

Mental Capacity Act will have major implications for relatives – speakers tell R&RA audiences

The Mental Capacity Act 2005 which came into effect in April 2007 (with some aspects delayed until the autumn) will have a major impact on relatives of older people who have dementia or other cognitive impairments.

The government has gone to extensive lengths to ensure people are made aware of the implications of the Act with the publication of 'easy read' brochures, advertising in the media and supporting voluntary organisations in spreading the news about the Act.

As part of this activity, the R&RA held two conferences, one in London and one in Leeds, during May to provide information to older people, their relatives and carers. Speakers, invited because of their professional expertise in the field of care, mental health and the law, outlined the main elements in the Act, described the work of the Office of the Public Guardian (which will be formed in October 2007) and how the new Independent Mental Capacity Advocate (IMCA) service would work.

The conferences were aimed primarily at relatives and carers of loved ones facing the difficulties of declining capacity and at those people supporting and advocating for older people in care homes. Both were very well attended and produced lively questions and discussion (see pages 4–6 for details).



Delegates listening intently to speakers at the conferences in London (above) and Leeds (below)



The R&RA continues to campaign on human rights

Public awareness of the vulnerability of care home residents who live in independent sector care homes and who are paying for themselves is growing now that politicians and policymakers are beginning to take an interest in the campaigning work of the R&RA and other voluntary organisations to extend the coverage of the Human Rights Act to cover such residents. The R&RA gave oral evidence in March to the House of Lords/House of Commons Joint Committee on Human Rights Inquiry into human rights

issues arising from the treatment of older persons in hospital and residential care. In April, the House of Lords heard a test case (YL vs Birmingham City Council) on the matter. Judgement was reserved and will probably not be published until later in the year. In the meantime, the Chairman of the Joint Committee, Andrew Dismore MP, tabled a private members' bill which will seek to extend the meaning of the term 'public authority' to private sector organisations like care homes in order to bring them within the

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scope of the Human Rights Act. (The R&RA's written submission to the Joint Committee can be read on our website: www.relres.org)



As the main subject of this issue is about the Mental Capacity Act and its implications for care home residents (or people who may go into care) and their relatives, I thought I would use my column to explore some of the issues that I have come across in handling calls to the advice line.

The first thing to say is that the Act is very welcome indeed. It's good to see a piece of legislation that is so obviously full of good intent. It sets out to provide real protection for vulnerable people. Cases that I handle on the advice line show time and time again, just how vulnerable older people, especially with dementia, can be in the hands of unfriendly bureaucracies, unsympathetic care professionals and, even, misguided friends and relatives. It was very interesting to hear speakers and delegates at the conferences raising just the same issues that I handle day by day in the office.

For example, one of the problems that a lot of relatives face is the difficulty in getting banks and other authorities to accept that they are able to act on behalf of their older relative. These organisations often cite 'data protection' as a reason why not to deal with relatives as a third party. Under the Act, it is clear that the powers acquired under Lasting Power of Attorney, will have to be abided by. One of the speakers at the London conference, Tish Hanifan, informed us that the British Bankers' Association is updating its guidance to staff in the light of the Act. Encouraging news!

Another situation that I come across is what's known as the Bournemouth issue (named after a court case), where someone has been admitted to a care home without really having given their consent to such a move, i.e. they have not made the decision themselves and

are therefore being held unlawfully. With the advent of the Act, all parties to such decisions are now going to have to be much more careful in coming to that decision, in terms of assessing a person's mental capacity. In cases where the person *does* have capacity, those around them must ensure that the person makes the decisions for themselves. Where they are assessed as *lacking* capacity, the decision to move them into care must be made in the person's best interests. This may be challenging but much better from a human rights point of view.

A third type of case that I often deal with is the situation where people have no one to act for them or where there are family members but they are in dispute amongst themselves about what to do about their older relative (either still living at home or as a resident in a care home). These situations can present some of the most difficult problems in terms of ensuring that any decisions agreed are made in the older person's best interests. This is where the new IMCA service comes in. I hope the service is going to work! The idea that an independent, disinterested person (the IMCA) will have to be made available to ensure that decisions about, for example, appropriate discharge from hospital, about end of life care or about selling property and disposing of assets, is an enormous step forward. My only worry is that there may not be enough advocates recruited to the service quickly enough or that their training is too rushed. We await reports to see how the service is progressing in different parts of the country – readers, please keep us informed!

