ブリストルへようこそ

WELCOME TO BRISTOL
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Introduction to the role of Independent Mental Capacity Advocates

Who are IMCA’s and what do they do?
How can someone become an IMCA

• Complete IMCA/ DOLS training course
• Complete written assessment work and ‘real work’ practice to achieve the Independent Advocacy Qualification
• Satisfactory Disclosure and Barring Service check
• Have integrity and good character
• Be able to act independently
Backgrounds of IMCA’s

- IMCA’s come from very broad employment backgrounds; community development work; specialist work with people with dementia, learning disabilities, or mental health; ‘rights-based’ work; social workers; nurses; and those with a background in independent advocacy.
Skills for IMCA’s

- Fantastic communication skills - oral & written
- Non-instructed advocacy skills
- Negotiation skills
- Assertiveness
- Research skills
- Time-management skills
- Good analytical & problem-solving skills
- Excellent knowledge of Health & Social Care systems
- Knowledge of working with different client groups
Rights of IMCA’s under the Act

• To meet with the person in private
• To have access to any relevant records
• To be consulted in the decision making process
• To challenge a capacity assessment / request re-assessment if they think initial assessment wrong
• To challenge a decision if they believe this is in the person’s best interests
• To request a second medical opinion if they believe this to be in the person’s best interests
# How to refer for an IMCA
(Serious Medical Treatment decision)

## Process
- Identify decision to be made
- Carry out capacity assessment
- Is there anyone appropriate to consult?
- Identify decision maker
- Complete formal referral form
- Ensure capacity assessment is available for IMCA

## Example
- Amputation of toes
- Person lacks capacity
- No family
- The Surgeon carrying out operation
- Send referral to IMCA
- Ensure capacity assessment is in hospital notes
Gathering the persons wishes, beliefs and preferences

- **THE MOST COMPLEX, AND IMPORTANT PART OF OUR WORK**

- Talking to the person
- Using different forms of communication, including gestures, signs or pictures
- Observation
- Using forms of recorded information
- Information from other organisations
- Talking to family, friends, carers and neighbours
Key points in Supported decision making for IMCA’s

• Key principle is maximising participation of the person
• Ensure the views of the person are taken account of, however these are gathered
• Promote the best interests of the person
• Promote the least Restrictive Principle
Types of dispute

• Risk to life Vs Quality of life
• Should someone return home with care package / or become resident in a nursing home
• Choice of care homes
• Provision of care in less restrictive way
• Disagreements between family members
How many cases should IMCA’s have?

• For full time IMCA’s (37 hours / week)

• Ideally, 25-30 cases at any one time – a mixture of ‘complex’ and ‘simple’ cases

• Currently many IMCA’s have many more, for example Bristol Mind IMCA’s have 60+ cases
Differentiating between a person's preferences and those of family members

IMCA’s normally only involved when there is no family to consult. If there is family...........

• Explain statutory role
• Be diplomatic
• Explain independence from decision making
How do IMCA’s manage their independence from other opinions

• Focus upon only the person’s needs, interests and possible outcomes for them rather than how it may affect others
• Do not consider resource implications
• Keep the basic 5 principles to the forefront
• Be challenging! For example promoting discussion of Risk to Quality of life Vs Risk to life
• Be self-aware and discuss in supervision
Case Studies
我々を訪問していただきありがとうございます

Bristol

mind

For better mental health