IMCA Referral

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| Guidance on IMCA involvement and completing this form:  The aim of the Independent Mental Capacity Advocacy (IMCA) service is to provide independent safeguards for people who lack capacity and – other than in adult protection cases – have no-one else (other than paid staff) to support or represent them or be consulted. In **Change of Accommodation, Serious Medical Treatment** and **Care Review cases**, we ask referrers:   * Before making a referral, to identify if the person who lacks capacity has **previously named someone** who could help with the decision and if that person may be available and willing to help; * Before making a referral, to identify if the person who lacks capacity has **appointed an attorney** under a Lasting / Enduring Power of Attorney who continues to manage the person’s affairs; * When making a referral to provide information where unpaid persons are available (e.g. family or friends) but they are **considered ‘inappropriate to consult**’, about why they are considered inappropriate to consult, helping us to ensure IMCA involvement is appropriate.   For guidance on **‘who is it ‘appropriate to consult’**? See paragraphs 10.74 – 10.80 MCA Code of Practice.  ***NB: Please ensure all parts of the form relating to the relevant decision / issue are completed and IMCA criteria is met by checking relevant tick boxes and providing further information in the free text boxes available.***  **Failure to complete all relevant parts of the form may result in delaying the appointment of an IMCA.** |

Details relating to the Person Lacking Capacity:

|  |  |
| --- | --- |
| Person (P)’s Name: |  |
| P’s Date of Birth: |  |
| **Local Authority Reference/NHS Reference:** | *(example Care First/SWIFT no)* |
| P’s Home Address: |  |
| Postcode: |  |
| Address of P’s Current Location:*(If different from above)**(If hospital please include ward name/number)* |  |
| Telephone contact: |  |
| How does P communicate? | |
| **Please detail any risk issues or incidents relevant to P we should be aware of:** | |

*Please now complete all relevant parts of this form as required, including the final page, before returning…*

1. A ‘Change of Accommodation’ Decision:

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| Guidance Notes for Change of Accommodation decisions:  Where the relevant criteria is met but the responsible body puts aside the duty to involve an IMCA because the placement or move is urgent (for example, an emergency admission to hospital or possible homelessness), the decision-maker must then involve an IMCA as soon as possible after making the decision. (10.57, MCA Code of Practice). |

*Please Tick ☑ the relevant boxes below to ensure the criteria for IMCA involvement in a Change of Accommodation decision are met. If any of the criteria are not met, the duty to refer to IMCA will not arise:*

**Arrangements for the provision of or change in P’s accommodation is proposed by:**

|  |  |
| --- | --- |
| An NHS Body or |  |
| Local Authority |  |

AND

|  |  |
| --- | --- |
| The move to residential accommodation/care home is for a period likely to exceed 8 weeks or |  |
| The move to hospital is likely to be for a period exceeding 28 days |  |

|  |
| --- |
| Details of proposed provision/change of accommodation, including timescales and key dates: |
|  |

AND

|  |  |
| --- | --- |
| P lacks capacity to agree to the accommodation arrangements |  |

|  |  |
| --- | --- |
| A decision specific capacity assessment was completed on *(DD/MM/YYYY)* |  |

|  |
| --- |
| Please include here any relevant information about the assessment of capacity, including how P was supported to understand the decision and the reasons why they have been assessed as lacking capacity: |
|  |

AND

|  |  |
| --- | --- |
| The move is not as a result of an obligation imposed on P under the Mental Health Act |  |

AND

|  |  |
| --- | --- |
| The responsible body is satisfied, there is no person, other than those providing care or treatment for P in a paid or professional capacity, whom it would be appropriate to consult in determining what would be in P’s best interests |  |

*(NB: if a family or friend disagrees with a decision-maker’s proposed action, this is not grounds for concluding that there is nobody whose views are relevant to the decision (10.79, MCA Code of Practice).*

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| Where there are persons available (e.g. family or friends) but they are considered inappropriate to consult, please provide information on why they are considered inappropriate to consult: |
|  |

*Unless you need to refer to IMCA for another issue, please go to the final page of this form…*