So the Act is a good step forward. But it will need working at. Relatives need to know about how it will affect them now and in the future. The older person – well in advance of declining capacity – will need to think carefully about making decisions for the future (health, welfare, financial). Professionals – health, care, legal, finance – will all have to ensure they know what their new duties and responsibilities are under the Act.

Chris Ardill, Advice Line Manager



Members' and Readers' Experiences

Dear R&RA,

I was very pleased to receive the copy of your newsletter in spite of the fact that, sadly, my mum died on 6 July this year [i.e. 2006].

I just felt I would write about the good advice I received all round. My mum suffered with vascular dementia and in January this year, her GP said that she should go into care (she had been in an annexe to our house since 1988). The GP was of course right that I could not provide the care she needed.

I was given the literature and visited a number of homes and selected the one I felt she would find the least 'unpalatable'. My sister and I took her on 13 January and she 'gave us both a hard time' saying she would never have done it to her mother! The carers at the small residential home were marvellous to her, displaying patience and humour and she seemed to settle in.

Unfortunately she became more and more immobile and in May the care manager said they could not provide the care needed and that she needed to go into a nursing home.

This was of course devastating that once again we had to move her. However, her social worker found a lovely nursing home in Liss and on 12 June she was moved there.

Whether this was 'one move too many' but she went downhill rapidly and died on 6 July. However, I can only emphasise that she received first rate attention and did not appear to suffer at the end.

I have always dreaded having to go into care but I must say my fears are now less. Perhaps we were just fortunate!

Anon

**The Relatives & Residents Association
Advice Line**

020 7359 8136

Open 9.30am–4.30pm, Monday–Friday

Dear R&RA,

I have been a carer for my 62 year old mother for the last 10 years, she has early-onset dementia, diagnosed 18 months ago, previously having mental health problems. I am 32 and an only child.

Having just been through the traumatic event of moving my mother into a home, I thought I would share my experience with other carers who are maybe going through a similar situation.

The first 'anniversary' of 'the move' has just passed, and I can honestly say it was the hardest experience I have had to go through – moving someone I love and have looked after for years, into 'other people's hands' to be cared for was so hard to come to terms with, not to mention having to give up my mother's home and her belongings as well, which were also part of me.

There is no right or wrong way to cope with the situation, only your own way, usually your instinct is the one to trust, which I had to use many a time when coping with a situation leading up to, during, and after 'the move'.

On a positive note, life does get better, given time. However, on hindsight, I wish someone had sat me down and warned me of how I might feel (and did feel); the bewilderment, sadness, resentment...it goes on. No one shows you how to move on with your life or how to 'let go', as I kept being told to do. No one prepares you for the emptiness you feel...a sense of bereavement, a loss, even though your loved one hasn't physically left this world. However, in my experience, feelings do start to subside, slowly, as you learn to readjust and rebuild your own life.

When you are going through a situation, especially alone, it can be hard to be realistic, to 'stand back' and look at the whole thing – for the present and the future well-being of your relative and yourself. Some carers probably feel a sense of relief on moving a loved one into a home, or maybe the time was right as their safety was in jeopardy. My situation was more of a pre-empting one 'what if' and...'this will probably happen' and 'what about your own life' – but, walking away from my mother at the end of that first day, leaving her in a home was a feeling I shall never forget, and coming to terms with her dementia may never happen to me.

From the experience I have just gone through, I wish professionals and those

caring for our loved ones in homes would understand a bit more just how hard it is and help us 'has been' carers – as I felt I was viewed the instant I moved my mother into a home – through this emotional time.

Long-term carers can't just 'pull out' from caring, and anyway, I don't wish to altogether. Just like most relationships, you need to develop trust in your newly-found carers, who are, after all, complete strangers to both of you – they hardly know anything about your loved one – you know everything, and in my case, my mother and I have been through so much together. Once you start to develop this trust and time starts to ease away some of the pain, only then, I believe can you start to 'let go' and move on with your life.

Anon

Dear R&RA,

In 2004 my aunt and uncle entered a shared room in a care home at a cost of £825 a week. They were self-funding. My uncle died in 2005 but his property was in trust for his children with interest only to my aunt.

