

Mental Capacity Act 2005

This section covers what you need to know about the Mental Capacity Act 2005 (MCA) if you are a family carer and your relative is approaching the age of 16 years old and you have been making decisions on their behalf.

What is the Mental Capacity Act?

The Mental Capacity Act is a law that says that anybody aged 16 years old and over regardless of whether they have a learning disability, autism or both, has the right to make their own decisions wherever possible. It covers day-to-day decisions like what to wear or what to eat for lunch and serious life-changing decisions like whether to have surgery. If your relative is assessed as not having the capacity to make a specific decision at a specific time, then a best interests process must be followed.

Are there any decisions not covered by the Mental Capacity Act?

There are certain decisions that cannot be made for another person under Mental Capacity Act law. This is because the decision is either so personal to the individual concerned, or because it is governed by other legislation. Decisions that cannot be made under the Mental Capacity Act law include:

- Consenting to marriage or a civil partnership
- Consenting to sex
- Consenting to a child being placed for adoption
- Voting at an election

There is a Mental Capacity Act Code of Practice which explains the Mental Capacity Act 2005 in detail. There is a duty under the Act for all organisations and individuals (e.g. doctor, nurses, social workers and paid support staff) to consider the code at all times if they have a responsibility for making decisions when a person had been assessed as lacking the mental capacity to do so themselves.

Click here to read the Mental Capacity Act Code of Practice:



[Click here to read more](#)

Click here to watch the video from Infodeo on the Mental Capacity Act:



[Click here to watch the video](#)

Click here to watch the video from the Social Care Institute for Excellence on the Mental Capacity Act:



[Click here to watch the video](#)

The MCA sets out 5 core principles:

5 rules everybody should follow when supporting your relative to make a decision



1. Presumption of mental capacity (the ability to make a decision and understand the consequences of that decision).

We should never assume that just because a person has a learning disability, autism or both that they lack capacity to make decisions. A lack of capacity cannot be determined solely by a person's age or appearance, diagnosis or an aspect of their behaviour, which might lead others to make unjustified assumptions about the person's capacity. Capacity changes over time for all of us. For example if a person has been unwell recently their ability to make decisions may be impacted. Where possible, major decisions should be postponed until the person's circumstances and ability to take part in the decision-making process improves.

Watch this video from SCIE showing how a young man was supported in a person-centred way to be involved in a decision about moving house:

[Click here to watch the video](#)



2. People must be supported to make decisions

Information should be given in a way that makes sense to the person. A person may also require support from a family carer, other family member, friend or support worker to help them.

Helping people make their own decisions

Before deciding a person lacks capacity, it is important to take steps to enable them to try and make the decision themselves.

For example:

- does the person have all the relevant information they need?
- have they been given information on any alternatives?
- could information be explained or presented in a way that is easier for them to understand?
- have different methods of communication been explored, such as non-verbal communication, e.g. sign, talking mats, social story?
- could anyone else help with communication, such as a family carer, other family member, friend, support staff or independent professional advocate?
- are there particular times of day when the person's understanding is better?
- are there particular locations where the person may feel more at ease?
- if the person is usually able to make decisions independently but their current circumstances (e.g. illness) are preventing this, can the decision be delayed until they are back to their usual self?

3. Unwise decisions do not necessarily mean a lack of capacity

A person has the right to make an unwise decision. The purpose of a capacity assessment is to determine a person's ability to make a decision, not to make a value judgement on their decision.

4. Decisions must be taken in a person's best interests

This is a difficult concept. It means putting yourself in the person's shoes. Past decisions and knowledge of what is important to the person are important considerations during this process. Everyone involved should imagine what the person would choose if they did have capacity.

5. Consider how a decision can be made in a way that is the least restrictive

Read this example of good practice:

Eddie's mobility has recently deteriorated, and he is struggling to get up and down the stairs. An assessment found that even with support he lacks the capacity to understand his changing health needs and ability to manage stairs. However he was able to indicate that he did not want to move house.

A best interests process was followed, and the options discussed were:

- the least restrictive option would be to adapt the home by fitting a stair lift or moving Eddie downstairs
- the most restrictive option would be to decide that Eddie should move home

The least restrictive option should always be chosen, where possible.

