



# Lancashire Safeguarding Adults Boards Mental Capacity Act Learning and Development Framework

**October 2024**

To be reviewed: January 2027

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## Background

A Task and Finish Group comprising of Mental Capacity Act (MCA) leads representing the NHS Lancashire and South Cumbria Integrated Care Board, Local Authority, Police and Provider Organisations have developed a Learning and Development Framework for the Mental Capacity Act 2005 to support the Health and Social Care Economy and partners who work within this. The group used the Bournemouth University Mental Capacity Act Competency Framework which identifies and divides staff groups and focusses on what different groups need to demonstrate under each of the 5 principles of the Act.

### Target Audience

This document is aimed at:

- Those responsible for developing and implementing a Learning and Development plan as set out in their Agencies Learning and Development Framework
- Unqualified health and social care staff, provider managers, police, professional health and social care staff, for senior managers; service leads; senior practitioners; strategic planners; commissioners/contractors of services and best interest assessors
- Informal carers

## The Learning and Development Framework

The MCA Learning and Development Framework is a forward-looking document with links to various training packages which will support the achievement of Mental Capacity Act implementation across the Health and Social Care Economy and contribute to agency effectiveness. The framework offers partners the recommended levels of training required for different groups of staff. While the framework has been developed by the Safeguarding Adult's Board, it does not fall under the responsibility of the board to provide the training, nor to ensure the recommendations of the framework are implemented within individual organisations; this responsibility remains to be that of individual organisations.

A number of training packages will be available on the Local Safeguarding Adults Board's website for staff groups A-C (NHS Level 1-3) should partners wish to utilise these however, individual organisations will need ensure that the training available meets the requirements of their workplaces and will also be required to seek appropriate training packages for staff members in Groups D and above (NHS Level 4 and above).

The framework has been developed via a task and finish group of the Listening, Learning and Delivery sub-group of the Lancashire Safeguarding Adults Board.

The participation of key stakeholders was essential in securing support and buy-in for the implementation of the MCA learning and development plan, and therefore acknowledgements go out to these stakeholders for their support and commitment.

## Relationship to other Relevant/Related Frameworks

These competencies are designed to build on existing professional standards and requirements across the full range of delivery and professional settings. Where directly relevant these have been cross-referenced and/or incorporated in the relevant staff group, these include:

- Knowledge and Skills Statement for Adult Social Workers (DH, 2014)
- National Safeguarding Adults Competence Framework (BU, 2016)
- Adult Safeguarding: Roles and Competencies for Health Care Staff Second Edition (Royal College of Nursing, 2024)
- Best Interests Assessor Capabilities (TCSW, 2014)
- Professional Capabilities Framework (PCF) (TCSW, 2012, updated BASW, 2015).
- Forensic Social Work Capability Framework (DH, 2016)
- PACE Code of Practice C (MoJ, 2012)

## Mental Capacity Act Training and Competencies: Requirements and accessibility within Lancashire

All health and social care staff have statutory responsibilities to adhere to when acting or making decisions on behalf of individuals who lack the capacity to make those decisions for themselves. Those responsibilities are outlined in the Mental Capacity Act 2005 (MCA) supported by a Code of Practice which provides guidance and information about how the Act works in practice. In addition to initial training, ongoing MCA and DoLS learning is essential for all health and social care staff. The list of individuals to whom this guidance applies includes unqualified health and social care staff, provider managers, police, professional health and social care staff, for senior managers; service leads; senior practitioners; strategic planners; commissioners/contractors of services, best interests assessors and any other staff engaged in regulated activity, including on a voluntary basis.

**The responsibility for ensuring staff are properly trained rests with their employers.**

This document aims to clarify the requirements and resources available for health and social care staff, and draws on national guidance found in:

- The Care Act (2014)
- Mental Capacity Act 2005
- Mental Capacity (Amendment) Act 2019
- Deprivation of Liberty Safeguards (Code of Practice to supplement the MCA)
- House of Lords Select Committee on the Mental Capacity Act 2005 (2014)
- The Law Society, Deprivation of liberty: a practical guide. (2015)
- National Mental Capacity Act Competency Framework, Bournemouth University (2017)
- Lancashire Safeguarding Adults Board pan-Lancashire policy and procedures
- Adult Safeguarding: Roles and Competencies for Health Care Staff Second Edition (Royal College of Nursing, 2024)

In conjunction with this guidance all staff need to be compliant with their own agencies training and development requirements and any Continual Professional Development plan that is in situ.

