



Ministry of  
**JUSTICE**

# **Mental Capacity Act 2005**

## Equality Impact Assessment

**Mental Capacity Implementation Programme**  
30 May 2007



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## Scope of the Equality Impact Assessment

- 1.1 The Race Relations Amendment Act 2000, Disability Discrimination Act 1995 and Equality Act 2006 all include statutory duties that require Government departments to eliminate unlawful discrimination and to promote equality of opportunity.
- 1.2 An Equality Impact Assessment has been undertaken for the Mental Capacity Act 2005 (the Act) and its implementation programme to examine the potential impacts of the Act on the diverse groups of people affected by it. The potential impacts of the Act have been assessed on the grounds of:
  - race;
  - disability;
  - gender;
  - sexual orientation;
  - age;
  - religion or belief; and
  - caring responsibilities.
- 1.3 The Equality Impact Assessment identifies the overall impact the Act is expected to have on the specified diverse groups. Where potential adverse impacts have been identified during the development of the Act and the implementation programme, the Equality Impact Assessment sets out the steps that have been taken to mitigate these impacts.
- 1.4 The Equality Impact Assessment outlines the extensive consultation with stakeholders representing diverse groups during the course of the implementation programme. It also shows that information has been made available in a variety of formats and languages to make it accessible to the diverse groups of people affected by the Act.

## Background to the Mental Capacity Act 2005

- 2.1 In 1989 the Lord Chancellor invited the Law Commission to carry out an investigation of all areas of the law affecting decisions on the personal, financial and medical affairs of people who lack capacity in response to concerns raised by professional bodies and voluntary organisations. The Law Commission reported in 1995 that specific legislation was needed, pointing out that case law was unsystematic, full of gaps and that it often did not reflect changes in attitudes.
- 2.2 In response to the Law Commission Report, the (then) Lord Chancellor's Department published a Green Paper 'Who Decides' in 1997 and a policy statement entitled 'Making Decisions' in 1999.
- 2.3 The Lord Chancellor's Department published a draft Mental Incapacity Bill in 2003, which was subject to pre-legislative scrutiny by a Joint Committee of both Houses. The renamed Mental Capacity Bill was introduced in Parliament in 2004 and received Royal Assent in April 2005.
- 2.4 The Mental Capacity Implementation Programme (MCIP) was set up comprising the Ministry of Justice<sup>1</sup> (MoJ), the Public Guardianship Office (PGO), the Department of Health (DH) and the Welsh Assembly Government (WAG). The MoJ leads on the overall implementation of the Act. The DH and WAG lead on implementing the Independent Mental Capacity Advocate (IMCA) service and the research provisions in the Act in England and Wales respectively.
- 2.5 The Act, which covers England and Wales<sup>2</sup>, comes into force in two stages. The IMCA service became available in England on 1 April 2007 together with some directly supporting parts of the Act and the statutory Code of Practice related to the service. The criminal offence of ill-treatment or wilful neglect

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<sup>1</sup> The MoJ launched on 9 May 2007 taking over the responsibility for implementing the Mental Capacity Act 2005 from the Department of Constitutional Affairs.

<sup>2</sup> Similar legislation has already been passed in Scotland in the form of the Adults with Incapacity (Scotland) Act 2000.

was also introduced in England and Wales on 1 April 2007. All other parts of the Act, including the IMCA service in Wales, the new Court of Protection, the Public Guardian and the remaining parts of the Code of Practice will come into effect in England and Wales on 1 October 2007.

## **The scope and purpose of the Act**

### **Who is affected by the Act?**

3.1 Mental capacity issues potentially affect everyone. At some point in their lives millions of people in the UK lose their ability, temporarily or permanently, to make decisions that affect their lives – either through illness, disability or injury. Some people are born with disabilities that affect their capacity to make decisions.

3.2 Up to 2 million people may be affected by a lack of capacity. For example:

- over 700,000 people in the UK currently suffer from dementia and this figure is likely to increase to about 840,000 by 2021;
- around 145,000 adults in England have severe and profound learning disabilities and at least 1.2 million have mild to moderate learning disabilities. In Wales over 13,000 people were registered as having a learning disability in 2001;
- 10-15 people per 100,000 of the population will suffer a severe head injury each year, and there are currently an estimated 120,000 people in the UK suffering from the long-term effects of severe brain injury;
- at some point in their lives approximately 1 per cent of the UK population will suffer from schizophrenia, 1 per cent will be subject to manic depression and 5 per cent will have serious or clinical depression; and
- up to 6 million family and unpaid carers and people involved in health and social care provide care or treatment for people who lack capacity.

### **What is covered by the Act?**

3.3 The Act provides the framework for making decisions and acting on behalf of people who lack the capacity to make decisions or act for themselves because of an illness, injury or disability. The Act applies to everyone working with and/or caring for adults who lack capacity, including family members, professionals and other carers. It also applies to people appointed

in a formal capacity to act as an attorney or deputy for a person lacking capacity.

- 3.4 The Act covers a wide range of decisions made, or actions taken, on behalf of people lacking capacity, whether they relate to day-to-day matters or represent major life-changing events. These include matters in connection with personal welfare, health care, medical treatment and the management of property and financial affairs. Actions or decisions may range from choosing what to wear or what to buy when doing the weekly shopping, to carrying out a routine dental check-up, or deciding whether the person should move into residential care or undergo a major surgical procedure.
- 3.5 The Act is intended to assist and support people who might lack capacity and to discourage those who care for them from being overly restrictive or controlling. The aim of the Act is to provide an appropriate balance between an individual's right to autonomy and self-determination with the right to safeguards and protection from harm where that person lacks capacity to make decisions to protect themselves.
- 3.6 The Act tends to concentrate, but not exclusively so, on people over the age of 16 because there is a range of legislation dedicated to the protection of children and dedicated family courts to decide matters relating to children.

## Key provisions of the Act

### Statutory principles

- 4.1 The five statutory principles in section 1 of the Act are intended to minimise adverse impacts on different groups of people by enabling and supporting people lacking capacity – not restricting or controlling their lives. The Act aims not only to protect people who lack capacity but also maximise their autonomy and ability to participate in decision-making.
- 4.2 The statutory principles apply to all actions and decisions taken under the Act and can be summarised as follows:
1. Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise (the presumption of capacity).
  2. People must be given all appropriate help and support to make their own decisions before anyone concludes that they lack the capacity to do so.
  3. People must retain the right to make what might be seen as eccentric or unwise decisions.
  4. Any decision made or action taken for or on behalf of people without capacity must be in their best interests.
  5. Any decision made or action taken for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.
- 4.3 The presumption of capacity principle means that people have the right to make choices and decisions for themselves unless it can be shown that they lack capacity to make the particular choices or decisions. In legal proceedings, the burden of proof will fall on any person who claims that another person lacks capacity. People must not assume that someone cannot make decisions for themselves just because they have a particular medical condition or disability, behave in a certain way, or because they are of a particular age or appearance.

- 4.4 A person may lack capacity in one matter but not in relation to others. For example, a person with a learning disability may lack the capacity to make major decisions but this would not necessarily mean that they could not decide what to eat, wear or do each day. A person with mental health problem may be unable to make decisions when they are affected by a particular condition, but able to make them when they are not affected by that condition.
- 4.5 In supporting people to make their own decisions, any factors that may have a bearing on the person's way of thinking, behaviour and communication must be considered. For example, it may be easier for a person with learning disabilities to understand something presented with pictures, photographs, audiotapes or videotapes.
- 4.6 The principle relating to unwise decisions reflects the fact that every person has their own values, beliefs, preferences and attitude to risk, which will not be the same as those of other people. A decision that another person regards as unwise does not necessarily mean that the person making the decision lacks capacity.
- 4.7 The principle of acting or making a decision in the best interests of a person who lacks capacity is a well-established principle in the common law. The principle is now set out in the Act, so that a person's best interests must be the basis for all decisions made and actions carried out on their behalf in situations where they lack capacity to make those particular decisions for themselves. Paragraphs 4.13 – 4.17 outline factors that must be considered when determining a person's best interests.
- 4.8 Before somebody makes a decision or acts on behalf of a person who lacks capacity to make that decision or consent to the act, they must always question if they can do something else that would interfere less with the person's basic rights and freedoms. This includes considering whether there is a need to act or make a decision at all.

### **Assessing capacity**

- 4.9 The Act does not single out or name any specific condition that could result in a lack of capacity. Instead an assessment must be made in every individual case. For the purpose of the Act, a person lacks capacity if they have an impairment of, or a disturbance in the functioning of, the mind or

brain and are unable to make a particular decision because they are unable to:

- understand the information relevant to the decision;
- retain that information;
- use or weigh that information as part of the process of making the decision; or
- communicate the decision (whether by talking, using sign language or any other means).

4.10 In order to assess whether a person has the capacity to make a particular decision, a two-stage test must be applied:

1. Is there an impairment of or disturbance in the functioning of the person's mind or brain (whether temporary or permanent)?
2. If so, is the impairment of or disturbance sufficient that the person lacks the capacity to make that particular decision?

4.11 The Act confirms in section 2 that a finding of lack of capacity cannot be made merely on the basis of a person's age or appearance or from unjustified assumptions based on the person's condition or any aspect of their behaviour. This has been referred to as the 'principle of equal consideration' to ensure that people of a certain age, or who look a particular way, have a particular condition or behave in a particular way are treated no less favourably than anyone else.

