**Consent, Capacity and Best Interests Record – Proportionate assessment**

**Section A - Consent**

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| **Name of Person** |  | | | | |
| **CIS Ref** |  | | | | |
| **Details of what is being proposed and what consent is being sought for** | | | | | |
| **Proposed plans that consent is being sought for:** | |  | | | |
| **Relevant Information for this decision, list the key points:**  **(Please ensure you include – understanding rights i.e. right to refuse consent, nature and purpose of the assessment, foreseeable consequences, don’t set the bar too high)**  *NB – This will all need to be included and considered during the functional assessment.* | |  | | | |
| **Is there a need to check whether they have the mental capacity to consent to the plans/proposals? Please select an answer.** | | | **Yes** |  | Proceed to section B |
| **No** |  | Go straight to Section D – evidence of consent only required (outcome(i)) |

**Section B - Can the person make the decision? (functional test)**

Answer the following questions to aid in determining if the person can make the decision. If the answer is NO to any of the four following questions in relation to this then move on to Section C. If not – then proceed straight to section D

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| 1. **Does the person appear to understand all of the relevant information about what is being proposed? It is important not to assess someone’s understanding before they have been given relevant information about a decision. Every effort must be made to provide information in a way that is most appropriate to help the person to understand. Relevant information includes: the nature of the decision, the reason why the decision is needed, and the likely effects of deciding one way or another, or making no decision at all.** | | |
| **Yes** |  | No need for any further text to be entered, proceed to Q2 |
| **No** |  | Please record some evidence of why and which bits of the relevant information you feel they don’t understand, but then can jump straight to Section C |
| **Evidence** |  | |
| 1. **Can the person retain all the information long enough to consent to the proposed plans?**   **The person must be able to hold the information in their mind long enough to use it to make an effective decision. People who can only retain information for a short while must not automatically be assumed to lack the capacity to decide – it depends on what is necessary for the decision in question. Items such as notebooks, photographs, posters, videos and voice recorders can help people record and retain information.** | | |
| **Yes** |  | No need for any further text to be entered, proceed to Q3 |
| **No** |  | Please record some evidence of why and which bits of the relevant information you feel they can’t retain the information, but then can jump straight to Section C |
| **Evidence** |  | |
| 1. **Can the person use and weigh up the information about the proposed plans? What the risks and benefits of the plan are or the risks and benefits of NOT agreeing to the proposed assessment.** | | |
| **Yes** |  | No need for any further text to be entered, proceed to Q4 |
| **No** |  | Please record some evidence of why you feel they can’t use and weigh the information, but then can jump straight to Section C |
| **Evidence** |  | |
| 1. **Can the person communicate their decision about this to you?** | | |
| **Yes** |  | No need for any further text to be entered, proceed to next section. |
| **No** |  | Please record some evidence of why you feel they can’t communicate their decision, but then can jump straight to Section C |
| **Evidence** |  | |
| If you have answered yes to all of the 4 elements above – then there is no evidence to suggest that they are unable to make the decision so consent must be sought and given to what is being proposed. Please go to section D, – evidence of consent only required (outcome (i)) | | |

**Section C – Impairment or disturbance apparent?**

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| **Does there appear to be an impairment or disturbance in the functioning of the person’s mind or brain, that appears directly responsible for the person’s inability to make that particular decision? NB: this is not requiring a diagnosis** | | |
| **Yes** |  | Please explain and give evidence below, once this is done then please go to Section D, outcome (ii)) |
| **No** |  | Please go back to Section B where you have selected ‘no’ and explore ways to try and enable the person or whether they may regain capacity etc. |
| **Evidence** |  | |