MCA competencies are grouped into levels A-E plus a Best Interests Assessors group. Different staff groups require different levels of competence depending on their roles, degree of contact with individuals, nature of their work and level of responsibility.

The MCA competency framework is clear that all staff require at least Group A training and staff who regularly contribute to supporting adults at risk should all be between Groups B-C. The decision as to the level of training required of other clinical, managerial, or specialist staff is one for each agency to take dependent upon individual employee roles but the MCA competency framework alongside this training plan will offer guidance and a suite of packages to meet those training needs.

## Acknowledgements

Acknowledgement is given to the task and finish group members in the development of this tool:

- Deputy Designated Nurse for Safeguarding Adults and Mental Capacity Act, NHS Lancashire and South Cumbria Integrated Care Board.
- Director of Quality Improvement and Principal Social Worker, Lancashire County Council.
- Service Lead – Safeguarding Adults & DoLS, Blackburn with Darwen Borough Council.
- Mental Health & Dementia Coordinator, Lancashire Constabulary.

## Recommended Training

The following table provides detail of the recommended training options to achieve required levels of competency.

TYPE OF TRAINING RECOMMENDED TO ACHIEVE REQUIRED LEVELS OF COMPETENCY					
Training Level	Multi Agency Training e.g. via LSAB	Single Agency Training e.g. via national/local events	E-Learning	Reading/Reflective Practice	Accredited package
<b>Essential Awareness:</b> Target audience including but not limited to: Local communities and community leaders; Voluntary organisations and volunteers; Service users; Informal carers and relatives, DWP, Job Centre advisors, Trading Standards, Educational providers, Customer service staff across all organisations, with the aim of raising awareness of the provisions and protections of the Mental Capacity Act 2005 and to promote the individual's rights to make their own decisions wherever possible.	NO	NO	YES	YES	NO
<b>Group A (NHS Level 1):</b> Function: Public service workers in all settings, who may have day-to-day contact with individuals for whom mental capacity in all, or certain, areas of their lives may be an issue or concern.	NO	NO	YES	YES	NO

<b>Group B (NHS Level 2):</b> Function: Responsible for the operational delivery of health, care or other services providing treatment, personal care or other social support packages.	NO	YES	YES	YES	NO
<b>Group C (NHS Level 3):</b> Function: Providing professional health or social care treatment or support to people who may have difficulties with mental capacity and ability to consent to assessment or intervention.	YES	YES	YES	YES	NO
<b>Group D (NHS Level 4):</b> Function: Providing care, treatment, assessment, or other intervention – medical, psychological and social, or responsible for commissioning such services.	YES	YES	YES	YES	NO
<b>Group E (NHS Level 5):</b> Function: to provide leadership, management and/or appropriate governance within organisations and ensure organisational policies and procedures are legally compliant and promote best MCA practice.	YES	YES	YES	YES	YES

**Competencies required for each staff group:**

<b>Target Group</b> (Including role and function)	<b>Competencies Required</b>	<b>Training Type &amp; Opportunities</b>
<p><b>Essential Awareness:</b> Target audience including but not limited to: Local communities and community leaders; Voluntary organisations and volunteers; Service users; Informal carers and relatives, DWP, Job Centre advisors, Trading Standards, Educational providers, Customer service staff across all organisations, with the aim of raising awareness of the provisions and protections of the Mental Capacity Act 2005 and to promote the individual's rights to make their own decisions wherever possible.</p>	<p>Have knowledge of the Mental Capacity Act 2005 and how it applies to everyone involved in the care, treatment and support of people aged 16 and over who are unable to make all or some decisions for themselves.</p> <p>Understanding that mental capacity is to be assumed unless there is a reason to question and assess it.</p> <p>Understanding that the onus is on the worker to determine incapacity to make a specific decision at the time it needs to be made on the balance of probabilities, not on the person to prove they have capacity.</p> <p>Ability to use communication and engagement skills to support a person who has difficulties with mental capacity to make (or take part in) decisions for/about themselves.</p> <p>Knowledge of how capacity is defined, and that mental capacity is time and decision specific.</p> <p>Knowledge and understanding of the statutory principles and how they underpin any decisions or actions.</p> <p>Knowledge that the decision maker may be a person with relevant legal powers, such as an Attorney appointed under an LPA, the person most appropriate in each decision being made if there is no Attorney or Deputy, or in some cases referral to the court is required.</p> <p>Understanding of supported decision making and the steps that should be taken to involve individuals in their own lives.</p> <p>Knowledge of, and confidence to report concerns and request input from others and consult with both the person and their family and supporters.</p>	<p>E-learning package available - <a href="#">Lancashire Safeguarding Partnership Training</a></p>