4.12 'Appearance' is a deliberately broad term and may include the physical aspects of certain conditions as well as skin colour, tattoos, body piercing or mode of dress (including religious dress). A person's 'condition' also covers a range of factors, including physical disabilities, learning difficulties or disabilities or age-related illness. An individual's appearance or condition in itself cannot be taken to affect the person's capacity to make decisions. Similarly, forms of behaviour cannot, on their own, be used to justify an assumption of a lack of capacity to make a decision.

## **Best interests**

4.13 In considering what is in the best interests of a person lacking capacity, the decision-maker must take into account all of the issues relevant to the individual. The Act does not give a definitive account of what is in a person's best interests, but instead sets out a checklist of common factors in section 4, which must always be taken into account. The Act broadly requires decision-makers to:

- avoid discrimination on the basis of age, appearance, a condition or an aspect of the person's behaviour;
- identify all relevant circumstances;
- consider whether the person might regain capacity;
- permit and encourage the person to participate in the decision making;
- not be motivated by a desire to bring about the person's death when making decisions concerning life-sustaining treatment;
- consider the person's wishes and feelings, beliefs and values; and
- consider the views of other people.

4.14 The Act states that anyone assessing someone's best interests must not make unjustified assumptions about what their best interests might be simply on the basis of the person's age, appearance, condition or any aspect of their behaviour. In this way, the Act ensures that people who lack capacity to make decisions for themselves are not subject to discrimination or treated any less favourably than anyone else.

4.15 Wherever possible, the person who lacks capacity should still be involved in the decision-making process. Where statements written by the person before they lost capacity exist, these must be considered carefully. If a decision-maker were to depart from the preferences expressed in a written statement, they would need to be prepared to justify this departure if challenged.

4.16 Consideration of any cultural values and religious or other beliefs that a person who lacks capacity may have, as well as consideration of a person's sexual orientation and gender, would need to be included in any assessment of that person's best interests.

- 4.17 The Act also places a duty on the decision-maker to consult other people close to the person who lacks capacity, where practical and appropriate, on decisions affecting the person and what might be in the person's best interests.

#### **Acts in connection with care and treatment**

- 4.18 Section 5 of the Act offers statutory protection from liability where a person is performing an act in connection with the care or treatment of a person who lacks capacity, providing it is in that person's best interests. This could cover actions that might otherwise attract criminal prosecution or civil liability if someone has to interfere with the body or property of the person who lacks capacity in the course of providing care or treatment.
- 4.19 The Act also sets out limitations. If any form of restraint is required to provide the care or carry out the treatment it is only permitted if the person using it reasonably believes it is necessary to prevent harm to the person who lacks capacity. The restraint used must be a proportionate response to the likelihood and seriousness of the harm.
- 4.20 This section does not extend to deprivation of liberty within the meaning of Article 5(1) of the European Convention on Human Rights. Parliament is currently considering proposed amendments to the Mental Capacity Act 2005 relating to care and treatment which is in the best interests of people in hospitals or care homes who lack capacity, but would involve a deprivation of their liberty. These proposals, known as the Bournemouth safeguards, are part of the Mental Health Bill. The DH is leading on the Mental Health Bill and has undertaken a Race Equality Impact Assessment (REIA) which includes an assessment of the proposed Bournemouth safeguards. This can be found at <http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Mentalhealth/index.htm>.
- 4.21 The impact of section 5 of the Act is anticipated to be positive overall because of the principles of the Act and the need to take a wide range of factors into consideration in determining a person's best interests. The limitations on acts in connection with care or treatment provide robust safeguards to ensure that no individual would be adversely or unfairly dealt with. The Bournemouth safeguards, if approved by Parliament, will further strengthen and extend these safeguards.

- 4.22 It should also be noted that section 3 of the Mental Capacity Act sets out a functional test of capacity, which is decision-specific. The intention is to have a test that may be applied to a very wide range of circumstances and allow the Act to be used in all these varied circumstances (with a small number of exceptions).
- 4.23 Although the Mental Capacity Act 2005 can be used to give treatment for mental disorder, it does not replace the Mental Health Act 1983 which provides (inter alia) for the compulsory detention and treatment of people who have a mental disorder which puts them or other people at risk. Patients detained under the Mental Health Act can, in general, be treated for mental disorder without their consent in accordance with the provisions and safeguards in Part 4 of that Act, whether or not they have the capacity to consent to the treatment in question. Accordingly, section 5 of the Mental Capacity Act does not permit anyone to give, or to consent to the giving of, treatment which is regulated by Part 4 of the Mental Health Act. Section 5 of the Mental Capacity Act continues to apply to such patients in respect of all other acts in connection with care and treatment.

### **Lasting powers of attorney**

- 4.24 Lasting powers of attorney (LPAs) will replace enduring powers of attorney (EPAs) as the primary way of choosing a decision-maker to act in the event of loss of capacity. In addition to property and affairs (which EPAs have powers in respect of) people will be able to appoint an attorney to make decisions about their personal welfare, including healthcare, for a time when they lack capacity to make such decisions themselves.
- 4.25 LPAs relating to decisions about property and financial affairs can be used both before and after the donor loses capacity, according to the donor's wishes. Personal welfare LPAs (including those relating to healthcare decisions) can only be used when the donor lacks capacity to make a particular personal welfare decision. An LPA must be registered with the Public Guardian before it can be used.
- 4.26 When acting under an LPA, attorneys must apply the Act's principles and must act in the best interests of the person lacking capacity to make a particular decision. In making a decision for the donor an attorney must always consider the donor's past and present views on the matter in question and, where appropriate, consult with relatives, carers and others who may be

involved in caring for the donor or who have an interest in the donor's welfare.

- 4.27 Further requirements relating to the registration of LPAs and EPAs are provided in the Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007.

### **The Court of Protection**

- 4.28 The Act establishes a specialist court, the Court of Protection, with a new jurisdiction to make decisions or appoint deputies to make decisions for adults who lack capacity. In addition to the jurisdiction that the former Court of Protection had over the property and financial affairs of people lacking capacity, the new court will also have the jurisdiction to make decisions in relation to personal welfare, including healthcare. Personal welfare decisions were previously made under the inherent jurisdiction of the High Court. The court will also be able to make a declaration as to whether someone has the capacity to make a particular decision.
- 4.29 When reaching any decision the court must apply all of the principles set out in section 1 of the Act and must decide the matter before it in the best interests of the person lacking capacity. Where the court believes that there is a need for on-going decision-making powers for a person lacking capacity it may appoint a deputy to act for and make decisions on behalf of the person. Where a deputy makes a decision on behalf of a person lacking the capacity to do so, the deputy must apply the Act's principles and act in the best interests of that person. The Act requires that powers conferred on a deputy should be as limited in scope and duration as is reasonably practicable in the circumstances. A deputy has no authority to make a decision if they know or have reason to believe that the person concerned has the capacity to make that decision. Deputies remain accountable to the court and are supervised by the Public Guardian. They must have regard to the guidance given in the statutory Code of Practice.
- 4.30 For most types of applications to the court applicants need to pay a fee. Fees have been set in line with the general principles of the Government's policy on charging fees for services, which requires fees to be set at a level to recover (and not exceed) the costs of providing those services. Fee remissions and exemptions will be available in circumstances where applicants are unable to pay. Exemptions will be available to people who

receive a specified means-tested benefit. Remissions will be discretionary and applicants will need to provide evidence of income, expenditure and other relevant financial information to show evidence of exceptional circumstances or undue financial hardship.

- 4.31 An order of the court will usually be necessary for matters relating to the property and affairs of people who lack capacity to make specific financial decisions for themselves. In most cases concerning personal welfare matters the principles and provisions of the Act will be enough to help people to make decisions in the best interests of a person who lacks capacity or find ways of settling disagreements about such decisions. An application to the court may be necessary for particularly difficult decisions, disagreements that cannot be resolved any other way, or situations where on-going decisions will need to be made.
- 4.32 Certain cases in the Court of Protection will be brought within the scope of legal aid funding, by way of a Lord Chancellor's Authorisation under section 6(8) of the Access to Justice Act 1999. The authorisation will allow the Legal Services Commission to fund serious health and welfare cases brought before the court that meet the requirements of the authorisation. The provision of legal aid will be subject to means and merits tests. The intention will be to focus support on the most serious cases. The Legal Services Commission will provide guidance on the circumstances in which legal aid will be provided.

### **The Public Guardian**

- 4.33 The Act establishes a new statutory office holder, the Public Guardian, with specific functions including managing a register of LPAs, EPAs and deputies, supervising deputies, arranging Court of Protection visitors and dealing with representations (including complaints) about the way deputies and attorneys carry out their roles. The Office of the Public Guardian, an executive agency of the MoJ, will support the Public Guardian, and the PGO will cease to exist. The Office of the Public Guardian will have a dedicated customer contact centre to answer queries and provide information about the new court, the Public Guardian and the Act. A Public Guardian Board, provided for in the Act, has been appointed and will scrutinise and review the way in which the Public Guardian discharges his functions.