1. A ‘Serious Medical Treatment’ Decision:

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| Guidance Notes for Serious Medical Treatment decisions:   * Guidance on what is defined as ‘Serious Medical Treatment’ can be found in pp. 10.43-45 of the MCA Code of Practice. * Where the relevant criteria is met but the decision maker puts aside the duty to involve an IMCA because an urgent decision is needed (e.g. to save the person’s life), this decision must be recorded with the reason for the non-referral. The NHS body would still need to instruct an IMCA for any serious treatment that follows the emergency treatment.(10.46, MCA Code of Practice). |

*Please Tick ☑ the relevant boxes below to ensure the criteria for IMCA involvement in a Serious Medical Treatment decision are met. If any of the criteria are not met, the duty to refer to IMCA will not arise:*

|  |  |
| --- | --- |
| An NHS Body is proposing to provide, or secure the provision of, serious medical treatment for a person (“P”) |  |

|  |
| --- |
| Please include here details of the proposed decision, including timescales and key dates: |
|  |

AND

|  |  |
| --- | --- |
| P lacks capacity to agree to the relevant treatment |  |

|  |  |
| --- | --- |
| A decision specific capacity assessment was completed on *(DD/MM/YYYY)* |  |

|  |
| --- |
| Please include here any relevant information about the assessment of capacity, including how P was supported to understand the decision and the reasons why they have been assessed as lacking capacity: |
|  |

AND

|  |  |
| --- | --- |
| The responsible body is satisfied, there is no person, other than those providing care or treatment for P in a paid or professional capacity, whom it would be appropriate to consult in determining what would be in P’s best interests |  |

*(NB: if a family or friend disagrees with a decision-maker’s proposed action, this is not grounds for concluding that there is nobody whose views are relevant to the decision (10.79, MCA Code of Practice).*

|  |
| --- |
| Where there are persons available (e.g. family or friends) but they are considered inappropriate to consult, please provide information on why they are considered inappropriate to consult: |
|  |

*Unless you need to refer to IMCA for another issue, please go to the final page of this form…*

1. A ‘Care Review’:

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| Guidance Notes on IMCA referrals for a Care Review:   * A ‘Care Review’ in regard to IMCA involvement means a review of accommodation arrangements (as part of a care plan or otherwise), where the criteria, below, are met. |

*Please Tick ☑ the relevant boxes below to ensure the criteria for IMCA involvement in a Care Review are met*

Accommodation in a care home, hospital or residential accommodation has been provided for P for a continuous period of 12 weeks or more by:

|  |  |
| --- | --- |
| An NHS Body or |  |
| Local Authority |  |

AND

|  |  |
| --- | --- |
| A review of the arrangements is proposed or in progress |  |

|  |
| --- |
| Please include here details of accommodation arrangements and care review including timescales and key dates: |
|  |

AND

|  |  |
| --- | --- |
| P lacks capacity to agree to the accommodation arrangements |  |

|  |  |
| --- | --- |
| A decision specific capacity assessment was completed on *(DD/MM/YYYY)* |  |

|  |
| --- |
| Please include here any relevant information about the assessment of capacity, including how P was supported to understand the decision and the reasons why they have been assessed as lacking capacity: |
|  |

AND

|  |  |
| --- | --- |
| The move is not as a result of an obligation imposed on P under the Mental Health Act |  |

AND

|  |  |
| --- | --- |
| The responsible body is satisfied, there is no person, other than those providing care or treatment for P in a paid or professional capacity, whom it would be appropriate to consult in determining what would be in P’s best interests |  |

*(NB: if a family or friend disagrees with a decision-maker’s proposed action, this is not grounds for concluding that there is nobody whose views are relevant to the decision (10.79, MCA Code of Practice).*

|  |
| --- |
| Where there are persons available (e.g. family or friends) but they are considered inappropriate to consult, please provide information on why they are considered inappropriate to consult: |
|  |

*Unless you need to refer to IMCA for another issue, please go to the final page of this form…*