These 5 core principles must be considered and followed in every instance when working with someone who has been assessed as lacking capacity to make a decision for themselves.

What does the Mental Capacity Act mean for family carers?

If your relative cannot make all their own decisions after they turn 16 years old, you can continue to make some decisions for them in their best interests. However, you cannot automatically do this for them in all aspects of their life. Other people may need to be involved in the decision-making process, e.g. if it is a medical decision, this will be a doctor. Anyone making a best interest decision on behalf of a person who has been assessed as lacking capacity **must consult with the person's family carer, other family members and friends and take their views into account.**



[Watch this video from Hft about involving family carers](#)

How is mental capacity assessed?

There is a two-stage test to decide if someone lacks mental capacity.

Stage one: Does the person have an impairment of, or a disturbance in the functioning of, their mind or brain? This could include people with a learning disability, autism or both.

Stage two: Does the impairment mean the person is unable to make a specific decision when they need to? People can lack capacity to make some decisions but have capacity to make others. Mental capacity can also fluctuate with time.

Someone may lack capacity at one point in time but may be able to make the same decision at a later point in time. This is why a capacity assessment should only ever relate to a specific decision at a specific time.

The same 2 stage test applies for every assessment of mental capacity. However the nature of the information and steps will vary depending on:

Family Carer Advocacy Resource

- The person's needs
- The nature of the decision to be made
- The urgency with which the decision needs to be made
- The impairment or disturbance does not have to be diagnosed but a judgement must not be made solely based on:
 - The person's age
 - The person's outward appearance
 - Any physical disability or sensory impairment
 - The person's behaviour (including making an unwise decision)

What is the point of doing a mental capacity assessment?

The purpose of any capacity assessment is not to judge the decision a person makes but to determine whether a person is able to make the decision. Section 3 of the Mental Capacity Act says that a person is able to make their own decision if they can do all of the following 4 things:

1. understand the information relevant to the decision
2. retain that information long enough to be able to make the decision (if only for a short amount of time)
3. use or weigh up that information as part of making the decision
4. communicate the decision (whether verbally, using sign language or any other means of communication, e.g. talking mats)

Who assesses mental capacity?

For day-to-day decisions, e.g. what to wear, whoever (e.g. family carer, paid support staff) is involved with the decision because they are providing care and support/and or treatment is the one who would assess mental capacity.

If the decision is a complex one e.g. whether to have surgery, move house, then a professional

opinion might be necessary, for example the opinion of a hospital consultant, psychologist, social worker. For complex decisions there is a process which should be followed, including:

- A formal record of the assessment should be recorded as soon as possible after it has been carried out
- The record must demonstrate that the statutory principles of the Mental Capacity Act have been applied and each element of the functional test assessed
- The record should contain all of the following:
 - The evidence that has been used to confirm the presence of an impairment or disturbance of the mind or brain
 - The decision to be made
 - The relevant information that has been provided to the person
 - The steps that have been taken to support the person to make their own decision
 - The outcome of each element of the functional test of capacity
 - The reason that the person has been deemed to lack capacity, that consideration has been given to delaying the decision, if they are likely to regain capacity

Notifying Others

The following people should be notified of the outcome of the assessment:

- The person who lacks capacity
- Any representative of the person e.g. family carer, other family member or friend
- Any Lasting Power of Attorney or Court Appointed Deputy
- Anyone that the person has asked to be notified
- Anyone else that it is deemed relevant to notify either with the person's consent or in their best interests if they have been assessed as lacking the capacity to consent

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What can I do if I disagree with a mental capacity assessment decision?

If you disagree with a mental capacity assessment decision, for example if your relative is assessed as lacking mental capacity when you think they have mental capacity, there are various ways you can try and resolve this.

- You can raise the matter with the person who carried out the assessment and ask them to give the reasons why they believe your relative lacks the mental capacity to make the decision and ask them to provide objective evidence to support that belief
- You can try and get a second opinion from an independent professional
- If you cannot resolve the disagreement then you may be able to apply to the Court of Protection, who can make a decision as to whether a person has mental capacity

Best Interests Decisions

When somebody is assessed as lacking mental capacity, then any decision made on their behalf should be done in their best interests. This is the case whether the person making the decision is a family carer, another family member, a friend, paid support staff, a lasting Power of Attorney, a Court Appointed Deputy, or a professional independent advocate.