### **Advance Decisions To Refuse Treatment**

- 4.34 An advance decision enables someone aged 18 and over, while still capable, to refuse specified medical treatment for a time in the future when they may lack the capacity to consent to or refuse that treatment. An advance decision to refuse treatment must be valid and applicable to the current circumstances. If it is, it has the same effect as a decision that is made by a person with capacity – healthcare professionals must follow the decision. Before healthcare professionals can apply the decision there must be proof that the decision exists, is valid and is applicable in the current circumstances.
- 4.35 The Act imposes particular legal requirements and safeguards on the making of advance decisions to refuse life-sustaining treatment. A number of safeguards were added in response to stakeholder submissions received by the Joint Committee that considered the Mental Incapacity Bill. Advance decisions to refuse life-sustaining treatment must meet specific requirements – they must be in writing, signed and witnessed. In addition, there must be an express statement that the decision stands “even if life is at risk” (section 25(5)) if this is what the person making the advance decision wants.

### **Excluded decisions**

- 4.36 Certain types of decisions can never be made by someone on behalf of another person who lacks capacity and the Act does not change this. This is because these decisions or actions are either so personal to the individual or because other laws govern them. These include decisions such as marriage or civil partnership, divorce, sexual relationships and voting. Excluded decisions also include giving consent to treatment for mental disorder where someone is being detained and can therefore be given the treatment in accordance with Part 4 of the Mental Health Act (as discussed previously in paragraph 4.23). There is no evidence that this will have an adverse impact on any group of people.

### **Research**

- 4.37 The Act contains provisions for the authorisation and regulation of research (including medical research) involving people who lack capacity to consent to their participation. These provisions reflect the importance of properly conducted research to gain knowledge of the causes, diagnosis, treatment

and/or care of people who lack capacity, as well as the need to protect their interests and safety, and to respect their current and previously expressed wishes and feelings. Anyone carrying out research to which the Act applies has a duty to act in accordance with the principles and provisions of the Act and to have regard to the guidance given in the Code of Practice. A researcher must obtain approval from an “appropriate body” for research and the body must be satisfied that the research project meets certain requirements set out in section 31 of Act.

- 4.38 Without research involving those who lack capacity, the development of proven treatments and/or improvements in services for people with conditions affecting their decision-making capacity may not be possible. The provisions of the Act therefore aim to strike a balance between protecting and respecting the interests, wishes and feelings of those who lack capacity with the need for appropriate research regulated by strict requirements and safeguards. As a general rule, people who lack capacity to consent for themselves should only be involved in research projects likely to benefit them directly, or to benefit people affected by similar conditions where that research cannot be undertaken on people who have the capacity to consent.
- 4.39 The Act makes allowance for long-term research studies where a person consented to join the study but before the end of the project has lost capacity. Typically, long-term research studies aim to follow the health of a large section of the population over many decades. Some studies have been running since 1946 (e.g. the Medical Research Council National Survey of Health and Development) and during that time some participants will have lost capacity due to ill health, injury or disease.

### **Independent Mental Capacity Advocates**

- 4.40 The purpose of the Independent Mental Capacity Advocate (IMCA) service is to help particularly vulnerable people who lack the capacity to make important decisions about serious medical treatment and changes of accommodation. It is available to people who have no family or friends with whom it would be appropriate to consult about those decisions.
- 4.41 In the majority of cases, a person lacking capacity will have a network of support (e.g. family members, friends, an attorney or a court appointed deputy). When determining what would be in the best interests of the person

concerned in relation to a particular decision, these people must be consulted where it is appropriate or practicable to do so.

- 4.42 The role of the IMCA is to support and represent people who lack capacity who have no-one else to support them when major potentially life-changing decisions are being considered. Local authorities and NHS Trusts (and Local Health Boards in Wales) will be required to instruct an IMCA to represent the person lacking capacity and must take their submission into account in determining what decision is in the best interests of the person lacking capacity.
- 4.43 The service was extended in England and in Wales by regulation to include two further circumstances where an IMCA may be instructed – adult protection cases and care reviews.
- 4.44 Most of the detail as to how the IMCA service will operate is contained in regulations made under the Act. There are two sets of regulations for the IMCA service in England. The Mental Capacity Act 2005 (Independent Mental Capacity Advocate) (General) Regulations 2006 set out requirements for the appointment and functions of the IMCA, including their role in challenging the decision maker, and has definitions of ‘serious medical treatment’ and ‘NHS body’. The Mental Capacity Act 2005 (Independent Mental Capacity Advocate) (Expansion of Role) Regulations 2006 gives local authorities and NHS bodies new powers to instruct IMCAs in care reviews and in adult protection cases.
- 4.45 The regulations, together with an Explanatory Memorandum and a Regulatory Impact Assessment, including an REIA, are available online at <http://www.opsi.gov.uk/si/si200618.htm>.
- 4.46 The regulations for the IMCA service in Wales are the Mental Capacity Act 2005 (Independent Mental Capacity Advocate) (Wales) Regulations 2007 and are similar to those drafted for England. An REIA is available from the Welsh Assembly Government.

### **Code of Practice**

- 4.47 The legal framework provided in the Act is supported by a statutory Code of Practice, which provides guidance to all those working with and/or caring for adults who lack capacity, including family members, professionals and carers. It describes their responsibilities when acting or making decisions

with or on behalf of people who lack the capacity to do so themselves. In particular, it focuses on those who will have a duty of care to a person lacking capacity and explains how the legal rules set out in legislation will work in practice.

4.48 The Code has statutory force and the following categories of people are under a duty to have regard to the Code when acting in relation to a person who lacks capacity:

- people working in a professional capacity (for example, a doctor who is assessing a person's capacity to make a particular decision or a social worker who is arranging for a person lacking capacity to move into a supported living arrangement);
- people who are receiving payment for work (for example a care assistant working in a residential care home for people with learning disabilities);
- anyone who is an attorney under a LPA;
- anyone who is a deputy appointed by the Court of Protection;
- anyone acting as an IMCA; and
- anyone carrying out research approved in accordance with the Act.

4.49 The Code of Practice completed its Parliamentary passage in April 2007 and must be followed by in situations where an IMCA is involved, or in relation to the criminal offence. It is also available as a good practice guide for all those working with and caring for people who may lack capacity. Once the rest of the Act's provisions come into force in October 2007, it will become the statutory guidance for all parts of the Act.

4.50 There are no specific sanctions for failure to comply with the Code. However, a failure to comply can be used in evidence before a court or tribunal in any civil or criminal proceedings if the court or tribunal considers it to be relevant. For example, if a court or tribunal believes that a person making decisions for someone who lacks capacity has not acted in the best interests of the person they care for, the court can use the person's failure to comply with the Code as evidence.

### **Ill-treatment or neglect**

4.51 The Act introduces new criminal offences – ill-treatment and wilful neglect of a person lacking capacity. The offences may apply to anyone caring for a person who lacks capacity, an attorney appointed under an LPA or EPA, or a deputy appointed by the Court of Protection. People may be guilty of an offence if they ill-treat or wilfully neglect the person they care for or represent. Penalties range from a fine to a sentence of imprisonment.

## Race Equality Impact Assessment

### Consultation

- 5.1 Stakeholders representing black and minority ethnic (BME) communities submitted evidence to the Joint Committee considering the Mental Incapacity Bill in 2003 and have provided responses to public consultation undertaken during the implementation programme (see Annex A for a summary of public consultation). The MCIP stakeholder database is made up of over 1100 stakeholders and includes over 320 stakeholders representing ethnic minority and faith groups (see Annex D). Stakeholders with an interest in any particular consultation were sent a copy of the consultation document. All stakeholders were made aware of the consultation through the electronic bi-monthly newsletter and could download the document or request a paper copy. Consultation papers and summaries of responses were made available on the website of the relevant department.
- 5.2 MCIP representatives attended BME stakeholder events organised by external organisations (see Annex B). The MCIP presence at these events varied depending on the event but commonly included providing exhibition stands, speakers, running workshops and providing copies of consultation papers and other written information about the Act. These events were used to provide information and raise awareness about the Act, the implementation programme and any current consultations.
- 5.3 In addition, an event specifically for BME stakeholders was held in London in May 2006. Over 70 organisations were invited and 23 attended the event. It was aimed at organisations representing BME communities, particularly organisations working with people who could be directly affected by the Act. The purpose was to increase awareness of the Act, hear views on how its implementation might effect BME communities, and to encourage involvement and ongoing contact with the implementation programme team. The event was also used to draw attention to and seek views on the Code of Practice, which was out for consultation at the time. Stakeholder comments on the Code were treated as formal consultation responses.
- 5.4 MCIP also organised events for all stakeholders in Leeds, Cardiff and London in 2006. Information about the events was circulated via the e-

newsletter to over 3000 organisations and individuals and over 250 stakeholders attended. The purpose was to continue engaging the stakeholder community, to provide information on the implementation of the Act and to listen to any issues and concerns stakeholders had. Events in October 2006 were also used to draw attention to current consultations on Court of Protection rules and Court of Protection and Office of the Public Guardian fees.

- 5.5 As part of the consultation process on the IMCA service the DH held regional road shows in London, Bristol, Manchester and Birmingham. These events were attended by a broad range of health and social care professionals, voluntary sector providers, carers and independent advocacy organisations. Over 450 people attended these events. Action 4 Advocacy (A4A) organised a number of regional events for independent advocacy organisations. One of the meetings organised by A4A involved the Council for Ethnic Minority Health Organisations. DH officials also attended a meeting of the Council for Indian Organisations.

