where consideration is given whether or not to involve an IMCA under the set criteria – but this subsequently becomes a case where the allegations or evidence give rise to the question of whether the person should be moved in their best interests. The case then becomes one where an IMCA **must** be involved **if there is no one else** appropriate to support and represent the person in this decision.

In those cases involving Lasting Powers of Attorney, where there is reasonable belief that the person holding the LPA is not acting in the best interests of the person lacking capacity, an application should be made to the Court of Protection either for a best interest decision or to displace the LPA before an IMCA is considered.

6. What are the criteria for referring someone to the IMCA Service in Adult Protection situations?

The IMCA Service is a limited resource and it is important that the use of IMCAs is focussed on cases where the need is greatest and other arrangements are not robust enough to support the necessary decision-making for the individual. An external (IMCA) opinion will give a more defensible and more person-centred outcome. When the person is already supported by an approved advocacy service, there should be no need to involve the IMCA Service but a discussion with OADG should nevertheless take place.

In order to ensure that the IMCA Service is targeted to those in most need it is recommended that, in relation to safeguarding adults, referrals to the IMCA Service are made in cases where one of the following applies:

For someone who may have been abused or neglected

- Where there is a serious exposure to risk
 - Risk of death
 - Risk of serious physical injury or illness
 - Risk of serious deterioration in physical or mental health
 - Risk of serious emotional distress

- Where a life-changing decision is involved and consulting family or friends is compromised by the reasonable belief that they would not have the person's best interests at heart
- Where a life-changing decision is involved and there are no family or friends who it would be appropriate to consult about the decision

Where there is a conflict of views between decision makers regarding the best interests of the person, and none of the above applies, a referral to the IMCA service should be made only where another suitable local advocacy service is not available.

For someone who is alleged to be the abuser

- Where a life-changing decision is involved and consulting family or friends is compromised by the reasonable belief that they would not have the person's best interests at heart
- Where a life-changing decision is involved and there are no family or friends who it would be appropriate to consult about the decision

Where there is a conflict of views between decision makers regarding the best interests of the person, and neither of the above applies, a referral to the IMCA service should be made only where another suitable local advocacy service is not available.

This Policy Statement is to be reviewed in April 2008 when the IMCA Service has been operational for 12 months

3.3: WHEN TO INSTRUCT AN IMCA IN ACCOMMODATION REVIEWS

POLICY AND GUIDANCE

APRIL 2007

Policy

The IMCA service is a limited resource, and is not intended to duplicate the services offered by general local advocacy services. However, you have a duty to consider whether it would be of particular benefit to a person to instruct an IMCA to represent that person's interests at a review of accommodation provided that the following requirements are all met:

- 1) The LA or the NHS has arranged the original accommodation;
and
- 2) The person whose accommodation is being reviewed lacks capacity to make decisions about his/her accommodation. Note: capacity may have changed since the original placement. Be aware that a person is presumed to have capacity to make his/her own decisions unless there is clear evidence to the contrary;
and
- 3) There is no other person appropriate to consult (i.e., there are no family or friends or any network of supportive people, other than paid carers, willing and able to take an interest in the person's welfare; there is no applicable EPA/LPA; there is no nominated person or Court-appointed Deputy). **But note:** if the person is involved in Safeguarding Adults proceedings, as alleged victim or as alleged abuser, and the family or friends appear compromised by these proceedings, a person is eligible for the IMCA service if they meet requirements 1 and 2 above.

These requirements must all be met, before you can consider the involvement of an IMCA.

Guidance:

In deciding whether to instruct an IMCA, **provided the criteria above are met**, consider the following questions:

- 1) Is it likely that the person will be moved to new accommodation as a result of the review? If so, it is essential that you instruct an IMCA.
- 2) Is it likely that major changes will be made, as a result of the review, that will have implications for the person's quality of life, such as a significant reduction in support or access to daytime activities? If so, could the person's best interests be safeguarded by referral to a relevant local advocacy service? This is the preferred option. If not, you should instruct an IMCA.
- 3) Are there differences of opinion about future care plans for this person? If so, could referral to a relevant local advocacy service safeguard the person's best interests? This is the preferred option. If not, you should instruct an IMCA.