Who makes the best interests decision will depend on the decision and whether there is anyone with the legal right to make the decision. If the decision is an everyday decision, for example if somebody needs support to identify appropriate clothing then the person most directly involved should be the decision maker e.g. a family carer or paid support staff. These types of decisions are not usually formally recorded.

For more complex best interest decisions the nominated decision maker e.g. GP, psychiatrist, social worker should consult with:

- any Lasting Power of Attorney or Court Appointed Deputy. If the Power of Attorney or

Court Appointed Deputy does not have the relevant authority to be the decision maker themselves i.e. a Power of Attorney for property and financial affairs should still be consulted about a decision relating to health and welfare

- family carers, other family members and friends
- paid support staff
- and anyone else who is interested in the welfare of the person

and there should be a formal record kept of the process and the outcome.

The Mental Capacity Act says that when deciding what is in a person's best interests this checklist should be used:

- encourage participation – do whatever is reasonably possible to permit or encourage the person who lacks capacity to take part or to improve their ability to take part in making the decision
- identify all relevant circumstances – try to identify all the things the individual assessed as lacking capacity would consider if they were making the decision themselves
- find out the person's views – including:
 - their past wishes and feelings about the matter to be decided
 - their present wishes and feelings about the matter to be decided
 - any beliefs or values that would be likely to influence the decision in question, e.g. religious
 - any other factors that the person would be likely to consider if they were making the decision or acting for themselves
- avoid discrimination – do not make assumptions based on age, appearance, condition or behaviour
- assess whether the person might regain capacity – if this is a possibility, could the decision be postponed

Best Interests Decision Meeting – Good Practice

Keep the person at the centre of the meeting. This is the responsibility of the Chair. Ways to do this include:

- A photo of the person on the agenda
- Having an empty chair in the meeting to represent the person (if it is not appropriate for them to attend)
- A profile of the person which includes their personal history, description of their personality, values, wishes, beliefs, attitudes to health, life goals, religion and spirituality, and the quality of life that is acceptable to them
- During the meeting, regularly asking people to consider what the person would say, for example:
 - Mum/Dad/Friend: what do you feel is most important here? What do you think Yusuf would say?
 - If Melanie was here and for five minutes could fully appreciate all these issues, what would she say about this decision now?

After the meeting consider the best way to communicate the outcome to the person to maximise their understanding of the decision, for example:

- Meeting one-to-one after the meeting
- Asking them to join the meeting at the end
- Using their preferred method of communication which may include a social story, signing, AAC

The British Psychological Society provides information and resources about best interests decision making:

[Click here to read more](#)



Advance Statements and Decisions

An advance statement is a written document that sets out a person's preferences (likes/dislikes), wishes, feelings, values and beliefs about their future care.

Although not legally binding, the aim is to provide a guide for anyone who might have to make decisions in a person's best interests if that person has lost the capacity to make decisions or communicate their decision.

An advance statement can cover any aspect of a person's future health or social care. This could include:

- where they would like to live
- how they would like to be supported
- how they like to do things for example, if they prefer a shower instead of a bath, or like to sleep with the light on

Using the principles of an advance statement can ensure that care and support and/or treatment is provided in a person-centred way. For example, if your relative is admitted to an acute or mental health hospital, it is a way of ensuring that staff know what they were like before they became unwell. This can help judge whether the care and support and/or treatment they are receiving is resulting in good outcomes.

The following documents can be used to record this information:

- communication passport
- hospital passport
- health action plan
- positive behaviour support plan
- activity schedule
- person-centred plan
- support plans for activities

Advocacy and the Mental Capacity Act

Self-Advocate

If your relative has been assessed as not having capacity for a specific decision at a specific time they will not be able to self-advocate. This does not mean that they cannot be involved in some of the decision-making process and every effort should be made to ensure that this happens, e.g. the way information is presented, who presents it.