She was loath to move from her double room. Until a similar standard single room became available the home reduced the charge to that of an equivalent single – £625. But eventually a single became available – a lovely sunny room, overlooking a playing field. Nevertheless the move had a detrimental effect on her health. She felt she was being downgraded and the service she got was worse.

Her capital gradually reduced and the county council were asked to help fund her. They refused unless she moved to a cheaper room. They had at that time a contract with the home for 'social services' clients. The social worker got her to sign a document saying she would spend all her capital to remain in her room.

When her capital reduced to £12,000, the county was again asked to help. Same story – sign a declaration that she would spend all her capital to stay in her room. That was March 2006 and the county's contract with the home was ending on 1 April 2006. Their rooms would then cost £585 per week – not exactly megabucks difference. However,

my aunt signed because, as she said, she was 98 years old in March and the money might 'last her out'. The staff and I did take her down to see the cheaper room available – quite dark with no view – she immediately burst into tears. I was present at the second signing of the declaration – I didn't want to intervene at the time because I didn't want to cause a situation which might upset my aunt, but I did object by letter.

Her capital reduced to £4,000 – less than two months' home fees and the county did, at last, concede that help was required in funding. She was allowed to remain in her room.

I thought the whole business was unfair and spoke to the R&RA who confirmed my thoughts. I wrote to the county in December 2006. I suggested they had a statutory duty to help fund her earlier. I did not actually accuse them of dishonesty – but of sharp practice! Following on the R&RA conference on human rights in 2005, I investigated and told the county they were in breach of article 8 of the European Convention on Human Rights. I felt it fitted my aunt's situation – any more would have been detrimental to her health. A view endorsed by the home.

They answered eventually. Saying they had passed my letter to their legal department and subsequently, surprise, surprise, they admitted my aunt may have been eligible for financial assistance earlier and are progressing to that end.

It goes to show that perseverance does work, a bit of cheek in quoting the Human Rights Act at them. So go for it!

Margaret Cameron

Eventide

I look into the mist
Each warm September morn
As swallows say 'Good-bye'
And leaves rain gently down.
A silent haste persists
In wrecking summer's growth,
And fragile eventide
Disguised in winter's sleep
Still waits entranced in dreams
Of spring-times past, forgone.
It is for me the end of now
Though I would fain return
To live again the seasons past
Yet leave before the dawn.

Pat Duff

R&RA conferences: supporting the implementation of the Mental Capacity Act – London 18 May and Leeds 22 May 2007

Why do I need to know about the Mental Capacity Act?

Bill Harland, Head of mental health legislation at Leeds Mental Health Teaching NHS Trust and speaker at the R&RA conference in Leeds



The Mental Capacity Act is relevant to anyone who has a relative or friend who may lack capacity because it clarifies both the process for caring for people who may lack capacity and how decisions should be made for them if they are unable to make decisions for themselves. It also sets out when you should be consulted about decisions to be made on behalf of your relative or friend and outlines how they are protected when others are making decisions on their behalf.

Having 'mental capacity' means that you are able to make your own decisions. The legal definition says that to have capacity you can do one or more of the following four things:

- Understand the information given to you
- Retain the information long enough to be able to make a decision
- Weigh up the information available to make a decision
- Communicate your decision

Capacity may be inhibited as a result of dementia, a stroke or brain injury. It may also be affected by confusion, drowsiness or unconsciousness because of an illness or the treatment for it. Other factors may be mental health problems, learning disability or substance misuse. While capacity may be affected at particular times this does not necessarily mean that people in this position lack capacity to make decisions at all.

The five key principles of the Act:

- A person must be assumed to have capacity unless proved otherwise
- A person should not be treated as incapable of making a decision unless all practicable steps have been tried to help them
- A person should not be treated as incapable of making a decision because their decision may seem unwise
- Always do things or take decisions for people without capacity in their best interests
- Before doing something to someone or making a decision on their behalf, consider whether the outcome could be achieved in a less restrictive way

Who decides if someone has capacity?

Anyone who might need to make a decision for someone who may lack capacity must decide whether that person is able to make their own decision. In many cases that decision will be a relative's although there will be times when a professional needs to decide about the person's capacity. Before anyone (a relative or carer; a health, care or other professional) acts on behalf of someone else they must have a 'reasonable belief' that the person lacks capacity.

As a relative, how could I be involved in assessing capacity?