### **Overall findings**

- 5.6 The Act is expected to have a positive impact overall – BME people who might lack capacity and their families and carers are seen to be just as likely to benefit from the Act as other people.
- 5.7 All decision-makers must have regard for the principles of the Act and must take a wide range of factors into consideration in determining a person's best interests. These factors include wishes, feelings, values and beliefs, which may be indicated by a person's cultural background. Decision-makers must take into account, if it is practical and appropriate to consult them, the views of family members, partners, carers and other relevant people before reaching a decision about what is in the best interests of a person who lacks capacity.
- 5.8 No significant concerns were raised relating to any adverse impacts on BME groups at stakeholder events, or in response to consultation documents. Measures to emphasise the importance of cultural issues and ensure the accessibility of information about the Act were taken in line with stakeholder comments received during the implementation programme.

## **Impact assessment**

- 5.9 Several BME organisations submitted written evidence to the Joint Committee about ensuring that cultural issues were taken into account when assessing capacity and determining best interests for BME people who might lack capacity. They also emphasised the importance of advocacy and support. The redrafted Bill that went through Parliament incorporated many of their points.
- 5.10 Similar comments were received during the implementation programme. For example, some stakeholders at the BME stakeholder event commented that once the Act is in force, people using it should be aware of the importance of cultural and religious issues in making decisions, including professionals and experts.
- 5.11 All decision-makers must have regard for the principles of the Act and must take a wide range of factors into consideration in determining a person's best interests, including the beliefs and values that would be likely to influence their decision if they had capacity to make it. Where practicable, additional measures have been taken to emphasise this requirement and ensure that cultural issues are considered. The Code of Practice, for example, which people working in a professional capacity must have regard to, covers the principles of the Act and explains the concept of best interests and the factors that must be considered when trying to decide what is in someone's best interests. The chapter on best interests (chapter 5) explicitly states that a person's wishes, feelings, values and beliefs may be indicated by their cultural background. The Code also has guidance on the duty the Act places on decision-makers to consult other people, where practical and appropriate, on decisions affecting a person lacking capacity and what might be in that person's best interests.
- 5.12 The Code also has a chapter (chapter 3) about how people should be helped to make their own decisions to help emphasise the importance of enabling and supporting people to make decisions for themselves.
- 5.13 Consultation responses broadly welcomed the IMCA service, noting that it will protect the most vulnerable people from BME communities who lack the capacity to make particular decisions for themselves. Some stakeholders commented on the need for anyone appointed as an IMCA to consider the cultural or ethnic beliefs and values that may be relevant to determining what may be in a person's best interests. IMCAs must have regard to the

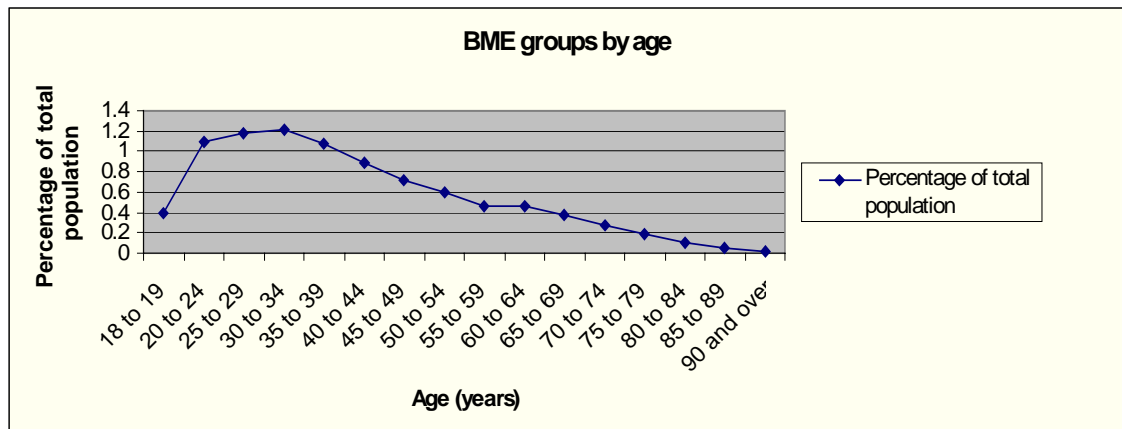
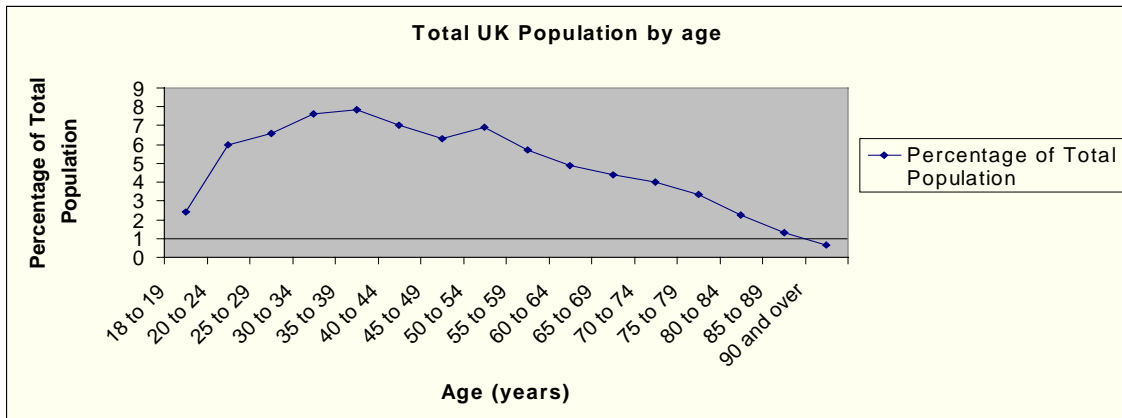
principles of the Act, including the best interests principle, and the Code of Practice. In response to stakeholder comments, further guidance was added to the chapter in the Code on the IMCA service (chapter 10) to explicitly state that IMCAs should consider cultural factors when representing and supporting a person who lacks capacity.

- 5.14 Many stakeholders commented on the content of training for IMCAs and considered diversity awareness to be an essential topic. Particular concern was expressed that if IMCAs had limited knowledge and understanding of BME groups' issues and concerns within the mental capacity sector, this could be an impediment for the IMCA service. Groups representing people of Asian origin were concerned about the stigma of mental health and mental capacity and said this stigma needs to be recognised when referrals are made as a service dealing with these issues may be viewed with suspicion.
- 5.15 The regulations require IMCAs to have appropriate training and experience. A training package covering the IMCA role has been developed for people who are appointed to act as IMCAs in England and Wales. The training package covers the key competencies, skills and knowledge required and includes training on diversity issues. Elements to address diversity issues in relation to those who lack capacity include:
- working with people who may lack capacity, to provide a broad overview of the issues faced when working with different client groups (those with learning difficulties, mental health problems, brain injury, dementia and multiple disabilities);
  - working with diversity to provide a broad overview of the issues (including cultural values, BME communities, young people and gender issues); and
  - core advocacy skills (including advocacy, reflective practice, communication and negotiating skills).
- 5.16 In addition to training for IMCAs, a programme for raising awareness and educating and training health and social care staff on the IMCA service and the Act in general is being implemented and training material has been commissioned.
- 5.17 A programme of monitoring and review, which will include collecting and evaluating information from IMCA pilots and a full review of the IMCA service carried out after its first year, will identify any unanticipated diversity issues,

should they exist. The DH will produce an annual report on the IMCA service for the first three years following implementation.

5.18 While the impact of the new court is expected to be positive overall, PGO figures do show that some ethnic groups are less likely to involve the current Court of Protection in decision-making. All BME groups are less likely to use the current Court of Protection than the white ethnic majority. The 2001 census shows that 12.5% of the population for England and Wales are from BME groups, while PGO figures show that 7% of the clients are from BME groups (where an ethnicity has been recorded). The white English and Welsh population forms 87.5% of the population, and 93% of current Court of Protection clients.

5.19 This under-representation may in part, be explained by the correlation between age and lack of mental capacity, and the lower concentration of people of older age in BME groups than is present in the general population. The following charts show the total UK population by age groups and the UK BME population by age groups. Data comes from the 2001 census.



- 5.20 There is a higher concentration of people of working age in BME groups than is present in the general population. This may partly be explained by patterns of migration – people who immigrate to a country tend to be of working age, or children accompanying their parents. The higher concentration of people of working age in BME groups is likely to change, albeit slowly, to reflect the pattern of the ethnic majority as earlier ‘waves’ of immigrants who have settled in the UK reach retirement age.
- 5.21 A commonly expressed view amongst BME stakeholders was that information about the Act and the services introduced by the Act should be provided in the most accessible ways possible to engage with the diverse groups affected. During the implementation programme a summary of the Act, a leaflet and a series of five booklets for people lacking capacity, their families, carers and professionals have been published in a variety of languages and formats to ensure the information is accessible (see Annex C).
- 5.22 Where practicable, other measures have been put in place to ensure the services provided under the Act are accessible. For example, the Office of the Public Guardian will have a customer contact centre for people with enquiries about court services, making an application to the court, or making or registering an LPA. Contact centre operators will be given diversity awareness training as part of their core induction training, which may be supplemented by other specialised training.
- 5.23 Training for judges and court staff includes training on cultural awareness and diversity. Judges who sit in the Court of Protection, as in other courts in England and Wales, have to have regard to the Equal Treatment Bench Book produced by the Judicial Studies Board and provided to the judiciary, which gives information and guidance on diversity issues including race. Interpreters will be available on request for Court of Protection hearings, as they are in other courts in England and Wales.
- 5.24 Ethnicity statistics will be collected in order to monitor the diversity of court users and people making LPAs. The results from monitoring will assist the court and the Office of the Public Guardian to tailor its services to meet different customer needs. Where a particular group is not using the services, this can be investigated and, where practicable, steps taken to make the service more accessible.