Family Carer Advocate

If your relative is assessed as lacking capacity then you can continue to act on their behalf (e.g. apply for their entitled benefits, contribute to their Care Act assessment) and make some decisions even when they turn 16 years old.

More complex decisions may involve professionals such as a social worker if there is a decision about where your relative lives or a doctor if your relative requires surgery, but they must include you (and your relative).

If you do not wish to represent your relative or there is disagreement, for example between your views and that of a social worker/health care professional, then an independent mental capacity act advocate may become involved.

Read this information from the Challenging Behaviour Foundation about being involved in making decisions with or on behalf of your relative:

[Click here to read more](#)



Read more on consenting to healthcare treatment:

[Click here to read more](#)



If you feel that your right to be involved as a family carer is not being upheld use this template letter:

[Click here to read the template letter](#)



Independent Mental Capacity Act (IMCA) Advocate

If your relative has been assessed as lacking capacity to make a specific decision at a specific time (e.g. about serious medical treatment, or where they live) and does not have a family carer, other family member or friend to represent their best interests they have a statutory (legal) entitlement to an IMCA.

An IMCA's role will include:

- supporting your relative to make/be included in the best interests decision
- explaining to your relative what is good and bad about the proposed decision
- trying to identify all of the things that your relative would think about if they were making the decision, e.g. their past and present wishes, feelings, values and beliefs
- gathering the views of people who know your relative well and are interested in their quality of life
- using any documents to provide information to those involved in the best interests decision to help work out what is in your relative's best interests
- represent your relative to those involved in the decision making so that their best interests are known
- asking questions or challenging decisions that do not appear to be in your relative's best interests



[Read more about the role of an Independent Mental Capacity Act Advocate](#)



[Read Carol's story](#)



[Read this factsheet from Cloverleaf Advocacy](#)

Further information:

The Challenging Behaviour Foundation's factsheet 'How do my family member's rights change as they become an adult' includes information about decision making with or on behalf of your relative once they reach the age of 16 years old:

[Click here to read the factsheet](#)



Read Mencap's Mental Capacity Act Resource Pack:

[Click here to read the resource pack](#)



Read these scenarios from the National Development Team for Inclusion about the use of the Mental Capacity Act:

[Click here to read more](#)



Read the Mental Capacity Act - Decision Making Pathway:

[Click here to read more](#)



Read the Care Quality Commission guidance for health and social care services to check whether they are following the Mental Capacity Act. Within the guidance there is information about the use of restraint and the Mental Capacity Act and the role of Independent Mental Capacity Act advocates.

[Click here to read more](#)



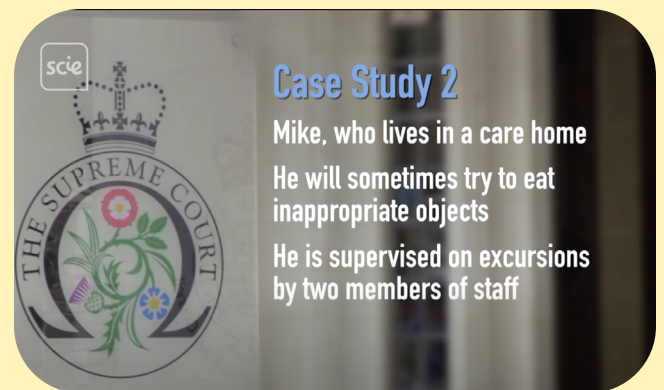
Deprivation of Liberty Safeguards (DoLS)

The government has started the process of reforms to the Mental Capacity Act Code of Practice. This includes changes to Deprivation of Liberty Safeguards which will be replaced by 'Liberty Protection Safeguards'. This resource will be updated to reflect any changes in the law once they are made.