<p><b>Group A (NHS Level 1)</b>  <b>Function:</b> Public service workers in all settings, who may have day-to-day contact with individuals for whom mental capacity in all, or certain, areas of their lives may be an issue or concern.  <b>Staff in Group A Include (but not limited to):</b>  Care assistants, Unqualified social care staff, Care home workers, Home care workers, Health care assistants, Support workers, Community support workers, STR workers, Transitions workers, Personal assistants, Volunteers, Befrienders, mentors and advisers, Medical receptionists, Service receptionists, ward clerks and other admin with service user contact, Social Care Customer Service staff, Housing Staff, Adult Foster Carers, Fire service, Vulnerable Persons Officers (VPO) (or equivalent), Community Police Staff, Police Officers, Force Control Room Staff.</p>	<p><b><u>Presuming Capacity</u></b>  <i>This Includes -</i></p> <ul style="list-style-type: none"> <li>• Understand their roles and responsibilities in relation to the Mental Capacity Act 2005 and be able to explain this to others.</li> <li>• Knowledge of the first principle of the MCA and apply it to all interactions with people within their specific job role.</li> <li>• Understand the meaning of mental capacity in relation to how care is provided.</li> <li>• Application of the time-specific and decision-specific nature of mental capacity as it applies to interactions and job contexts.</li> <li>• Identify concerns that would lead to an assessment of capacity being made and articulate these.</li> <li>• Identify the specific decision in each case and who might be the most appropriate person to assess capacity where there is a concern evident.</li> <li>• Understand and apply organisational policies and procedures in relation to mental capacity and assessment of mental capacity.</li> <li>• Maintaining appropriate records where an assessment is necessary.</li> </ul> <p><b><u>Helping the Person to Make Their Own Decision</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• Have knowledge of the Mental Capacity Act 2005 and how it applies to everyone involved in the care, treatment and support of people aged 16 and over who are unable to make all or some decisions for themselves.</li> <li>• Knowledge of the second principle of the MCA and staff responsibility to support people to make their own decisions wherever possible.</li> </ul>	<p>E-Learning package - <a href="#">Lancashire Safeguarding Partnership Training</a></p>
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	<ul style="list-style-type: none"><li>• Recognise and respond to a person's communication needs and recognise when additional communication aids are needed (e.g. signers, interpreters, braille etc.).</li><li>• Providing information in a range of formats relevant to the person's needs and understanding (e.g. easy read, pictorial, audio descriptions, etc.).</li><li>• Considering environmental or other factors that might impact on a person's capacity (e.g. time of day, noise levels, who else is present).</li><li>• Listening to individuals and allowing individuals time to communicate any preferences and wishes.</li><li>• Utilising effective communication and engagement skills to maximise the person's capacity to make a decision.</li><li>• Be able to recognise coercive behaviour and the impact that it may be having on someone's ability to make their own decisions.</li></ul> <p><b><u>Unwise Decisions</u></b></p> <p><i>This Includes</i></p> <ul style="list-style-type: none"><li>• Knowledge of the third principle of the MCA and the individual's right to exercise freedom of choice and individuality.</li><li>• Understand that people with capacity can make decisions others think are unwise.</li><li>• Understand that a safeguarding referral may be needed even if a person has capacity and their consent for this should be sought wherever possible with decisions only being made in the person's best interests, where they are shown to lack capacity in relation to the decision.</li><li>• Undertake risk assessments with the person as appropriate to role.</li><li>• Recognise the importance of record keeping.</li><li>• Work within the Data Protection Act 1998 in relation to information sharing where risks are identified.</li></ul>	
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	<p><b><u>Best Interests</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• Knowledge of the fourth principle of the MCA and how it should underpin any actions or decisions taken where a person has been shown to lack capacity for a specific decision.</li> <li>• Understand that best interests can only be considered if the person has been shown to lack capacity in relation to a specific decision and there is no alternative decision maker such as an Attorney.</li> <li>• Contribute to best interest decision-making processes relevant to role and relationship with the person in question.</li> <li>• Awareness of how personal values and attitudes can influence the understanding of situations.</li> <li>• Understand and apply organisational policies and procedures in relation to best interest decision-making processes.</li> </ul> <p><b><u>Less Restriction</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• Recognise restrictions and consider whether these can be reduced.</li> <li>• Recognise where restrictions are being placed on a person which may be out of proportion to the evident risk of harm and know how to raise a concern in relation to this.</li> <li>• Awareness, and application of, organisational policies and procedures in relation to any necessary restrictions relevant to role, and how and when these should be applied, reviewed, and recorded.</li> </ul>	
<p><b>Group B (NHS Level 2)</b>  <b>Function:</b> Responsible for the operational delivery of health, care or other services providing treatment, personal care or other social support packages.</p>	<p>All competencies identified in Group A, plus:</p> <p><b><u>Presuming Capacity</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• Application of the principle in practice.</li> </ul>	<p>E-learning package - <a href="#">Lancashire Safeguarding Partnership Training</a></p>

