**DECISION-SPECIFIC SCREENING TOOL**   **To assist with assessment of capacity**

**WHAT IS THIS TOOL?**

This tool provides a structured way for professionals to consider systematically whether an adult requires a formal assessment of their capacity for decision making. It is designed to support professionals to consider key factors relating to an adult’s capacity at an early point and record that information. It consists of two main parts and an appendix:

* **Part 1** – Captures standard biographical information about the adult for whom there is a query about capacity; the reason for the decision to refer for assessment; the presence of current risks to the adult; the adults views; and any practical considerations relating to facilitating an assessment of capacity.
* **Part 2** – Asks specific questions about various aspects of the adult’s decision-making abilities. This section allows professionals to focus on and capture where there may be concerns about capacity for decision making.
* **Appendix** –Contains a flowchart which clearly outlines the process to be followed in seeking a capacity assessment.

**WHO IS IT FOR?**

This tool is primarily designed for non-medical members of professional teams working with adults where there is a query in relation to an individual’s capacity for decision making. It is designed to support such professionals in considering, and then agreeing, whether a formal assessment of capacity should be sought.

Any referral for assessment of capacity should be:

* **Specific** regarding a particular decision/s to be made
* **Focused** rather than several questions we would encourage referrers to focus on one or two questions which need examined
* **Timely**, i.e., assessed at the time the person is required to make the decision
* With a **clear** **potential outcome**, such as considering Guardianship under the Adults with Incapacity (Scotland) Act 2000

**It is also important that a person has been given information and all necessary support regarding their choices and communication to allow them the opportunity to make a decision and/or express their preferences. This is a key principle of supported decision making.**

**WHAT HAPPENS NEXT**

Once the tool is completed, and it indicates the need for a capacity assessment, the document should be sent to the relevant GP.

Where the adult has specialist needs and circumstances or is allocated to secondary care services it may be sent to another medical professional including: a Psychiatrist; Psychologist; Speech and Language Therapist etc.

Standard timelines have been agreed for the delivery of capacity assessments

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| **Type of Request** | **Target Timeline** |
| Urgent Assessment    [Adult Support and Protection cases and other cases where there is clear potential risk of harm to the adult or others] | Maximum **4 weeks** from receipt of tool (may be earlier) |
| Standard Assessment | Maximum **3 months** from receipt of tool (may be earlier) |

**Please note, some assessments may take longer than the indicated timelines to complete, due to the clinical complexity of the person being assessed. An example of this could be an adult with an alcohol related brain injury who is going through a period of care, treatment and rehabilitation.**

Additionally, regardless of whether the outcome of this tool is to refer for a capacity assessment, if professionals have concerns about an adult’s vulnerability and risk – they must consider and follow the appropriate **Adult Support and Protection** referral processes.

**FURTHER READING:**

* [**Adults with Incapacity (Scotland) Act 2000: Communication and Assessing Capacity: A guide for social work and**](https://www2.gov.scot/Resource/Doc/210958/0055759.pdf)

**[health care staf](https://www2.gov.scot/Resource/Doc/210958/0055759.pdf)**

[**f**](https://www2.gov.scot/Resource/Doc/210958/0055759.pdf)

* [**Mental Welfare Commission Good Practice Guide: Supported Decision Making**](https://www.mwcscot.org.uk/sites/default/files/2019-06/mwc_sdm_draft_gp_guide_10__post_board__jw_final.pdf)

**PART 1**

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| **Name of Adult** |  | | **LAS No.** | |  | | **CHI:** |  |
| **Worker Details** |  | | **Date** | |  | | **ASP Concerns** | Y/N |
| **Capacity is the ability to understand information relevant to a particular decision or action; understand the benefits, risks and alternatives of the decision; ability to weigh up the possible outcomes in order to arrive at a decision; ability to communicate the decision to others, ability to remember the decision or show consistency in decision making and ability to act on the decision.** | | | | | | | | |
| *This tool aims to assist the practitioner to consider the various elements involved in the decision making process. It may be used to gather evidence of an adult having or lacking capacity in relation to specific decisions and also to consider whether a more formal assessment is required in order to pursue measures under the Adult with Incapacity (Scotland) Act 2000.* | | | | | | | | |
| **Reason for assessment:**  What are the current concerns/ risk  (including Public Protection) How long has there been a concern regarding capacity? | | | |  | | | | |
| **Are their risks to the person of concern?**    NB it is the referrer’s responsibility to implement a reasonable risk management plan until the capacity assessment outcome is finalised. | | | |  | | | | |
| **Details of the adults’ views on the decision to be made or action to be taken** | | | |  | | | | |
| **Where should the person be seen?**    **Are there any known risks to staff?** | | | |  | | | | |
| **What are the key decisions facing the adult for which capacity is being queried?** | | | |  | | | | |
| Who was consulted in forming your opinion of the adult’s decision-making ability? | | | | | | | | |
| **Name** | | **Relationship with Adult** | | **Contact Details** | | **View** | | |
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**PART 2**