What is a Deprivation of Liberty Safeguard (DoLS)

Deprivation of Liberty Safeguards (DoLS) was introduced in 2009 under an amendment to the Mental Capacity Act 2005 (MCA). In 2004 The European Court of Human Rights (ECHR) decided that the legal system did not give adequate protection to people who had been assessed as lacking the mental capacity to consent to their care and support and/or treatment and who needed to be deprived of their liberty. The Human Rights Act Article 5 protects your right to personal liberty and requires safeguards to be provided to those deprived of liberty. DoLS intend to:

- protect your relative from being detained if it is not in their best interests
- prevent arbitrary detention when other possible alternatives have not been fully considered
- provide a legal process for your relative and/or their representative (this could be you) to challenge the deprivation of liberty



MCA: Deprivation of liberty. The Supreme Court judgment in practice

By Social Care Institute for Excellence (SCIE)

Watch this video clip from SCIE, which includes two case studies. The second case study is about a man who has a learning disability and autism. Both case studies show the role of the Human Rights Act when depriving somebody of their liberty. The second case study also explains the role of a professional independent advocate when a DoLS application is made.

[Click here to watch the video](#)

[The Deprivation of Liberty Safeguards Code of Practice provides more information](#)

DoLS in a care home or hospital

DoLS can occur in a number of settings including a care home, hospital (mental health and acute), supported living, family or own home. The care home or hospital is known as the Managing Authority (MA). Sometimes, the Managing Authority may think it is necessary to take away some of your relative's liberty (freedom) to provide them with the care and support and/or treatment they need and to keep them safe. The DoLS framework ensures that any deprivation of liberty is legal and must be appropriate, proportionate and in your relative's best interests. Examples of DoLS include:

- regular use of physical restraint or medication (to sedate) to control behaviour
- use of blanket restrictions
- being under continuous supervision
- your relative objects (verbally or physically) to restrictions
- your relative is confined to a particular area within their accommodation

There are two kinds of DoLS authorisation:

1. **An urgent authorisation which is put in place by a care home or a hospital.**
2. **A standard authorisation which is put in place by a local authority.**

Urgent authorisation

In an emergency, or in situations where there is no time to go through the assessment process, a hospital or care home can grant an urgent DoLS authorisation.

This is only valid for 7 days and an application for a standard DoLS assessment and authorisation must be completed at the same time. If the assessment has not been carried out within 7 days and the deprivation of liberty is still needed, the urgent DoLS authorisation can be extended for a further 7 days. After 14 days, no further urgent authorisation can be put in place in the same hospital or care home

during the same period of admission.

A copy of the urgent authorisation must be given to your relative as soon as possible. Your relative should be given a verbal and written explanation about how they can challenge the authorisation by applying to the Court of Protection. If your relative is not able to understand this information, another way of enabling them to exercise their right of appeal must be found. This includes informing a family carer or other family member about the authorisation, or by urgently appointing an Independent Mental Capacity Advocate (IMCA).

Standard authorisation

If a Managing Authority thinks it needs to deprive someone of their liberty, they must seek authorisation up to 28 days before they plan to start the deprivation of liberty. A standard authorisation can last for up to 12 months and can then be renewed for subsequent periods of 12 months. A standard authorisation can only be granted if your relative meets all the following:

- aged 18 years old and over
- has a mental disorder or disability of the mind. This includes a learning disability, autism or both
- has been assessed as lacking the capacity to give informed consent to the arrangements made for their care, support and/or treatment and
- when a deprivation of liberty (Article 5 of the European Convention on Human Rights, below) following an independent assessment is the 'least restrictive' way of achieving their 'best interests'



[Click here to read more about Article 5 of the European Convention on Human Rights](#)

Who carries out the assessment?

DoLS assessments are carried out by at least two independent professionals. Neither professionals should be involved in your relative's care and support and/or treatment or in making any other decisions about it.

They are:

- the best interests assessor – usually a qualified social worker, nurse, occupational therapist, psychologists
- the mental health assessor – must be a medical doctor, typically a psychiatrist, who assesses whether your relative has a mental disorder within the Mental Health Act

They are appointed by the local authority (or health board) who make sure that they have the right training and experience.

What does the assessment involve?

There are six parts to the assessment. The assessors (best interests and mental health) will decide whether your relative and the care and support and/or treatment that they receive meet the 'criteria for authorisation' (the rules that allow a person to be deprived of their liberty).