5.25 Some stakeholders responding to the consultation on the Code of Practice suggested that the representation of people from BME communities was not apparent in the scenarios used in the Code. In particular it was felt that the scenarios as a whole did not reflect the particular concerns or issues of BME communities or draw attention to the range of culturally specific issues that might need to be considered in any decision making process. The scenarios were drawn in neutral terms to ensure that they were accessible to the widest audience possible. However, following consultation, some scenarios were amended to reflect culturally specific issues, and the people in the scenarios were given names that reflect a diverse society.

## Disability Equality Impact Assessment

### Consultation

- 6.1 Stakeholders representing people with disabilities submitted evidence to the Joint Committee considering the Mental Incapacity Bill in 2003 and have provided responses to public consultation undertaken during the implementation programme (see Annex A for a summary of public consultation). The MCIP stakeholder database is made up of over 1100 stakeholders and includes, for example, 68 stakeholders representing people with learning disabilities (see Annex D). Stakeholders with an interest in any particular consultation were sent a copy of the consultation document. All stakeholders were made aware of the consultation through the electronic bi-monthly newsletter and could download the document or request a paper copy. Consultation papers and summaries of responses were made available on the website of the relevant department.
- 6.2 MCIP was represented at 14 events involving people with disabilities and their carers (see Annex B) to provide information and raise awareness about the Act, the implementation programme and any current consultations. Five of the events were aimed at people with learning disabilities where presentations were made in Easy Read. Other events were aimed at people with mental health problems and their carers and people with other disabilities and organisations representing them. Where events were organised by external organisations, the MCIP presence varied depending on the event but commonly included providing exhibition stands, speakers, running workshops and providing copies of consultation papers and other written information about the Act.
- 6.3 MCIP was invited to speak at an event for people with learning disabilities and their carers during the consultation on the Code of Practice. As well as providing information and raising awareness of the Act, the event was used to publicise the consultation on the Code. Comments received at the event were treated as formal submissions.
- 6.4 MCIP also organised events for all stakeholders in Leeds, Cardiff and London in 2006. Information about the events was circulated via the e-newsletter to over 3000 organisations and individuals and over 250

stakeholders attended. The purpose was to continue engaging the stakeholder community, to provide information on the implementation of the Act and to listen to any issues and concerns stakeholders had. Events in October 2006 were also used to draw attention to current consultations on Court of Protection rules and Court of Protection and Office of the Public Guardian fees.

- 6.5 As part of the consultation process on the IMCA service the DH held regional road shows in London, Bristol, Manchester and Birmingham. These events were attended by a broad range of health and social care professionals, voluntary sector providers, carers and independent advocacy organisations. Over 450 people attended these events. The National Forum for People with Learning Disabilities also organised a special event to consider the consultation.

### **Overall findings**

- 6.6 The impact of the Act on people with disabilities is expected to be positive overall because of the principles set out in the Act, such as the presumption of capacity, and the need to take all practicable steps to help a person make their own decisions.
- 6.7 Support for mental capacity legislation among disabled people's organisations had existed for many years prior to the Mental Capacity Bill being published. There was a widespread view that legislation would enhance the rights and reduce inequalities for disabled people who may lack capacity.
- 6.8 Concerns raised by stakeholders relating to potential adverse impacts on people with disabilities were carefully considered. Measures taken in line with stakeholder comment included measures to ensure the accessibility of information about the Act, to emphasise non-verbal methods of communication and to make the LPAs accessible to people who cannot engage with the written form.

### **Impact assessment**

- 6.9 In 2002 during the drafting of the Mental Capacity Bill, 40 national and regional disability and older people's organisations formed a coalition called the 'Making Decisions Alliance'. This included organisations such as the

Alzheimers Society, Mencap, the Mental Health Foundation (incorporating the Foundation for People with Learning Disabilities), Mind, the Motor Neurone Disease Association, Scope and Sense.

- 6.10 The Making Decisions Alliance gave written and oral evidence to the Joint Committee and the redrafted Bill incorporated a number of the points they raised. For example, the Bill's title was changed to the Mental Capacity Bill (from the Mental Incapacity Bill) to convey the importance of starting from a point of assuming capacity, and the principles were more clearly stated and moved to the first section of the Act to emphasise their importance. Greater emphasis was also placed in the Bill on supporting people to make and communicate their own decisions. Safeguards were enhanced to prevent assessments of capacity and determinations of best interests being based upon appearance or a condition alone. Safeguards were also enhanced around advance decisions to refuse life-sustaining treatment and research involving people who lack capacity to consent. The sections on IMCAs were amended to strengthen the role of advocacy for people who lack capacity. These improvements were well received by stakeholders.
- 6.11 Some disabled people's organisations, including a group of organisations representing people with learning disabilities (called the 'I Decide Coalition') also raised concerns about the Bill allowing carers and professionals too much decision-making power over people who lacked capacity. The sections of the Bill concerning actions in connection with care and treatment and IMCAs incorporated some of these points in order to address their concerns and the changes were well received by these organisations.
- 6.12 During the implementation programme, stakeholders noted the importance of making information about the Act and the services provided by the Act accessible to people with disabilities. A summary of the Act has been produced in Easy Read, which, in particular, will assist people with long term cognitive difficulties such as learning disabilities and dementia to understand the Act. In addition, as part of the suite of information booklets on the Act there is a more narrative, pictorially based storybook in Easy Read for this audience. A full list of the publications produced during the implementation programme is provided in Annex C.
- 6.13 MCIP also produced an Easy Read version of the bi-monthly e-newsletter, which provided information and updates about the implementation of the Act and publicised consultation papers and stakeholder events. When writing to people with learning disabilities or the organisations that represent them

Easy Read versions of letters and accompanying documentation were produced.

- 6.14 The Office of the Public Guardian will have a customer contact centre (as the PGO does now) to provide information about court services or powers of attorney, and to assist people making applications. People with speech or hearing difficulties with access to a text phone will be able call the customer contact centre text phone for assistance. Operators will be given diversity awareness training as part of their core induction training, which may be supplemented by other specialised training.
- 6.15 The new Court of Protection will hear cases in London, Cardiff and in the regions to minimise the need for parties to proceedings to travel long distances. Many cases that are referred to the court will not require a hearing but will be considered on the papers. Where people choose to or are required to attend a hearing and they are unable to attend in person the Act allows judges to hold hearings away from courtrooms (for example, in care homes or private homes) to help make the court accessible. The court can allow a witness to give evidence through a video link or through other means. Training for judges and court staff will include training on diversity issues and the Equal Treatment Bench Book produced by the Judicial Studies Board for the judiciary has information and guidance for judges on disability issues.
- 6.16 Court forms will have a section where parties to proceedings can advise if they require any special assistance or facilities to attend a hearing, for example, because of a physical or hearing disability. Where it is known that a party has a disability, measures will be taken to ensure that they are able to access and take part in court proceedings. There is a directory of courts with facilities for people with disabilities, such as wheelchair access, toilet facilities and a loop system for people with hearing difficulties.
- 6.17 A small number of respondents to the Court of Protection fees consultation commented that the fee proposals would disproportionately affect people with disabilities. In the current Court of Protection court fees generally may be recovered from the estate of the person who lacks capacity and who is the subject of the application. Generally this will continue in the new court where an application relates to a person's property and affairs. A different system will operate for personal welfare cases with fees generally being paid by the party making the application (but with a wide discretion for the court to order costs incurred, including court fees, be paid from the estate of the person who lacks capacity).

- 6.18 The fees have been set in line with the general principles of the Government's policy on charging fees for services. The Act provides for fee exemptions and remissions to ensure that access to justice is protected for those who are unable to pay. Exemptions will be available to people who receive a specified means-tested benefit. Remissions will be discretionary and applicants will need to provide evidence of income, expenditure and other relevant financial information to show evidence of exceptional circumstances or undue financial hardship. The Office of the Public Guardian will widely publicise the availability of exemptions and remissions.
- 6.19 Some respondents to the legal aid consultation expressed concerns that the proposals for legal aid for the new court could be potentially discriminatory because they considered that the legal aid to be available would be more limited than for similar cases heard in other jurisdictions. We are considering whether their concerns are warranted. In addition, the Legal Services Commission plan that only certain offices will handle the grant of legal aid for Court of Protection cases. This will allow the close monitoring of the number and types of cases where legal aid is requested in the early months of the new court and will also allow expertise to be built up.
- 6.20 Overall it is the case that legal aid seeks to provide access to justice for vulnerable sections of the community. This can only be done within the limited legal aid budget. The proposals will still mean a small extension to the amount of cases being funded by legal aid, with support focusing on priority areas. Legal Help will also be available, subject to the standard means test, to people who are considering bringing a case to the new court. Legal Help is initial legal aid, comprising of advice and assistance, and can help resolve cases early on and minimise the number of cases that proceed to a court hearing.
- 6.21 Some respondents to the consultation on LPA forms and guidance were concerned that LPAs should be accessible to people who cannot engage with the written form. They were keen that people who could not sign an LPA should be able to make one by making a mark. This has been provided for in the regulations. Similarly they wanted provision for making an LPA where the person cannot make a mark at all. Again, this has been provided for in the regulations through 'execution by direction' where another person can sign the LPA at the direction of the donor and in the presence of two witnesses.
- 6.22 In January 2007, revised forms and guidance were circulated to fifteen of the stakeholder organisations that responded to the original consultation.