This policy will be reviewed in October 2007.

3.2 How to make a referral

Decide, from this document and from discussion with your manager, if this is appropriate as an IMCA referral.

The Mental Capacity Act lead is available to screen and, if required, discuss a potential referral to decide if it is eligible and should be sent on to OADG office (*see contact details on p.20, and referral form p 22*). You may refer direct to the IMCA service if you would prefer.

Oxfordshire Mental Capacity Act lead: Rachel Griffiths. Yarnton House, Rutten Lane Yarnton, Oxon OX5 1LP Tel: 01865 854508; Fax: 01865 854484; mobile 0792 008 4362; email rachel.griffiths@oxfordshire.gov.uk or mentalcapacityact@oxfordshire.gov.uk

OADG encourages a simple system for referrals, using the referral form on p. 22, which consists of:

- Details of the person who lacks capacity and how to contact them;
- Contact details for the decision maker/referrer;
- A brief summary of the issue of concern, i.e. type of issue (long-term change of accommodation or serious medical treatment); any deadlines/ time related factors;
- Confirmation that the client has been assessed as lacking capacity regarding **this specific issue**;
- Care plan that shows a range of options and best interests (when available);
- Contact details for the most appropriate person to contact to arrange visiting the person who lacks capacity;
- Ethnic group of the client;
- The referrer should inform the IMCA, if it is known, whether the person concerned has made an Advance Decision to refuse treatment, written an Enduring or Lasting Power of Attorney, or identified someone they would like to represent them;
- The referring body should keep the IMCA informed of any relevant changes;
- **The decision-maker should bear in mind the need to inform the IMCA of the decision when it is made.**

At an initial stage OADG will not seek further details.

Please see Appendix, p. 22, for OADG's IMCA referral form.

If a third party referrer has concerns about the individual's risk to members of the public, then the referrer should contact OADG's manager to express their concerns.

After receiving a third party referral, the advocate will arrange, with the person specified at referral, a time to visit and inform the referrer of when this will be.

For all types of referral, the advocate will be obliged to keep a confidential record detailing the referral and the conditions under which it was made.

4. Advocacy process

IMCA is an issue based approach to advocacy with its focus upon representing the individual's interests regarding specific decisions.

Individual who lacks capacity

- During visits the IMCA will look out for direct and indirect indications from the individual regarding the issue. The IMCA will also seek guidance from staff on how to approach the individual in a sensitive and appropriate manner.

Issue

The IMCA will also seek further details regarding the issue, and in accordance with the Mental Capacity Act 2005, have the right to:

- visit and have a private discussion with the vulnerable person concerned; and
- examine any records (such as clinical records, care plans or social care assessment documents) which are considered by the record holder to be relevant to the decision or action in question, and if necessary be provided with copies of relevant documents.

Action

An IMCA may take some of the following actions dependent upon the issue:

- representing and supporting the person who lacks capacity
- obtaining and evaluating information
- ascertaining the person's wishes and feelings, as far as possible
- ascertaining alternative courses of action – for example, looking at different care arrangements or residential homes
- obtaining a further medical opinion, if necessary.

A crucial part of the advocacy service will be to ensure that all steps have been taken to engage the client using a variety of communication methods.

An IMCA will respond quickly to initial requests.

IMCAs will always endeavour to agree with a decision maker a reasonable time frame for the production of their report.

5. Confidentiality

Confidentiality

As outlined in part 4 of this protocol, IMCAs will have the right to access information regarding the individual, which is relevant to the issue. The IMCA may also receive information that is private to the individual that has no bearing on the issue.

The IMCA needs to ensure that only information relevant to the issue is gathered and that all information is kept in a secure environment at all times and only accessible to authorised personnel in OADG.

To ensure client confidentiality, the IMCA will do the following:

- Inform the person giving information of the limits to the information OADG can keep for the referred person.
- Secure and confidentially dispose of any information that is given, emailed or posted to the IMCA that is not relevant to the issue.
- Delete paragraphs from paper copies of meeting notes and reports that are not relevant to the issue concerned.
- Delete paragraphs from electronic copies of meeting notes and reports that are not relevant to the issue concerned (if the document is in read only format, then it should be returned with a request for certain paragraphs to be removed).