The six parts are:

- 1. Age** – must be aged 18 years or over.
- 2. Mental health** – your relative must have a 'mental disorder'
- 3. Mental capacity** – your relative have been assessed as lacking 'capacity' (the ability) to make their own decisions about their care and support and/or treatment. Your relative must still be supported to be involved in the process as much as possible.
- 4. Best interests** – if a deprivation of liberty is to take place it must be:
 - in your relative's best interests
 - needed to keep your relative safe from harm
 - a reasonable response to the likelihood

of your relative suffering harm (including whether there are any less restrictive options and if they are more appropriate)

- 5. Eligibility** – your relative cannot already be detained under the Mental Health Act (1983) or meet the requirements for detention under the Mental Health Act. If they are, the Mental Health Act should apply and not DoLS
- 6. No refusals** – Your relative has not made an advance decision to refuse treatment which conflicts with the care they are being given, and any Lasting Power of Attorney or a Court-Appointed Deputy for Health and Welfare (this could be you) agrees that your relative should be deprived of their liberty.

Usually assessors will meet your relative and look at their medical and care and support and/or treatment records.

What if assessors do not allow a deprivation of liberty?

If the assessors decide that the criteria for a DoLS is not met they will tell the local authority or health board the reasons for their decision. The deprivation of liberty will not be authorised, and it should not happen.

What happens next will depend on the reasons why the criteria were not met. For example, if the assessment showed that your relative has been assessed as having the capacity to consent to and make the decision about their care and support and/or treatment they should be supported to do this, and their decision followed.

If an assessment was unsuccessful because it was decided that there were less restrictive options available, these should be introduced instead. For example, if the service where your relative lives wants to lock their bedroom door at night to stop them from walking round, an assessment may decide there are less restrictive options including:

- allowing your relative to stay up later
- having sufficient staff on hand to support them

The acid test

The Supreme Court's judgment of March 2014 in the case of 'Cheshire West' introduced an 'acid test' which has 3 statements. If the answer to all 3 statements is yes, then this confirms a deprivation of liberty:

1. an individual has been assessed as lacking the capacity to consent to the arrangements for their care and support and/or treatment
2. is subject to continuous supervision and control and
3. is not free to leave their care setting (where they are in a care home or hospital setting)

The Supreme Court also ruled that even if the individual is not objecting to a deprivation of liberty, a DoLS application is still required. The judgment marked a significant change.

If your relative is subject to a standard authorisation they must have a Relevant Person's representative (RPR) appointed. This should be someone chosen by your relative, e.g. you, another family member or friend. If they are assessed as not being able to make this choice, then the RPR is chosen by the best interests assessor. If there is no family carer, another family member or friend available then a Paid Relevant Person's Representative (PRPR) will be appointed.

If a standard authorisation is put in place, a copy of the authorisation must be given to your relative, their RPR, and anybody else who was consulted when deciding whether the deprivation of liberty was in your relative's best interest. The Care Quality Commission must also be informed. This should happen as soon as practicable.

The care home or hospital must explain the following information to your relative and their RPR as soon as practical after the standard authorisation is put in place, both verbally and in writing:

- What the effect of the authorisation is
- That your relative and their RPR both have the

right to apply to ask the local authority to review the authorisation in the Court of Protection. This is known as a Section 21a appeal process

- That your relative and the RPR are entitled to ask for an IMCA advocate to be appointed to provide support throughout the Section 21a appeal process
- If you think your relative is being deprived of their liberty in a care home or a hospital, you are entitled to ask the care home or hospital to assess whether this is the case. If they do not respond promptly, you are entitled to ask the local authority to investigate

DoLS in supported living, family or own home

If your relative is deprived of their liberty in a supported living setting, family or own home then this must be carried out via an application to the Court of Protection to ensure it is legal, the least restrictive option and in their best interests.

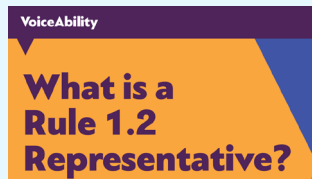
If the Court of Protection authorises the DoLS then your relative is entitled to a Rule 1.2 Representative

This role is similar to that of the Relevant Person's Representative (RPR) role and responsibilities include:

- Having regular contact with the person (your relative) deprived of their liberty
- Helping your relative to understand their DoLS authorisation and how it affects them
- Assist your relative to exercise their rights, e.g. if they want to challenge the authorisation
- Ensure any conditions attached to the authorisation are met, referring any concerns to the court if necessary
- If appropriate, ask for an early review of the authorisation
- Provide feedback at the end of an authorisation

What is a Rule 1.2 Representative?