Working drafts of the LPA forms, guidance for completing the forms and general guidance on LPAs were circulated so stakeholders could see what they looked like before they were finalised and laid before Parliament. While not intended as additional consultation, stakeholders were able to send further comments. The stakeholders who responded were pleased to see that execution by direction had been provided for. They noted that direction needed to include direction by non-verbal communication. Guidance notes have since been amended to make this point clear.

- 6.23 Consideration was given to enabling LPAs to be executed in a non-written form (e.g. through audio form). However, as a legal instrument LPAs must be executed as a written document. In any event, stakeholders were satisfied that execution by direction ensured that LPAs would be accessible to people who cannot engage with the written form.
- 6.24 Some respondents to the consultation commented that the LPA documents should be simplified and conversely some respondents thought that the language used was too simplistic. A balance has been struck between these two viewpoints – while the documents should be accessible they still need to convey sometimes complex legal issues. The final LPA documents have been written in Plain English in line with guidance on the Plain English website.
- 6.25 In response to stakeholder feedback on the IMCA service about training on diversity awareness, IMCAs will receive training on working with people who lack capacity where they have a disability that means they are unable to communicate or communication is very difficult.
- 6.26 The seven organisations that have been piloting the IMCA service since January 2006 have been providing a service to people with dementia, brain injuries, learning disabilities and mental health needs where important decisions about medical treatment and residence are made. All of those involved in the pilots, including IMCA managers and case workers and health and social care practitioners, believed that the pilot IMCA service provided an additional safeguard for people who lack capacity who have no family or friends.
- 6.27 A programme of monitoring and review, which will include collecting and evaluating information from the IMCA pilots and a full review of the IMCA service carried out after its first year, will identify any unanticipated diversity

issues, should they exist. The DH will produce an annual report on the IMCA service for the first three years following implementation.

- 6.28 Some stakeholders suggested the guidance in the Code of Practice on communication needed to emphasise more strongly that all efforts need to be made to find ways to communicate and that a range of methods of communication needed to be considered, including non-verbal communication. In response to feedback, the Code was restructured and the guidance on how people should be helped to make their own decisions was made a stand-alone chapter (chapter 3), rather than being part of a broader chapter. Further information was added to the guidance including a section on helping people with specific communication or cognitive problems where non-verbal methods of communication might be appropriate.
- 6.29 Some stakeholders singled out specific scenarios in the Code where they felt these portrayed a negative image of people with disabilities. The scenarios were reviewed and revised to take stakeholder concerns into account.
- 6.30 Fourteen responses to the consultation on the Code of Practice were received from people and organisations that had been sent copies of Easy Read information about the Code particularly aimed at those with learning disabilities. Of the responses, there were five from people with learning disabilities, four from charity or voluntary organisations and five from self-advocacy groups or groups for people with learning disabilities. The overriding view was that the Easy Read document was too difficult to understand primarily because of length, too many difficult words or because the pictures were hard to understand.
- 6.31 About half of the respondents (mostly from the charity or voluntary groups) commented that the Easy Read information about the Code was good in principle and welcomed the attempt at producing it. However, even those who commented positively said that the Easy Read document was flawed because it was too lengthy and complex for the people it was intended for. MCIP was invited to speak at an event for people with learning disabilities during the consultation on the Code. Stakeholders at this event also stressed that the information in the Code needed to be accessible to people with learning disabilities.
- 6.32 In response to this feedback, an Easy Read booklet has been produced in place of Easy Read information about the Code. The booklet contains a series of stories that take people through the Act and its main provisions. The

booklet has been produced with input from people with learning disabilities and self-advocacy groups who have said that this is a particularly useful approach to take to make the information meaningful to the audience it is intended for. Some stakeholders specifically mentioned that their users cannot read so an audio version of the Easy Read booklet has also been made available. The Code itself is available upon request in Braille, audio and large print formats.

## Gender Equality Impact Assessment

### Consultation

- 7.1 Stakeholders representing women's groups submitted evidence to the Joint Committee considering the Mental Incapacity Bill in 2003 and have provided responses to public consultation undertaken during the implementation programme (see Annex A for a summary of public consultation). The MCIP stakeholder database is made up of over 1100 stakeholders and includes stakeholders representing women's groups (see Annex D). In most cases these stakeholder groups also represent another interest – for example, a BME community or religion. Stakeholders with an interest in any particular consultation were sent a copy of the consultation document. All stakeholders were made aware of the consultation through the electronic bi-monthly newsletter and could download the document or request a paper copy. Consultation papers and summaries of responses were made available on the website of the relevant department.
- 7.2 MCIP also organised events for all stakeholders in Leeds, Cardiff and London in 2006. Information about the events was circulated via the e-newsletter to over 3000 organisations and individuals and over 250 stakeholders attended. The purpose was to continue engaging the stakeholder community, to provide information on the implementation of the Act and to listen to any issues and concerns stakeholders had. Events in October 2006 were also used to draw attention to current consultations on Court of Protection rules and Court of Protection and Office of the Public Guardian fees.
- 7.3 As part of the consultation process on the IMCA service the DH held regional road shows in London, Bristol, Manchester and Birmingham. These events were attended by a broad range of health and social care professionals, voluntary sector providers, carers and independent advocacy organisations. Over 450 people attended these events.

## **Overall findings**

- 7.4 The impact of the Act is expected to be positive overall. There is no evidence to suggest that the benefit to men or women would be disproportionate.

## **Impact assessment**

- 7.5 Very few comments have been received from stakeholders about the impact of the Act on groups by gender. There is no evidence from stakeholders or elsewhere to suggest that the Act or the services set up by the Act will have any adverse impacts on groups by gender.
- 7.6 Figures from the PGO show that women are more likely to be subject to applications to the Court of Protection than men are. Statistics show that 60% of clients of the current Court of Protection (i.e. people who lack capacity and require assistance with their financial affairs) are female, and 40% are male. The 2001 census shows that 51% of the general population is female, and 49% is male. The number of female clients is higher than would be expected given the proportion of women in the general population, although this may be explained by the age of clients of the court as women on average live longer than men. There has been no evidence from stakeholders or elsewhere to suggest that once cases come before the court, it will have an adverse impact on groups by gender.
- 7.7 The Code of Practice has been written in gender-neutral terms and both men and women are represented in the scenarios used in the Code. There has been no evidence to suggest that the Code will have an adverse impact on groups by gender.

## **Sexual Orientation Equality Impact Assessment**

### **Consultation**

- 8.1 Stakeholders representing groups by sexual orientation have provided responses to public consultation undertaken during the implementation programme (see Annex A for a summary of public consultation). Consultation papers and summaries of responses were made available on the website of the relevant department.
- 8.2 MCIP organised events for all stakeholders in Leeds, Cardiff and London in 2006. Information about the events was circulated via the e-newsletter to over 3000 organisations and individuals and over 250 stakeholders attended. The purpose was to continue engaging the stakeholder community, to provide information on the implementation of the Act and to listen to any issues and concerns stakeholders had. Events in October 2006 were also used to draw attention to current consultations on Court of Protection rules and Court of Protection and Office of the Public Guardian fees.
- 8.3 As part of the consultation process on the IMCA service the DH held regional road shows in London, Bristol, Manchester and Birmingham. These events were attended by a broad range of health and social care professionals, voluntary sector providers, carers and independent advocacy organisations. Over 450 people attended these events.

### **Overall findings**

- 8.4 The impact of the Act on groups by sexual orientation is expected to be positive overall, because of the principles of the Act and the need to take a wide range of factors into consideration in determining a person's best interests. The Act makes it more difficult for people to discriminate on the basis of sexual orientation.

### **Impact assessment**

- 8.5 Very few comments have been received from stakeholders about the impact of the Act on groups by sexual orientation. There is no evidence from

stakeholders or elsewhere to suggest that the Act or the services set up by the Act will have any adverse impacts on groups by sexual orientation.

- 8.6 During consultation on the IMCA service an organisation representing lesbians and gay men noted the difficulty for some partners of those who lack capacity to have a voice when decisions relating to their partner are being considered. The IMCA service is for people lacking capacity who have no-one else to support them, so generally a person with a partner to support them would not be eligible to use the service.
- 8.7 In any event, the Act requires that in considering what is in the best interests of a person lacking capacity, the decision-maker must take into account all of the issues relevant to the individual including the person's past and present wishes and feelings. A person's sexual orientation would need to be included in any consideration of their best interests. For example, when deciding who is an appropriate person to act on behalf of someone who lacks capacity, judges would need to consider same sex partners, where relevant.
- 8.8 The Act also establishes the right for partners to be consulted on decisions affecting a person who lacks capacity and what might be in that person's best interests. People with a right to be consulted include anyone engaged in caring for a person lacking capacity or interested in their welfare. The Code of Practice expands on this by noting that it would be important to consult in particular with spouses or partners of the person lacking capacity.