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| **Q:** Does the adult have a mental disorder (diagnosed or suspected) or he/she is unable to communicate because of a physical disability? | **Yes** | **No** | **Not Sure** | *For example: dementia, learning disability, brain injury, personality disorder, neurological condition, mental illness etc.* | **Condition** |
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| **If you have answered No to this question a capacity assessment is not applicable, however an adult may still be unable to safeguard themselves and appropriate Adult Support and Protection measures should be considered.** | | | | | |

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| **Q1:** Do you consider the adult **able** to **understand** the information relevant to the decision? (Has this information been provided in way that he/she is able to understand) | **Yes** | **No** | **Not Sure** | *For example: an adult with learning disability who has never managed their own finances may need to receive information in an accessible manner. Information may need to be repeated.* | **Supporting Evidence** |
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| **Q2:** Do you consider the adult **able** to **retain the information** for long enough to use it in order to make a choice or an effective decision? | **Yes** | **No** | **Not Sure** | *For example: an adult may need to be asked on several occasions to confirm the consistency of their response. Where a person has difficulty remembering the decision but answers consistently this makes their decision valid.* | **Supporting Evidence** |
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| **Q3:** Do you consider the adult **able** to **use or weigh** information about the decision as part of the process of making the decision? | **Yes** | **No** | **Not Sure** | *For example: this may include understanding the consequences of the decision for themselves and others and weighing up the possible options and outcomes in order to arrive at a decision.* | **Supporting Evidence** |
|  |  |  |  |
| **Q4:** Do you consider the adult **able** to **communicate** the decision? | **Yes** | **No** | **Not Sure** | *Every effort should be made to facilitate communication including talking mats, sign language, interpreter, engaging Speech and Language Therapy etc.* | **Supporting Evidence** |
|  |  |  |  |
| **Q5:** Do you consider the adult **able** to **act upon** the decision? | **Yes** | **No** | **Not Sure** | *A person may show good reasoning and ability to understand and make the decision however when confronted with the situation, may not be able to use this reasoning to act, due to mental illness or cognitive impairment.*    *For example: an adult with hoarding disorder may have shown capacity to understand and make a decision about others assisting with tidying however does not act on* | **Supporting Evidence** |
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|  |  |  |  | *his/her decision by allowing entry to his/her home, due to the emotional response associated with their*  *hoarding disorder*    *For example: an adult with brain injury and executive functioning difficulties may have shown capacity to understand and make decisions about day-to-day budgeting however when shopping in town spends a month’s allowance on new clothes due to difficulties inhibiting a response in the situation.* |  |
| **Q6:** Have efforts been made to support the person to make the decision themselves? | **Yes** | **No** | **Not Sure** | *Interventions can be used to improve an individuals’*   * *Ability to make decisions’* * *Memory or attention* * *Ability to organise and process information e.g.*   *Speech and*  *Language Therapy, Advocacy, Assisted*  *Communication Aids, Translators and*  *neuropsychology* | **Supporting Evidence** |
|  |  |  |  |
| **Q7:** Overall, do you consider on the balance of probability that the impairment or disability is sufficient that the adult lacks the capacity to make this particular decision? | **Yes** | **No** | **Not Sure** | **Any additional supporting evidence** | | |
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| **Any Further Comments** | |  |  |  | | |

If you have answered **YES** consistently to Q1-Q6, and **NO** to Q7, the adult is considered on the balance of probability, **to have the capacity to make this particular decision at this time**. However, consideration should still be given to other legislation e.g. Adult Support and Protection. Additionally, Power of Attorney should also be considered and promoted.

Sign/date this form and record the outcome within the adult’s records

**If you have answered NOT SURE or NO** to any of the questions, sign and date the form and **send this completed tool and any supporting documents to request a formal capacity assessment.**

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| **Signature** |  | **Date Assessment Completed** |  |

**Acknowledgement:** Adapted from documentation in use in NHS Forth Valley, NHS Lothian and City of Edinburgh Council.

**APPENDIX**