Supervision of this will be a regular task for the line managers of the IMCA.

6. Service monitoring and accountability

Monitoring

The providers of the IMCA service will be required to submit monitoring information to the Department of Health (DoH).

OADG's IMCA service will be collecting statistical information on numbers of individuals worked with, as well as issues opened, ongoing and closed.

The service will also report on qualitative issues.

Accountability

All IMCAs will be line managed by OADG's Manager and are required to abide by all of the organisation's employment and operational policies.

All IMCAs receive monthly supervision meetings which review the quality of work being done, and the IMCA's adherence to OADG's policy, protocols and guidelines.

Complaints, comments, concerns and compliments

OADG values all feedback on the delivery of its advocacy services.

Any complaints about the service will be investigated in line with OADG's Complaints Policy.

Complaints can be made by anyone who has a reason to express dissatisfaction with OADG's services. Given the communication difficulties faced by the individuals receiving the IMCA service it is essential for effective accountability that OADG gains feedback of all concerns, complaints and comments about the service.

Complaints, concerns, comments and compliments can be made in the following ways:

- By speaking or writing to the advocate concerned.
- By contacting the advocate's manager by writing, emailing or telephoning the OADG office.
- By contacting the Chair of OADG trustees.

7.Contact Details

Rachel Griffiths
Oxfordshire County MCA Lead
Yarnton House
Rutten Lane
Yarnton OX5 1LP
Oxfordshire
Tel : 01865 854508
Mobile: 0792 008 4362
Fax: 01865 854484
Email :
rachel.griffiths@oxfordshire.gov.uk
mentalcapacityact@oxfordshire.gov.uk

The IMCA service in Oxfordshire is provided by:

Oxfordshire Advocacy Development Group
Barton Neighbourhood Centre
Headington
Oxford OX3 9LS
Tel: 01865 767462
Fax: 01865 761546
Email: imca@oadg.org.uk
Website: www.oadg.org.uk

- Referrals can be made Monday to Friday 9am-5pm. An answering service operates out of hours or when the phone is in use.
- Messages left during office hours will be responded to promptly.
- The Referral Form is on p. 22.

8. Appendix

Glossary:

Term	Definition
Decision Maker	<p>The decision maker is the person who is deciding whether to take action in connection with the care or treatment of the person who lacks capacity.</p> <p>This will normally be the carer responsible for the day-to-day care, or a professional such as a doctor, nurse, social worker or care manager where decisions about treatment, care arrangements or accommodation have to be made.</p>
Long-term change in accommodation	<p>A move to a new permanent home, or from one home to another, funded by the Local Authority, and intended to last for 8 weeks or more; or a move into hospital funded by an NHS body and intended to last for 28 days or more.</p> <p>‘Accommodation’ may be in a care home, a nursing home, ordinary and sheltered housing, housing association or other registered social housing, or in private sector housing provided by a local authority, or in hostel accommodation.</p>
Serious Medical Treatment (SMT)	<p>There is no final definition for this term, but likely examples of SMT are:</p> <ul style="list-style-type: none"> • Electro- convulsive therapy (ECT) for non detained patients • Non-therapeutic sterilisation • Major surgery • Withholding or withdrawing of life sustaining treatment • Abortion or caesarean section.

