

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 persons 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