You may be involved in two ways:

- A professional may consult with you about the person's capacity. For instance a doctor might be unsure that a person has the capacity to consent to an operation they might need. Relatives and carers can provide valuable information to help assess a person's capacity and help explain things in a way the person can understand
- You may need to assess the capacity of the person because you need to do something in order to care for them. You are not expected to be an expert in assessing capacity, but you have to have a 'reasonable belief' that they lack capacity

As a relative, what do you need to consider?

- Does the person have a general understanding of what decision needs to be made?
- Do they have a general understanding of the consequences of this decision?
- Can they weigh up this information and use it to make a decision?
- Is there any way you could help them to make their own decision?
- Is there any way you can help them communicate their decision or their wishes and feelings?

You will need to think about this for 'big' decisions such as where to live, and everyday

decisions about what to eat or what to wear. Just because the person makes a different decision from the one you would make or a decision you consider unwise does not mean they lack capacity to make that decision.

Where someone *has* capacity, a relative may be able to help them make a decision for themselves. You should take time to explain the information; choose a comfortable and reassuring environment. Try and use simple language that the person can understand. Perhaps you could use an independent advocate or other professional to assist. It may also be important to have an opinion from a specialist

When might a person's capacity change?

An assessment of capacity will not be fixed and you will need to take account of this, particularly if you care for someone over a period of time. For example, the capacity of a person with dementia may deteriorate, so that they may be unable to make as many decisions for themselves; someone with a mental health problem may have capacity on one day but not the next.

What is a reasonable belief?

You must have a reasonable belief that a person lacks capacity if you are to make a decision on their behalf. The word 'reasonable' is important. Capacity can change, and a person can have capacity to make one decision and not another.

You will need to decide what is a reasonable way to take account of this. For instance, if a person has a condition that does not fluctuate you may need to make similar decisions on their behalf each day, such as what they should wear. It might not be reasonable to expect you to make a new assessment every morning.

What happens if a person does lack capacity to make a decision for themselves?

If someone lacks capacity then others will have to act in their best interests. This may mean taking into account an advance decision to refuse treatment and the person's wishes or feelings. It should also mean the decisions of an attorney appointed under a Lasting Power of Attorney and the decisions of a deputy appointed by the Court of Protection. If there is no relevant attorney or deputy someone may have to decide what

should happen. Depending on the particular decision this could be you or a professional. The decision *must* be in the person's best interests.

How do I decide on best interests?

Anything done to or on behalf of someone lacking capacity must be in their best interests. The Act gives a non-exhaustive list of what you need to think about when working out what is in someone's best interests. You should try to involve the person as far as possible in the decision and take account of their wishes and feelings. You will need to take account of whether the person might regain capacity and be able to make their own decision in the future.

You should take into account any beliefs or values they have that might influence the decision, e.g. religious beliefs, cultural background or moral views and any other factors they would be likely to consider if they were able to do so. If the decision is about life-sustaining treatment, the decision must not be motivated by a desire to bring about the person's death.

Whoever is assessing the person's best interests must consult with carers, any attorney or deputy and anyone else with an

interest in the person's welfare and take into account their views, but this will depend on the situation and the decision that needs to be made.

Whoever is making the decision will then have to weigh up all the factors to decide what is in the person's best interests.

Liability in providing care for a person who lacks capacity

You will not be liable for your action provided you have a *reasonable belief* that the person lacks capacity and you are acting in their best interests. You will therefore need to assess what is in the person's *best interests* when you are carrying out care for them. This should involve considering options that preserve the person's rights and freedoms of action and being clear about why you have made your decision or taken particular actions. You might want to keep a written note of your decisions and why you made them if family members disagree with what should happen.

The use of restraint

The Act allows you to legally carry out caring actions provided you have assessed they are in the person's best interests – such as going into someone's home without their

permission to clean it for them or helping the person you care for to bath or dress.

In certain circumstances you are allowed to use physical restraint to prevent someone harming themselves but any restraint must be reasonable and proportionate. Actions that amount to a deprivation of liberty will not be lawful unless formal authorisation is obtained.

When and how should I expect to be consulted?

Any person making a best interests assessment will have to consult anyone caring for the person or interested in their welfare, e.g. family members and/or close friends. Being consulted does not mean that you are making the decision and you should not be asked to give consent on behalf of another person. You should be asked what you think would be in the person's best interests and whether you know anything about the person's wishes, feelings, values or beliefs but you should *not* be asked what you would do in similar circumstances.