<p><b>Staff in Group B Include (but not limited to):</b>  Care home managers, Home care coordinators and managers, CQC Registered managers in all provider settings, Ward Managers, Other residential or nursing provider service managers, Supported housing and extra care managers, Other housing, health and social care provider services managers, Police Street Triage Officers, Police Mental Health TAC Advisors, Police Officers working in specific Mental Health roles.</p>	<ul style="list-style-type: none"> <li>• Understand policies and procedures and recognise that capacity should only be assessed where a concern about capacity is identified.</li> <li>• A working knowledge of how and when capacity should be assessed.</li> </ul> <p><b><u>Helping the Person to Make Their Own Decision</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• Recognise the importance of communication skills and identify the tools and training needed to support different styles and forms of communication.</li> <li>• Understand the needs and legal position of young people, particularly 16–17-year-olds, and the transition between children’s and adult legal frameworks and service provision.</li> </ul> <p><b><u>Unwise Decisions</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• Understand the meaning of ‘adult at risk’ as defined in relevant policy guidance, e.g. Care Act 2014 definition and undertake / supervise / oversee the assessment of risk in situations where a person’s capacity is a concern, taking appropriate steps to support and/or safeguard as appropriate.</li> <li>• Consideration of the most appropriate and proportionate response to restrictions on a person’s rights and freedom of action.</li> </ul> <p><b><u>Best Interests</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• Knowledge of the section 4 best interests checklist and how it is located with current legislation and policy including, but not limited to: Human Rights Act 1998, Safeguarding Adults, Dignity in Care, Deprivation of Liberty Safeguards 2009, Care Act 2014, Making Safeguarding Personal as they apply to the MCA as appropriate to role and context.</li> </ul>	
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	<p><b><u>Less Restriction</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• Know how to identify a deprivation of liberty.</li> <li>• Understand how to make a request for authorisation to the Local Authority.</li> <li>• Understand when an urgent authorisation may be required and work within the organisational policies and procedures and the DoLS code of practice, making a request or providing advice for others to make a request as appropriate to role and context.</li> <li>• Recognise restrictive care and scrutinise whether it is necessary and proportionate to the risk of harm, challenging restrictive practices where appropriate.</li> </ul>	
<p><b><u>Group C (NHS Level 3)</u></b>  <b>Function:</b> Providing professional health or social care treatment or support to people who may have difficulties with mental capacity and ability to consent to assessment or intervention.  <b>Staff in Group C Include (but not limited to):</b>  Children &amp; Family Social Workers, Adult Newly-Qualified Social Workers, Transitions social workers, Occupational Therapists, General &amp; Physical Health Nurses, Dementia Nurses, Learning Disability Nurses, Mental Health Nurses, General &amp; Physical Health Medical Staff, GPs, Surgical Staff, Dieticians, Physiotherapists, Pharmacists, Radiologists, Dentists and dental nurses, Phlebotomists, Other Allied Health Professionals, Team managers and Senior Practitioners across Health and Social Care, Police Force</p>	<p>All competencies identified in Group A &amp; B, plus:</p> <p><b><u>Presuming Capacity</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• A thorough knowledge and understanding of the Mental Capacity Act (MCA) and Code of Practice and be able to apply these in practice. They should always begin from the presumption that individuals have capacity to make the decision in question.</li> <li>• Understand how to make a capacity assessment, the decision and time-specific nature of capacity and hence the need to reassess capacity appropriately. They should know when and how to refer on.</li> </ul> <p><b><u>Helping the Person to Make Their Own Decision</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• Recognise where general or independent mental capacity advocates (IMCA) may be appropriate and beneficial to support a person to make a decision.</li> <li>• Use a range of communication methods to help people make their own decisions wherever possible.</li> <li>• Seek specialist communication support where necessary.</li> </ul>	<p>Face to Face Multi-Agency Training - <a href="#">Lancashire Safeguarding Partnership Training</a></p>