	<input type="checkbox"/> Treatment that may lead to loss of hearing or sight <input type="checkbox"/> Electro-convulsive therapy <input type="checkbox"/> Major surgery (eg open heart or brain / neuro-surgery) <input type="checkbox"/> Major amputations (arm or leg) <input type="checkbox"/> Withholding or stopping artificial nutrition or hydration <input type="checkbox"/> Termination of pregnancy <input type="checkbox"/> Other (please specify)		
8. <input type="checkbox"/> Change in accommodation →	<table border="0"> <tr> <td style="vertical-align: top;"> From: <input type="checkbox"/> Own home <input type="checkbox"/> Care/nursing home <input type="checkbox"/> Hospital <input type="checkbox"/> Supported living <input type="checkbox"/> Prison <input type="checkbox"/> Other (please state): </td> <td style="vertical-align: top;"> To: <input type="checkbox"/> Own home <input type="checkbox"/> Care/nursing home <input type="checkbox"/> Hospital <input type="checkbox"/> Supported living <input type="checkbox"/> Other (please state): <input type="checkbox"/> To be decided </td> </tr> </table>	From: <input type="checkbox"/> Own home <input type="checkbox"/> Care/nursing home <input type="checkbox"/> Hospital <input type="checkbox"/> Supported living <input type="checkbox"/> Prison <input type="checkbox"/> Other (please state):	To: <input type="checkbox"/> Own home <input type="checkbox"/> Care/nursing home <input type="checkbox"/> Hospital <input type="checkbox"/> Supported living <input type="checkbox"/> Other (please state): <input type="checkbox"/> To be decided
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9. <input type="checkbox"/> Adult Protection 10. <input type="checkbox"/> Care Review 11. <input type="checkbox"/> Other (please state):			
12. Has an assessment of the person's capacity been carried out ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. What is the understanding of the person's capacity to make this decision? Lacks capacity to make this decision: At this time <input type="checkbox"/> For the foreseeable future <input type="checkbox"/> 14. Who assessed the person's capacity to make this decision? Decision-maker <input type="checkbox"/> Assessment by another professional <input type="checkbox"/> Other <input type="checkbox"/>			
15. Appropriate other There is no person (not professionally involved) to be consulted about the			

decision

There are others but it is felt that they cannot be consulted as an 'appropriate other'

Please give brief reason why it is not felt to be appropriate to consult any other available:

16. Where is the client at the time of referral? Specify name of hospital, care home etc.

Own home

Address:

Care / nursing home (name)

Hospital (name)

Supported living (name)

Address:

Uncertain

Prison (name)

Other (please state):

Home address if different to current address

17. Does the client have a disability?

Mental Health problems

No/not known

Serious physical illness

Other general special needs (please state):

Learning Disability

18. Nature of client's Impairment

Unconsciousness

Learning Disability

- | | |
|---|--|
| <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Cognitive impairment |
| <input type="checkbox"/> Mental Health problems | <input type="checkbox"/> Combination |
| <input type="checkbox"/> Serious physical illness | <input type="checkbox"/> Other (please state): |
| <input type="checkbox"/> Acquired brain injury | |
| <input type="checkbox"/> Dementia | |

MEANS OF COMMUNICATION

19. Patient/Client's primary means of communication

- | | |
|---|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Gestures / Facial expressions / vocalisations |
| <input type="checkbox"/> Other spoken language | <input type="checkbox"/> No obvious means of communication |
| <input type="checkbox"/> British Sign Language | <input type="checkbox"/> Other (please state) |
| <input type="checkbox"/> Words / pictures / Makaton | |

20. Gender

- Male
- Female

21. Age

- | | |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> 16 - 17 | <input type="checkbox"/> 66 - 79 |
| <input type="checkbox"/> 18 - 30 | <input type="checkbox"/> 80 and over |
| <input type="checkbox"/> 31 - 45 | <input type="checkbox"/> Not known |
| <input type="checkbox"/> 46 - 65 | |

22. Ethnic Background

White

- British
- Irish
- Other White

Mixed White

- White & Black Caribbean

Asian or Asian British	<input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other Mixed White (specify) <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian (specify)
Black or Black British	<input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Other Black (specify)
Chinese or other ethnic group	<input type="checkbox"/> Chinese <input type="checkbox"/> Other ethnic category (specify)
Other	<input type="checkbox"/> Not established (for referrals only, not IMCA cases) <input type="checkbox"/> Remind me later
23. Name of Referrer:	
Address of referrer:	
Job Title of referrer:	Tel No:
Fax No:	Email:
Signature:	Date:
Signature of the Decision Maker if not the referrer:	
Date:	
Name of IMCA:	

Please return this form to:

**Oxfordshire Advocacy Development Group,
Barton Neighbourhood Centre, Headington, Oxford OX3 9LS
Telephone: 01865 767462 Fax: 01865 761546**