The decision-maker must take account of what you say but they will have to balance what you say with other information in coming to their final decision.

Dilemmas for care home staff

Caroline Baker, Care Services Director, Four Seasons Health Care and speaker at the R&RA conference in London



With the advent of the Act, care home staff will face a number of dilemmas and choices. There will be a two stage test of capacity based on the following questions:

- Does the person have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works (temporarily or permanently)?
- If so, does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?

In the context of the care home, decisions on behalf of the individual must be made in their best interests. Who makes best interests decisions? For most day-to-day actions or decisions, the decision-maker will be the carer most directly involved with the person at the time. Where the

decision involves the provision of medical treatment, the doctor or other member of healthcare staff responsible for carrying out the particular treatment or procedure is the decision-maker. Where nursing or paid care is provided, the nurse or paid carer will be the decision-maker. Where a Lasting Power of Attorney has been made and registered, the attorney will be the decision-maker within the scope of their authority.

Best interests

In working out a person's best interests, assessment and decisions cannot be based on someone's age, appearance, condition or behaviour. All relevant circumstances should be considered with every effort being made to encourage and enable the person who lacks capacity to take part in the decision. If capacity is likely to return, it might be more appropriate to delay decision-making. Where the decision is to be made, the past and present wishes of the person should be taken into consideration. The views of others close to the person should be considered as well as the views of the LPA or deputy (appointed by the Court of Protection).

A best interests decision?

Best interests decisions, however, are not always straightforward. Here is an example: a relative of a resident who lacked capacity and who was experiencing seizures and also

a degree of pain wrote to the GP stating that she had LPA and that she wanted all the medication stopped and also that she didn't want the resident to have any life-sustaining treatment such as antibiotics. The resident's GP duly followed her directive and all medication was stopped immediately. Was this in the resident's best interests?

There may also be exceptions to the best interests principle. For example:

- Where someone has previously made an advance decision to refuse medical treatment while they had the capacity to do so
- Involvement in research, in certain circumstances, of someone lacking capacity to consent

The Act has major implications for care homes, their staff and the residents who are cared for. Current activity in FSHC care homes involving the Act include the development of:

- Policy and procedures on capacity and consent and advance decisions
- Capacity assessment and subsequent care plans to address best interests decisions
- Best interests information-gathering assessment

Key features of the Act

**Tish Hanifan, Barrister and director,
Solicitors for the Elderly and speaker at
the R&RA conference in London**

The Act introduces new means of protection for people lacking capacity including:

- Lasting Powers of Attorney (taking over from Enduring Powers of Attorney which, however, if already entered into, will remain)
- Court-appointed deputies who will act on behalf of the person lacking capacity where no LPA exists
- A new Court of Protection taking over from the High Court in welfare/health matters (section 43)
- A new Public Guardian
- An Independent Mental Capacity Advocate to act for people lacking capacity where no other supporter exists
- Criminal penalties for ill-treatment or neglect of person who lacks capacity

The five key principles underpinning the Act:

- Presumption of capacity
- Right of the individual to be supported to make their own decisions
- People retain right to make eccentric or unwise decisions
- Best interests (see next section)
- Least restrictive intervention

Determining best interests

- Case specific regarding the time of decision and the matter to be decided
- Diagnostic test of impairment or disturbance in the functioning of mind or brain, including psychiatric illness, learning disability and dementia
- Inability to make decision
- Functional test of comprehension, retention and evaluation
- Includes those who cannot communicate their wishes

Acts in connection with care or treatment

- Protection from liability for carers or health professionals who carry out acts in the best interests of somebody who lacks capacity to consent (section 5)
- Must have reasonable ground for believing person lacks capacity to decide at that time
- Must follow best interests checklist
- May extend to several people (none given preference within the Act)
- Care or treatment (including diagnostic) see Code of Practice
- Court declaration needed for withholding or withdrawing artificial nutrition or hydration (ANH) or non-therapeutic sterilisation or in relation to persistent vegetative state (PVS)
- Financial matters *not* authorised under section 5

Lasting Powers of Attorney:

- Healthcare decisions

- Welfare decisions

- Financial decisions

- Property and finance LPA can be used *before capacity is lost*
- Welfare LPA can only be used *once capacity is lost*
- Powers can be specifically included or excluded (section 11)
- LPA *must* be in prescribed form (section 9)
- LPA *must* be registered before use