<p>Lead/Coordinator for Mental Health, Specialist Vulnerability Police Officers.</p>	<ul style="list-style-type: none"> <li>• Understand how principle 2 links to the personalisation and Care Act 2014 responsibilities for supported decision making and co-productive approaches. • Understand their responsibilities for people who are assessed as lacking capacity at a particular time and must ensure that they are supported to be involved in decisions about themselves and their care as far as is possible. Where they are unable to be involved in the decision-making process, decisions should be taken in their best interests following consultation with all appropriate parties, including families and carers. Social workers must seek to ensure that an individual's care plan is the least restrictive possible to achieve the intended outcomes.</li> <li>• Understand the likely impact of coercion on someone's mental capacity (regardless of whether they have an impairment of their mind or brain).</li> <li>• Understand the principles of the MCA in relation to young people under the age of 18 including the concepts of Gillick Competency and Fraser Guidelines. Professionals working with children need to consider how to balance children's rights and wishes with their responsibility to keep children safe from harm.</li> </ul> <p><b><u>Unwise Decisions</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• Knowledge of the Human Rights Act 1998.</li> <li>• Where there is no concern over capacity, social workers should take all practicable steps to empower people to make their own decisions, recognising that people are experts in their own lives and working alongside them to identify person-centred solutions to risk and harm, recognising the individual's right to make "unwise" decisions.</li> </ul> <p><b><u>Best Interests</u></b>  <i>This Includes</i></p>	
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	<ul style="list-style-type: none"> <li>• Knowledge of the Care Act 2014 and the Well-being principle and their application in situations where mental capacity and best interests are in question.</li> </ul> <p><b><u>Less Restriction</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• Recognise restrictions being placed on an individual and assess whether these are proportionate to the person's needs and risks of harm.</li> <li>• Attend and contribute to investigations/meetings/information sharing.</li> <li>• Understand that the MCA exists to empower those who lack capacity as much as it exists to protect them. Social workers must model and lead a change of approach, away from that where the default setting is “safety first”, towards a person-centred culture where individual choice is encouraged and where the right of all individuals to express their own lifestyle choices is recognised and valued.</li> </ul>	
<p><b><u>Group D (NHS Level 4)</u></b>  <b>Function:</b> Providing care, treatment, assessment, or other intervention – medical, psychological and social, or responsible for commissioning such services.  <b>Staff in Group D Include (but not limited to):</b>  Specialist nurses and/or physicians, AMHPs, Adult Social Workers (inc MHSW, LDSW), Forensic SW, Psychologists / Other therapists, Psychiatrists (inc s12 Drs), Court of Protection/Deprivation of Liberty Safeguards Teams.</p>	<p>All competencies identified in Groups A, B &amp; C plus:</p> <p><b><u>Presuming Capacity</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• A detailed knowledge and understanding, including practice experience, of the first principle.</li> <li>• A working knowledge of the capacity assessment process.</li> <li>• Undertake complex capacity assessments and report findings to multi-disciplinary teams, commissioners or managers.</li> </ul> <p><b><u>Helping the Person to Make Their Own Decision</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• Identify salient information, appropriate assessor, and advise colleagues in staff groups A-C, as appropriate to role and function, on MCA practice and supported decision making.</li> </ul>	<p>NOT PROVIDED BY LSAB – TRAINING TO BE SOURCED BY INDIVIDUAL ORGANISATION VIA INDEPENDANT COMPANY</p>