## Age Equality Impact Assessment

### Consultation

- 9.1 Stakeholders representing older people submitted evidence to the Joint Committee considering the Mental Incapacity Bill in 2003 and have provided responses to public consultation undertaken during the implementation programme (see Annex A for a summary of public consultation). The MCIP stakeholder database is made up of over 1100 stakeholders and includes over 50 stakeholders representing older people (see Annex D). Stakeholders with an interest in any particular consultation were sent a copy of the consultation document. All stakeholders were made aware of the consultation through the electronic bi-monthly newsletter and could download the document or request a paper copy. Consultation papers and summaries of responses were made available on the website of the relevant department.
- 9.2 MCIP has been represented at six stakeholder events involving older people at which 13 organisations were represented (see Annex B). The MCIP presence at these events varied depending on the event but commonly included providing exhibition stands, speakers, running workshops and providing copies of consultation papers and other written information about the Act. These events were used to provide information and raise awareness about the Act, the implementation programme and any current consultations.
- 9.3 MCIP was invited to speak at an event for older people during the consultation on the Code of Practice. As well as publicising the consultation on the Code, the event was used to provide information and raise awareness of the Act. Comments on the Code received at the event were treated as formal submissions.
- 9.4 MCIP organised events for all stakeholders in Leeds, Cardiff and London in 2006. Information about the events was circulated via the e-newsletter to over 3000 organisations and individuals and over 250 stakeholders attended. The purpose was to continue engaging the stakeholder community, to provide information on the implementation of the Act and to listen to any issues and concerns stakeholders had. Events in October 2006 were also used to draw attention to current consultations on Court of Protection rules and Court of Protection and Office of the Public Guardian fees.

- 9.5 As part of the consultation process on the IMCA service the DH held regional road shows in London, Bristol, Manchester and Birmingham. These events were attended by a broad range of health and social care professionals, voluntary sector providers, carers and independent advocacy organisations. Over 450 people attended these events. DH officials also attended a number of events arranged by other independent advocacy organisations such as the Older Peoples Advocacy Alliance (OPAAL).

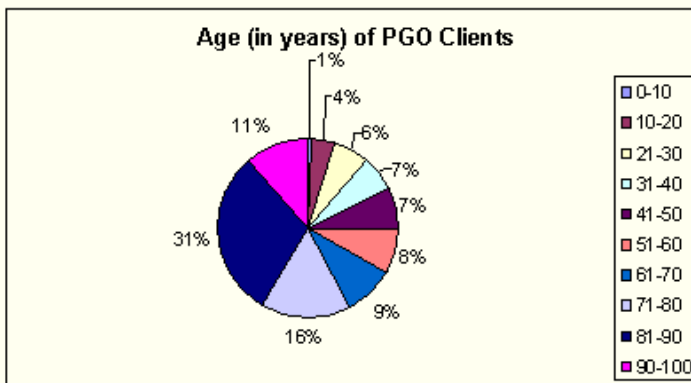
### **Overall findings**

- 9.6 Older people are more likely to be affected by the Act because of the correlation between increased age and a lack of mental capacity. The impact of the Act on older people is expected to be positive overall because of the principles set out in the Act, such as the presumption of capacity, and the need to take all practicable steps to help a person make their own decisions.
- 9.7 A number of safeguards were added to the redrafted Mental Capacity Bill in response to evidence given to the Joint Committee by stakeholder organisations representing older people.

### **Impact assessment**

- 9.8 The impact of the Act on children is not assessed as the Act tends to concentrate, but not exclusively so, on people over the age of 16. This is generally because there is a range of legislation dedicated to the protection of children and dedicated family courts to decide matter relating to children. There is no evidence from stakeholders or elsewhere to suggest that the Act will have any adverse impacts on children. Where the Act does apply to children all of the principles must be applied.
- 9.9 The Act and the services introduced by the Act are likely to have an increased impact on older people because of the correlation between increased age and a lack of mental capacity. Recent figures from the PGO show that 67% of their current clients (i.e. people who lack capacity and require assistance with their financial affairs) are aged over 60, and 58% are aged over 70. More than a third of their clients are aged over 80. The following table and graph show current clients of the PGO grouped by age.

Age bracket	Total number of clients
0-10	191
11-20	823
21-30	1260
31-40	1321
41-50	1473
51-60	1636
61-70	1767
71-80	3266
81-90	6070
90-100	2292



9.10 It is likely that older people will continue to make up the majority those who are subject to Court of Protection applications because of the link between dementia and age. Dementia becomes an increasing risk with age rising from a 2% chance at 65 years to 20% at 80 years. Dementia currently affects over 700,000 people with the UK, and by 2010 this is expected to rise to 850,000. According to research recently commissioned by the Alzheimer's Society more than 1.7 million people in the UK will suffer dementia by 2051<sup>3</sup>.

9.11 The Making Decisions Alliance that formed in 2002 during the drafting of the Mental Capacity Bill included a number of older people's organisations including Action on Elder Abuse, Age Concern, and Help the Aged. The Making Decisions Alliance gave written and oral evidence to the Joint Committee and the redrafted Bill incorporated a number of the points they raised. For example, the Bill's title was changed to the Mental Capacity Bill to convey the importance of starting from a point of assuming capacity and the principles were more clearly stated and moved to the first section of the Act to emphasise their importance.

9.12 Greater emphasis was also placed in the Bill on supporting people to make and communicate their own decisions and written statements were included among the factors that need to be considered when determining a person's best interests. Safeguards were added to prevent assessments of capacity and determinations of best interests being based upon age alone.

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<sup>3</sup> Dementia UK, A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007

Safeguards were enhanced around end of life decisions and research involving people who lack capacity to consent, and the sections on IMCAs were amended to strengthen the role of advocacy for people who lack capacity. These improvements were well received by stakeholders.

- 9.13 The Joint Committee also received evidence from stakeholders indicating serious abuse of financial powers under the present EPAs. This was a particular concern with regard to older people because they make up the majority of those with registered EPAs. The Bill was redrafted to add stricter safeguards for LPAs. For example, each LPA must contain a certificate provided by an independent person to certify that the person making the LPA understands what an LPA is, is not being pressured into making the LPA and that they do not know any other reason why the LPA should not be made. People making LPAs can name up to five people to be notified when an application to register the LPA is made. If no people are named in the LPA to be notified then two certificate providers are required. Guidance will be made available on making an LPA, and the role of attorneys and certificate providers.
- 9.14 The functions of the Public Guardian include functions to help protect people who lack capacity from abuse. The Public Guardian will be responsible for managing a register of LPAs, EPAs and deputies, supervising deputies, sending Court of Protection visitors and dealing with representations (including complaints) about the way deputies and attorneys are carrying out their roles. If concerns are raised about a deputy or attorney, the Office of the Public Guardian will work with organisations such as local authorities and NHS Trusts to carry out investigations.
- 9.15 Stakeholders representing older people broadly welcomed the IMCA service, noting that it will protect the most vulnerable people who lack the capacity to make a particular decision for themselves. It is estimated that around 15 per cent of people in England and Wales who lack capacity when major decisions need to be made about their living arrangements or medical treatment have no friends or family to be consulted. Due to the correlation between age and capacity it is likely that the older people in particular will benefit from the IMCA service.
- 9.16 There have been no comments to suggest that older people could be adversely affected by the IMCA service. Decisions about where to live and serious medical treatments have a significant effect on a person's health and wellbeing. Providing people with the support and representation of an

independent advocate should maximise their choice and independence and enhance their wellbeing.

- 9.17 A small number of respondents to the Court of Protection fees consultation commented that the fees proposals could disproportionately affect older people because they make up the majority of the PGO's current clients. In the current Court of Protection court fees generally may be recovered from the estate of the person who lacks capacity and who is the subject of the application. Generally this will continue in the new court where an application relates to a person's property and affairs. A different system will operate for personal welfare cases with fees generally being paid by the party making the application (but with a wide discretion for the court to order costs incurred, including court fees, be paid from the estate of the person who lacks capacity).
- 9.18 The fees have been set in line with the general principles of the Government's policy on charging fees for services. The Act provides for fee exemptions and remissions to ensure that access to justice is protected for those who are unable to pay. The Office of the Public Guardian will widely publicise the availability of exemptions and remissions.

## **Religion or Belief Equality Impact Assessment**

### **Consultation**

- 10.1 Stakeholders representing religious groups submitted evidence to the Joint Committee considering the Mental Capacity Bill in 2003 and have provided responses to public consultation undertaken during the implementation programme (see Annex A for a summary of public consultation). The MCIP stakeholder database is made up of over 1100 stakeholders and includes over 320 stakeholders representing ethnic minority and faith groups (see Annex D). Stakeholders with an interest in any particular consultation were sent a copy of the consultation document. All stakeholders were made aware of the consultation through the electronic bi-monthly newsletter and could download the document or request a paper copy. Consultation papers and summaries of responses were made available on the website of the relevant department.
- 10.2 MCIP organised events for all stakeholders in Leeds, Cardiff and London in 2006. Information about the events was circulated via the e-newsletter to over 3000 organisations and individuals and over 250 stakeholders attended. The purpose was to continue engaging the stakeholder community, to provide information on the implementation of the Act and to listen to any issues and concerns stakeholders had. Events in October 2006 were also used to draw attention to current consultations on Court of Protection rules and Court of Protection and Office of the Public Guardian fees.
- 10.3 As part of the consultation process on the IMCA service the DH held regional road shows in London, Bristol, Manchester and Birmingham. These events were attended by a broad range of health and social care professionals, voluntary sector providers, carers and independent advocacy organisations. Over 450 people attended these events.