1. Adult Protection / Safeguarding Cases:

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| --- |
| Guidance Notes on IMCA referrals for Adult Protection cases:     * The responsible body can only instruct an IMCA if they propose to take or have already taken protective measures. This is in accordance with adult protection procedures set up under statutory guidance (10.66, MCA Code of Practice). * In adult protection cases, access to IMCAs is not restricted to people who have no-one else to support or represent them. People who lack capacity who have family and friends can still have an IMCA to support them in the adult protection procedures. |

*Please Tick ☑ the relevant boxes below to ensure the criteria for IMCA involvement in an Adult Protection / Safeguarding case are met:*

|  |  |
| --- | --- |
| P is either a person who has been abused or neglected or |  |
| a person who is alleged to be a perpetrator of abuse |  |

AND

|  |  |
| --- | --- |
| Protective measures are proposed or have been taken in relation to P in accordance with arrangements relating to the protection of vulnerable adults from abuse, by: | |
| An NHS Body or |  |
| Local Authority |  |

AND

|  |  |
| --- | --- |
| P lacks capacity to agree to one or more of the proposed measures |  |

|  |
| --- |
| Please include details of the proposed measure/s and the reason/s P has been assessed as lacking capacity regarding the relevant measure/s: |
|  |

|  |
| --- |
| Please provide information about timescales and key dates: |
|  |

*Unless you need to refer to IMCA for another issue, please go to the final page of this form…*

**Referrer / Decision Maker Contact Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of person completing this form:** | | **Details of the decision maker**  *(required for accommodation and medical treatment cases):* | |
| **Name** |  | **Name** |  |
| **Job Title** |  | **Job Title** |  |
| **Organisation** |  | **Organisation** |  |
| **Address** |  | **Address** |  |
| **Postcode** |  | **Postcode** |  |
| **Telephone** |  | **Telephone** |  |
| **Mobile** |  | **Mobile** |  |
| **Email** |  | **Email** |  |
| **I am instructing / referring to the IMCA service to undertake this work. I am authorised by the NHS organisation or Local Authority to make this referral/make the best interests decision.** *(delete as required)* | | | |
| **Signed** |  | **Date** |  |
| **Name**  *(please print)* |  | **Relationship to P** |  |

**You can return this form to us by:**

Secure email: [imca@pohwer.net](mailto:imca@pohwer.net)

Fax: 0300 456 2365

Post: POhWER, PO Box 14043, Birmingham, B6 9BL

If you have any queries about completing this form please call us on **0300 456 2370**

## **P’s Monitoring Information**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity** | | | | | | | | | |
| **Asian** | | **Black** | | **Mixed** | | **White** | |  | |
| British |  | British |  | British |  | British |  | Other |  |
| Bangladeshi |  | African |  | Asian / White |  | Irish |  | Declined |  |
| Chinese |  | Caribbean |  | Black African/ White |  | Other |  | Unknown |  |
| Indian |  | Other |  | Black Caribbean/ White |  |  |  | | |
| Pakistani |  |  | | Other |  |  |
| Other |  |  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | | **Sexual Orientation** | | **Religion** | | **Client Group**  *(please tick all relevant)* | |
| Female |  | Bisexual |  | Buddhist |  | Acquired brain injury |  |
| Male |  | Gay male |  | Christian |  | Autism |  |
| Intersex |  | Heterosexual |  | Hindu |  | Dementia |  |
| Transgender |  | Lesbian |  | Jewish |  | Child (under 18) |  |
|  |  | Declined |  | Muslim |  | Detained under MHA |  |
|  |  | Unknown |  | Sikh |  | Learning disability |  |
|  |  |  |  | Other |  | Profound and Multiple LD |  |
|  |  |  | | No Religion |  | Long term illness/condition |  |
|  |  |  | | Declined |  | Mental health |  |
|  |  |  | | Not Known |  | Multiple disability |  |
|  |  |  | |  |  | Physical disability |  |
|  |  |  | |  |  | Prisoner/ Offender |  |
|  |  |  | |  |  | Sensory Impairment (Hearing) |  |
|  |  |  | |  |  | Sensory Impairment (Vision) |  |
|  |  |  | |  |  | Sensory impairment (Other) |  |
|  |  |  | |  |  | Substance misuse |  |
|  |  |  | |  |  | Other *(Please state)* |  |
|  |  |  | |  |  |