	<ul style="list-style-type: none"><li>• Support people to plan for when they may lack capacity in the future, including knowledge of advance decisions, lasting powers of attorney and excluded decisions.</li><li>• Use highly developed communication and rapport-building skills to help individuals make (or participate in) decisions for themselves.</li><li>• Recognise, assess and, where appropriate, intervene in situations where coercion is impacting on a person's ability to decide.</li><li>• Understand and implement the principles of the MCA in relation to young people under the age of 18 including the concepts of Gillick Competency and Fraser Guidelines. Professionals working with children need to balance children's rights and wishes with their responsibility to keep children safe from harm.</li></ul> <p><b><u>Unwise Decisions</u></b> <i>This Includes</i></p> <ul style="list-style-type: none"><li>• A thorough understanding of positive risk and strengths-based approaches as a means of risk management in cases where individuals with capacity choose to make unwise decisions.</li><li>• Identify harm and risk of harm, and make appropriate referrals / seek support in order to safeguard adults or children, being aware of issues such as mental capacity and vulnerability.</li></ul> <p><b><u>Best Interests</u></b> <i>This Includes</i></p> <ul style="list-style-type: none"><li>• Chair best interests meetings where appropriate to role and context where it is deemed an independent chair or lead practitioner would be appropriate.</li></ul>	
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	<p><b><u>Less Restriction</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• Recognise where care is restrictive and apply the principles of less and least restriction to assessments and treatment and care decisions.</li> <li>• Review and challenge restrictive practices in care provision and assess restrictions in terms of proportionality to the risk of harm.</li> </ul>	
<p><b><u>Group E (NHS Level 5)</u></b>  <b>Function:</b> to provide leadership, management and/or appropriate governance within organisations and ensure organisational policies and procedures are legally compliant and promote best MCA practice.  <b>Staff in Group E Include (but not limited to):</b>  LA DoLS Authorisers, MCA / DoLS leads in LA and NHS organisations, Designated Professionals, Board and Senior Management MCA / DoLS portfolio holders.</p>	<p>All competencies identified in Groups A, B, C &amp; D plus:</p> <p><b><u>Presuming Capacity</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• Promote the principle of presumption of capacity within the team and/or organisation as appropriate to role.</li> <li>• Scrutinise capacity assessments to ensure robustness of process and evidence as impacted by relevant case law and policy updates.</li> <li>• Ensure organisational policy and practice applies principle 1 within and across the organisation and where relevant multi-agency partners and partnerships.</li> </ul> <p><b><u>Helping the Person to Make Their Own Decision</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• Provide leadership in relation to the promotion of supported decision-making, co-production and participation in care, treatment, and where appropriate to role and context, organisational and strategic development.</li> <li>• Support and develop information and communication skills within the workforce, providing leadership in relation to engagement and relationship building with individuals and families as a means of maximising and supporting a person's ability to make / take part in decisions about them.</li> <li>• In depth working knowledge of the legal frameworks relating to MCA for young people (16–17-year-olds) and</li> </ul>	<p>NOT PROVIDED BY LSAB – TRAINING TO BE SOURCED BY INDIVIDUAL ORGANISATION VIA INDEPENDANT COMPANY</p>