Certificate provider

Third party certifies that:

- Donor understands what an LPA is, what it is for and that the donor understands the authority they will be giving to their chosen attorney(s)
- In their opinion, no fraud or undue pressure is being used to make donor create the LPA

- There is no other reason why the LPA cannot be made (e.g. the donor is under 18)
- Specified categories who can/can't be the certificate provider

Welfare decisions

- Decisions on life
- Giving or refusing consent to medical examination or access to treatment
- Access to confidential documents or information (medical records/social services reports)

Financial decisions

- Has duty to keep accounts
- Must keep money separately
- Can buy or sell property
- Can operate bank account
- Can claim benefits
- Can deal with tax matters
- Can invest
- Can make gifts (section 12)
- Can pay care fees

Attorney's duties

- Acting in donor's best interests
- Duty of care (principle of agency)
- Acting within scope of power
- Standard of care: both unpaid and paid
- Duty not to delegate
- Good faith
- Confidentiality
- Compliance with Orders of Court of Protection

Notes from other conference presentations can be found on the Mental Capacity Act page on the R&RA website (www.relres.org).

Satisfied customers.....

- Thank you for organising the event in London yesterday on the Mental Capacity Act. I found all the speakers very informative and helpful.
- I would like to extend my congratulations and thanks. The seminar was extremely informative and accessible and has provided me with the knowledge and tools necessary to move forward with development ensuring our care home's compliance with the Act.



Tish Hanifan addressing the London conference

Implications of the Act for care home operators

Sheila Scott
Chief Executive,
National Care Association



In terms of the Mental Capacity Act 2005, 1 October 2007 is 'D-Day' for providers of care whether they work in a care home or provide a domiciliary care service.

A considerable amount of work has already been done in raising awareness about the Act for all social care workers because of course the Act itself has implications for all health and social care staff. It is certainly the most significant piece of legislation that has faced the care sector for at least five years and I am sure that it will take some time to be embedded into caring environments.

My position is that once embedded the Act will be a force for good both for the recipients of care and their families and for the providers of care. For social care staff it establishes a legal framework in which to operate when a service user may lack capacity. (It also of course introduces a new criminal offence of ill-treatment and neglect.)

Perhaps more importantly it introduces a specific assessment process to be followed to assess capacity. This will give a degree of clarity that doesn't currently exist for all those involved in the care of individuals including family and friends. I think we would all agree that it is essential that the assessment process itself when being used for the everyday aspects of daily living should not become so bureaucratic that it actually interferes with care.

There is a great deal of work going on at the moment to establish systems in the first instance for the functions of daily living and then looking at the assessment for more complex decisions that have to be made.

There are of course many other aspects of the Act to be considered but NCA is concentrating on assessment at this time. For NCA members who are care providers there is a great deal of helpful information available much of which will also be useful for family and friends.

The Department for Constitutional Affairs has recently published the Mental Capacity Act Code of Practice. From 1 October every care provider should have this book available as it gives advice and guidance on all aspects

of the Act and by law they will be 'legally required to have regard to the Code when acting or making decisions on behalf of people who lack capacity'.

For care providers an extremely useful innovation will be the Independent Mental Capacity Advocate service. There is a huge responsibility involved when someone placed in the care of a home or a domiciliary care agency no longer has family or friends to make representations on their behalf. Although IMCAs will only be appointed in more serious situations, it is those very situations that give providers cause for concern. Therefore, to have another person's opinion to take into account when serious decisions have to be made will be very reassuring.

Knowing when to approach the local authority (who have the responsibility for appointing IMCAs) to request the appointment of an IMCA will take time to understand but we have to hope that local authorities will make a real effort to ensure that all providers of care understand the criteria. Certainly at NCA we are committed to ensuring as far as possible that our members have a real understanding of all the various aspects of the Act and not just those parts relating to assessment.

If you require any further information, NCA would be pleased to answer your questions. Please call us on 020 7831 7090.

Reports

The most recent R&RA publication is *Volunteers in Care Homes for Older People: An underused opportunity?* by Rose Heatley. This study is based on data collected from care home providers, activity organisers, volunteer providers and a review of academic and other literature. This title has sold so well and stimulated such a lot of interest that the R&RA is holding a conference on volunteering on 17 July of this year (see conference announcement overleaf)

The previous R&RA publication, *Moving Stories: The impact of admission into a care home on residents' partners* by Alison Clarke and Les Bright, continues to sell well. A recent review in *Ageing & Society* said that this report was 'a timely and important reminder of the emotional and practical difficulties experienced by partners and spouses when the problem of care-home admission presents'.