By VoiceAbility



[Click here to read the guide](#)



The Deprivation of Liberty Safeguards should not be used if the main reason is to restrict contact with individuals who may cause your relative harm. If it is believed to be in a relative's best interests to restrict contact with individuals an application should be made to the Court of Protection.

Usually a social worker will decide whether the role of Rule 1.2 Representative is a family carer, other family member or friend (unpaid) or a professional independent advocate.

Key message:

If your relative is in a mental health service and they meet the criteria for detention under the Mental Health Act, they should not be subject to the Deprivation of Liberty Safeguards.

Read this case study from the Advonet Group about how their client was supported to make a complaint about their treatment whilst under a DOLS. It demonstrates how the professional independent advocate's only focus was ensuring their client's voice was heard and not being distracted by feedback from the service:



[Click here to read the case study](#)

DoLS examples from practice

By Social Care Institute for Excellence (SCIE)

Ben, Isabel, Millie, Mr J and Jehan are all case studies about people with a learning disability, autism or both.

Millie's includes how an IMCA was involved to provide support.

Mr J's is about a young man who was admitted to hospital 50 miles away in an emergency. By showing that his human rights were breached, this resulted in a positive outcome.

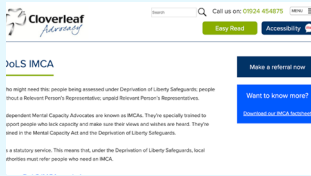
Jehan's case study describes how staff were required to complete additional training to prevent the use of restraint.



[Click here to read the case studies](#)

The local authority case study provides information about how a local authority was proactive in assessing people during their transition from child to adulthood (e.g. to acknowledge that as an adult we are all permitted to have more choice and control over our lives) to ensure that if people continued to have restrictions on their life, they were lawful, appropriate, proportionate and in their best interests.

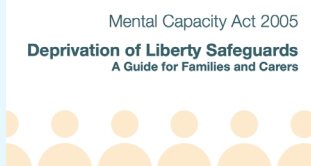




DoLS IMCA By Cloverleaf Advocacy

Read this information about the role of an independent mental capacity act advocate including a factsheet to download from Cloverleaf.

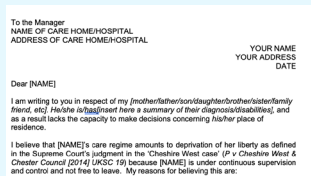
 [Click here to read the information and access the factsheet](#)



Deprivation of Liberty Safeguards By BILD, NAS and Action on Elder Abuse







This guide is for family carers

 [Click here to read the guide](#)



Template letters By Irwin Mitchell solicitors

Use these template letters from Irwin Mitchell solicitors if you are concerned that your relative is being deprived of their liberty without authorisation.

-   [The first letter is to be sent to the manager of the hospital or care home requesting that a DoLS authorisation be put in place.](#)
-   [The second letter is to be sent to the local authority in the event that no satisfactory response is received to the above letter.](#)
-   [The third letter is to be sent to the relevant social worker where an individual is deprived of his or her liberty in a placement that is not a registered care home or hospital, e.g. supported living.](#)

Deprivation of liberty safeguards: a practical guide by the Law Society

The Law Society has information about DoLS including quick reference guides for different settings which can be used as a checklist to identify whether your relative is being deprived of their liberty.

 [Click here to read the guide](#)

Rights for vulnerable people in the care system

By Equality and Human Rights Commission

Read and watch how a family fought for their son to come home when he was kept in hospital and how this resulted in the introduction of the DoLS. Their commitment ensured that when people with a learning disability, autism or both are deprived of their liberty there should always be a valid reason – which is looked at by other independent professionals, is proportionate – and in their best interests.

 [Click here to read and watch](#)