	<p>the interface between children’s legislative frameworks and be able to provide leadership and management in complex cases.</p> <p><b><u>Unwise Decisions</u></b> <i>This Includes</i></p> <ul style="list-style-type: none"><li>• Promote a culture of positive risk and risk management within the organisation and/or team, ensuring policy, procedures and practices support staff to take a rights-based approach to decisions and interventions.</li></ul> <p><b><u>Best Interests</u></b> <i>This Includes</i></p> <ul style="list-style-type: none"><li>• Chair and lead appropriate meetings and support the multi-disciplinary team in relation to issues of mental capacity.</li><li>• Scrutinise best interests’ assessments within DoLS and/or Care Act assessments and apply best practice to decision making as set out in the MCA code and Care Act Statutory Guidance.</li><li>• Promote awareness of best interests and the factors that need to be considered, including consultation and recording, and ensure organisational policies and procedures are aligned to the requirements of the MCA to guide staff to work within the appropriate legislative framework.</li><li>• Identify and act in situations where a court of protection referral is needed to provide additional safeguards or to scrutinise and mediate complex decisions.</li><li>• Recognise the role of the OPG and support frontline staff to access the service as appropriate.</li></ul> <p><b><u>Less Restriction</u></b> <i>This Includes</i></p> <ul style="list-style-type: none"><li>• Remain aware and up to date with processes, procedures and case law impacting on the MCA and DoLS practice and cascade these to staff groups as appropriate to role and context.</li></ul>	
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	<ul style="list-style-type: none"><li>• Review and challenge restrictions placed on individuals and scrutinise proportionality of restrictions and potential deprivations of liberty.</li><li>• Liaise with and instruct solicitors, as appropriate to role, where an individual's rights are being infringed and court of protection intervention is required</li></ul>	
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## **Best Interest Assessors**

The Best Interest Assessor (BIA) role was created in 2007, with the amendment of the Mental Capacity Act 2005, which introduced the Deprivation of Liberty Safeguards. The role was devised to carry out a specific function under this legal framework. It is driven by a strong commitment to human and equality rights, a person-centred approach, and demands defensible, evidence-based, informed decision making from practitioners. This will help to promote and safeguard adults with a mental disorder, who lack capacity to consent to their accommodation in hospitals and care homes, and who are deprived of their liberty. This is to ensure that their detention is compliant with the requirements of human rights legislation.

While the local Safeguarding Adults Board does not offer the Best Interest Assessor course and/or updates, the information noted below highlights the recommended levels of competency for qualified Best Interest Assessors in line with the Bournemouth University Mental Capacity Act Competency Framework.

<b>TYPE OF TRAINING RECOMMENDED TO ACHIEVE REQUIRED LEVELS OF COMPETENCY</b>					
<b>Training Level</b>	<b>Multi Agency Training e.g. via LSAB</b>	<b>Single Agency Training e.g. via national/local events</b>	<b>E- Learning</b>	<b>Reading/Reflective Practice</b>	<b>Accredited package</b>
<b>Best Interest Assessors:</b> Function: Best Interests Assessors undertaking assessments within the Local Authority Deprivation of Liberty Safeguards (DoLS) procedures.	YES	YES	YES	YES	YES

### **Recommended Training:**

### **Competencies required for BIA staff group:**

<b>Target Group</b> (Including role and function)	<b>Competencies Required</b>	<b>Training Type &amp; Opportunities</b>
<b><u>Best Interest Assessors</u></b> <b>Function:</b> Best Interests Assessors undertaking assessments within the Local Authority Deprivation of Liberty Safeguards (DoLS) procedures. <b>Staff in This Group Includes:</b>	All competencies identified in Groups A, B, C, D & E plus: <b><u>Presuming Capacity</u></b> <i>This Includes</i> • Key Capability 1: The ability to apply in practice, and maintain knowledge of, relevant legal and policy frameworks.	NOT PROVIDED BY LSAB – TRAINING TO BE SOURCED BY INDIVIDUAL ORGANISATION VIA INDEPENDANT COMPANY/ACCREDITED EDUCATION SETTING

<p>Social Workers, Nurses, OTs, Psychologists who have completed an accredited BIA qualification programme and maintain their professional registration and CPD.</p>	<ul style="list-style-type: none"> <li>• Key Capability 2: The ability to work in a manner congruent with the presumption of capacity.</li> </ul> <p><b><u>Helping the Person to Make Their Own Decision</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• Key Capability 3: The ability to take all practical steps to help someone to make a decision.</li> </ul> <p><b><u>Unwise Decisions</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• Key Capability 6: The ability to effectively assess risk, in complex situations, and use analysis to make proportionate decisions.</li> </ul> <p><b><u>Best Interests</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• Key Capability 5: The ability to make informed, independent best interests decisions within the context of a Deprivation of Liberty Safeguards (DoLS) assessment.</li> </ul> <p><b><u>Less Restriction</u></b>  <i>This Includes</i></p> <ul style="list-style-type: none"> <li>• Key Capability 4: The ability to balance a person's right to autonomy and self-determination with their right to safety, and respond proportionately.</li> </ul>	
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