More details about these reports and order information can be found on the R&RA's website (www.relres.org) where other titles are also listed. Alternatively, please call 020 7359 8148.

Leaflets

It is now possible to download the R&RA leaflets and posters from the website. There is a general leaflet about the Association which includes a membership form; an advice line leaflet and poster; a dental leaflet and poster; and a transitions leaflet for use by ethnic minority communities. To download, go to the website (www.relres.org), click on 'Helpline & Information' on the left-hand side, and then click on 'Leaflets & Posters' on the right-hand side.

The Department for Constitutional Affairs has published a series of booklets, customised for key audiences affected by the Mental Capacity Act and providing outline information on the Act and how to access new services. The booklets are:

1. Making Decisions about your health, welfare or finance. Who decides when you can't?
2. Making Decisions: A guide for family, friends and other unpaid carers
3. Making Decisions: A guide for people who work in health and social care
4. Making Decisions: A guide for advice workers
5. Making decisions: An Easy Read guide
6. Making Decisions: The Independent Mental Capacity Advocate (IMCA) Service

Booklet 5 'is aimed specifically at people who may have difficulties understanding other information about the Act'.

Download online at: <http://www.dca.gov.uk/legal-policy/mental-capacity/publications.htm>
 Order hard copies by ringing 0238 087 8038 or emailing reorder@inprintlitho.com

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Homes for Older People, £7.50 (£5 for
R&RA members) inc. UK p&p
- Booklet Order – Moving Stories, £8.00
(£6 for R&RA members) inc. UK p&p
- Donation £.....

Total Amount:

Name / Contact:

Organisation (where applicable):

Position (where applicable):

Organisation:	Type of Home (if applicable):
Private	Private
Voluntary	Voluntary
Public	Local Authority

Address:

Post code:

Tel:

Email:

For *taxpaying individuals*:

- Please treat all my donations as Gift
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Signature:

Date:

Please make cheques payable to:
The Relatives & Residents Association
and send to:
24 The Ivories
6–18 Northampton Street
London N1 2HY

- I am interested in becoming a volunteer

Office Use only:

RV: Date:

The Relatives & Residents Association is a
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ANNOUNCEMENT

FORTHCOMING R&RA CONFERENCE

Volunteers in care homes for older people: an underused opportunity?

Tuesday 17 July 2007, 10.15am–3.30pm
The London Voluntary Sector Resource Centre
356 Holloway Road
London N7 6PA

Although volunteering in care homes is not widespread, research shows how positive an experience volunteering can be for both care home residents and volunteers. This conference will look at how volunteers can contribute to the quality of life of care home residents and explore ways in which the development of volunteering can be encouraged by care homes and volunteer agencies.

Speakers and workshop leaders include:

- **Dr Justin Davis-Smith**, Director, Institute for Volunteering Research
- **Dr Nori Graham**, Emeritus Consultant in Old Age Psychiatry, Royal Free Hospital, London and Vice President, Alzheimer's Society, England
- **Julie Lamont**, Volunteering Manager, Brendoncare
- **Helen Spiro**, Volunteers Co-ordinator, Nightingale House
- **Dorothy Seymour**, Help the Aged Sunshine Project
- **Ruth Pressley**, Chair, Association of Voluntary Service Managers
- **Rosemary Hurtley**, Consultant Occupational Therapist

For further details please contact:
The Relatives & Residents Association
Tel: 020 7359 8148
Email: info@relres.org
Web: www.relres.org

Helping out at the R&RA



This issue's 'Helping out at the R&RA' corner features Kamal Jalalian, our volunteer who is now responsible for maintaining and developing the R&RA website, having picked up the reins from Liliana Moreno (who has now gone back to her home country, Colombia). We were sorry to say goodbye to Liliana but are delighted with the work Kamal is doing for us. He is a web developer with a degree in Internet Computing and the R&RA is really lucky to benefit from his expertise.

Take a look at the website – you'll be very impressed!

The R&RA is always looking out for volunteers to help in the office (desktop publishing in particular!). Please contact us on 020 7359 8148 or info@relres.org for further details.

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