**Section D - Outcome**

Select outcome (i) or (ii) and then sign and date

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| --- | --- | --- | --- | --- | --- |
| **Outcome (i) - consent** | | | |  | |
| **THE PERSON DOES appear to have the capacity to consent to the proposed plans outlined in Section A - consent obtained from them – Please give details in the box here and sign and date the form (once some text has been entered here and the signature and date has been entered, this form is complete.)** | | | | | |
| **Details** |  | | | | |
| **Person’s Name** |  | | | | |
| **Outcome (ii) The person doesn’t appear to have capacity to consent to the proposed plans outlined in Section A** | | | | |  |
| **Based upon the evidence in this form, I conclude that the person named here LACKS THE MENTAL CAPACITY to consent to the proposed plans outlined in Section A, because of the direct effects of an impairment of, or disturbance in the functioning of their mind or brain as evidenced above (If this outcome has been selected, Please enter the person’s name below and sign and date here, then proceed to complete Section E.)** | | | | | |
| **Workers signature** |  | | | | |
| **Workers name & job title** |  | **Date** |  | | |

**Section E – Substituted Consent/LPA**

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| **LPA/Deputy in place and verified?** | | | | | | | | | | | | |
| **Q1) Is there a valid and applicable Lasting Power of Attorney (LPA) or Deputyship for Health and Welfare?** | | | | | | | | | | | | |
| **YES -** Please select which type(s) and proceed to Q2 (may be more than one for each) | | | | | | | | | | | | |
| **LPA** | **Property and Affairs** | | |  | **Deputyship** | | **for Property and Financial Affairs** | | | | |  |
| **Health and Welfare** | | |  | **for Personal Welfare** | | | | |  |
| **NO -** Proceed to Section F  unable to ascertain at this present time – For the purpose of this assessment, treat as No and proceed to section F but this information needs to be updated on CIS as soon as possible. | | | | | | | | | | | | |
| **Q2) If yes, has the evidence of LPA or Deputyship been provided?** | | | | | | | | | | | | |
| **YES –** Please complete details of who has seen evidence and when below and once this has been completed then proceed to the next section to obtain evidence of the LPA’s substituted consent. | | | | | | | | | | | | |
| **Evidence seen by** | |  | | | | | | | **Date seen** | |  | |
| **NO -** If no evidence seen then need to either see evidence if at all possible, or if this isn’t possible right now then proceed to section F so a Best Interests decision can be made in the interim until evidence can be seen and details updated (this information needs to be updated on CIS as soon as possible.) | | | | | | | | | | | | |
| **Substituted Consent**  **Once LPA or Deputyship has been verified as valid and applicable to this decision, the LPA or Deputy may give consent on behalf of the person – please document and evidence this here and sign and date, this form is now complete.** | | | | | | | | | | | | |
| This person has a valid and applicable LPA or Deputy appointed who is able to provide substituted consent on their behalf to the proposed plans outlined in Section A and this is detailed below. | | | | | | | | | | | | |
| **Name of Person** |  | | **Name(s) of Attorneys or Deputies** | | |  | | | | | | |
| **Details of consent provided** |  | | | | | | | | | | | |
| **Worker signature** |  | | | | | | | | | | | |
| **Job Title** |  | | | | | | | **Date** | |  | | |

**Section F - Bests Interests Decision**

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| If the person lacks the capacity to consent to the proposed plans outlined in Section A and does not have a relevant and verified LPA or Deputy, a best interest decision will need to be made by the worker who is offering the assessment. | | | | |
| **Best Interests Decision**  It has been decided by Calderdale MBC that it is in the best interests of the person named below, for the proposed plans outlined in Section A to be undertaken. | | | | |
| **Name of person** | |  | | |
| **Evidence/summary of Best Interests reasons (if more evidence or consideration and consultation is required, please use the full Best Interests template instead)** | |  | | |
| **Signed on behalf of Calderdale MBC (allocated assessor)** | | | | |
| **Signature** |  | | | |
| **Name & job title** |  | | **Date** |  |
| NB – In the event that the worker or any interested party has any query as to the person’s Best Interests in this matter, they must take advice from their manager/supervisor and use the full Best Interests Template instead so that all discussions and a balance sheet can be completed. | | | | |