### **Overall findings**

- 10.4 The impact of the Act on people with particular religious or other beliefs is expected to be positive overall because of the principles of the Act and the need to take a wide range of factors into consideration in determining a

person's best interests, including the person's wishes, feelings, values and beliefs.

- 10.5 No significant concerns were raised relating to any adverse impacts on groups of a particular religion or belief at stakeholder events or in response to consultation documents. The Bill was redrafted to add additional safeguards, and during the implementation programme steps were taken in line with stakeholders comments to emphasise the importance of considering religious and other beliefs when considering a person's best interests.

### **Impact assessment**

- 10.6 Several stakeholders from BME and faith organisations submitted written evidence to the Joint Committee about ensuring that religious issues were taken into account when assessing capacity and determining best interests for people who might lack capacity. They also emphasised the importance of advocacy and support. The redrafted Bill that went through Parliament incorporated many of their points.
- 10.7 A number of religious organisations expressed concerns that the draft Mental Capacity Bill did not provide enough safeguards for people concerning decisions involving the withholding and withdrawing of life-sustaining treatment. Although the majority of these organisations were representing Christian faiths, concern was also expressed by two organisations representing people of Islamic faith.
- 10.8 As a result, a number of additional safeguards were added to the Bill to protect vulnerable people, to ensure the best interests principle is adhered to and to provide for health care professionals to err on the side of continuing to provide treatment if there is ambiguity or doubt. Strict criteria must be adhered to for an advance decision to refuse treatment to be valid and applicable, and any advance decisions that apply to life-sustaining treatment must be in writing, signed and witnessed. In addition, there must be an express statement that the decision stands 'even if life is at risk' (section 25(5)).
- 10.9 A lasting power of attorney for health and welfare decisions will not cover decisions concerning life-sustaining treatment unless it contains express provisions to that effect.

- 10.10 Since the Act was passed by Parliament there has been no further indication of significant concerns or evidence to suggest that the provisions in the Act on advance decisions will have an adverse impact on people of different religions or beliefs.
- 10.11 During the implementation programme some stakeholders emphasised the need for decision-makers to consider the culture and religion of the person they are representing. All decision-makers must have regard to the principles of the Act, including the best interests principle. In determining someone's best interests a decision-maker must consider, so far as is reasonably ascertainable, past and present wishes, feelings, beliefs and values that would influence the person if they had capacity to make the relevant decision themselves. Consideration of any cultural values and religious or other beliefs would need to be included in any assessment of that person's best interests.
- 10.12 The Code of Practice contains a chapter with guidance on applying the best interests principle and notes specifically that a person's beliefs and values may be indicated by their religious beliefs (chapter 4). Scenarios are included in the Code to illustrate how a person's religious or other beliefs can affect their best interests.
- 10.13 The Court of Protection must consider a person's religious or other beliefs in deciding what is in their best interests. The court will be responsive to any needs relating to a person's religion and beliefs such as any need for prayers at specific times of day, access to religious rites and ceremonies, specific dietary requirements, restrictions relating to the handling of money or placement in single-sex care facilities. Training for judges, court staff and customer contact centre operators will include training on diversity issues and the Equal Treatment Bench Book provided to the judiciary has information and guidance for judges on religious or other beliefs.
- 10.14 As with other decision-makers, an IMCA supporting a person who lacks capacity must consider the person's past and present feelings and wishes, and beliefs and values that would be likely to influence their decision if they had capacity. This would include considering any religious or other beliefs and values. Examples of recommendations could include single-sex care facilities, access to religious rites and ceremonies or specific dietary requirements. Training for IMCAs covers cultural awareness and sensitivity and includes information on possible issues of concern to people because of their religion and beliefs. The chapter on the IMCA service in the Code

(chapter 10) explicitly states that a person's religion and how it may influence the decision should be considered.

10.15 Statistics on religion will be collected in order to monitor the diversity of court users and people making LPAs. The results from monitoring will assist the court and the Office of the Public Guardian to tailor its services to meet different customer needs. Where a particular group is not using the services, this can be investigated and, where practicable, steps taken to make the service more accessible.

## **Caring Responsibilities Equality Impact Assessment**

### **Consultation**

- 11.1 Stakeholders representing people with caring responsibilities submitted evidence to the Joint Committee considering the Mental Capacity Bill in 2003 and have provided responses to public consultation undertaken during the implementation programme (see Annex A for a summary of public consultation). The MCIP stakeholder database is made up of over 1100 stakeholders and includes over 40 organisations representing people with caring responsibilities (see Annex D). Stakeholders with an interest in any particular consultation were sent a copy of the consultation document. All stakeholders were made aware of the consultation through the electronic bi-monthly newsletter and could download the document or request a paper copy. Consultation papers and summaries of responses were made available on the website of the relevant department.
- 11.2 MCIP was represented at 14 events involving people with disabilities and their carers (see Annex B) to provide information and raise awareness about the Act, the implementation programme and any current consultations. Five of the events were aimed at people with learning disabilities where presentations were made in Easy Read. Other events were aimed at people with mental health problems and their carers, and people with other disabilities and organisations representing them. Where events were organised by external organisations, the MCIP presence varied depending on the event but commonly included providing exhibition stands, speakers, running workshops and providing copies of consultation papers and other written information about the Act.
- 11.3 MCIP was invited to speak at an event for people with learning disabilities and their carers during the consultation on the Code of Practice. As well as providing information and raising awareness of the Act, the event was used to publicise the consultation on the Code. Comments received at the event were treated as formal submissions.
- 11.4 MCIP also organised events for all stakeholders in Leeds, Cardiff and London in 2006. Information about the events was circulated via the e-newsletter to over 3000 organisations and individuals and over 250

stakeholders attended. The purpose was to continue engaging the stakeholder community, to provide information on the implementation of the Act and to listen to any issues and concerns stakeholders had. Events in October 2006 were also used to draw attention to current consultations on Court of Protection rules and Court of Protection and Office of the Public Guardian fees.

- 11.5 As part of the consultation process on the IMCA service the DH held regional road shows in London, Bristol, Manchester and Birmingham. These events were attended by a broad range of health and social care professionals, voluntary sector providers, carers and independent advocacy organisations. Over 450 people attended these events.

### **Overall findings**

- 11.6 The Act is expected to have a positive impact overall on people who care for adults who lack capacity. The Act as a whole is designed to help carers by providing a clear legal framework on how to act and make decisions on behalf of people who lack capacity to make particular decisions for themselves. The Code of Practice provides guidance to help carers understand the Act and apply it.
- 11.7 All decision-makers must take into account, if it is practicable and appropriate to consult them, the views of anyone engaged in caring for a person who lacks capacity in determining what is in that person's best interests.

### **Impact assessment**

- 11.8 During the Joint Committee consideration of the Mental Capacity Bill in 2003, organisations representing people with caring responsibilities expressed support for the Bill. In particular, they welcomed the clarity it would provide in terms of when and how carers could make decisions on behalf of someone who they were caring for who lacked capacity. These organisations also welcomed the duties the Bill placed upon other decision-makers to take into account the views of carers when determining the best interests of a person who lacks capacity.
- 11.9 People with caring responsibilities for people who lack capacity in particular will benefit from the guidance provided in the Code of Practice. The Act applies to everyone who looks after or cares for someone who lacks the

capacity to make decisions for themselves. This applies to family carers and other carers. Although these carers are not required to have regard to the Code, the guidance given in the Code will help them understand the Act and apply it.

11.10 The Act requires all decision-makers to take into account, if it is practicable and appropriate to consult them, the views of anyone engaged in caring for a person who lacks capacity in determining what is in that person's best interests. A number of stakeholders noted that the draft version of the Code often mentioned the right of family members to be consulted on a person's best interests whereas the Act itself mentions those "engaged in the care or interested in the welfare of the person lacking capacity". Stakeholders felt that the draft Code was misleading in excluding non-family members who may be close to and have caring responsibilities for a person lacking capacity. The Code has been redrafted to better reflect the intent of the Act.

## Annex A – Formal consultation during the implementation programme

The following table lists the formal consultation undertaken during the implementation programme. Consultation documents and summaries of responses are available on the website of the responsible department:

- [www.justice.gov.uk](http://www.justice.gov.uk) (MoJ)
- [www.dh.gov.uk](http://www.dh.gov.uk) (DH)
- [www.wales.gov.uk](http://www.wales.gov.uk) (WAG)

Consultation document	Languages and formats	Availability	Dates
Independent Mental Capacity Advocate (IMCA) service (England) (DH)	English and accessible version  Consultation paper summary available in Arabic, Bengali, Chinese, Gujarati, Punjabi, Somali and Urdu  CD-Rom and Braille versions available on request	Sent to over 250 stakeholders, available on the website, publicised through the MCIP newsletter and stakeholder events	Jul – Sep 2005
Independent Mental Capacity Advocate (IMCA) service (Wales) (WAG)	English and Welsh	Sent to over 100 stakeholders, available on the website, publicised through the MCIP newsletter	Aug – Oct 2005
Lasting Powers of Attorney – forms and guidance	English and Easy read  CD-Rom, Braille and other language versions	Sent to over 1200 stakeholders, available on the website,	Jan – Apr 2006

<b>Consultation document</b>	<b>Languages and formats</b>	<b>Availability</b>	<b>Dates</b>
(MoJ)	available on request	publicised through the MCIP newsletter	
The Mental Capacity Act Code of Practice (MoJ)	English  Consultation paper and summary of the Code provided in Easy Read	Sent to over 200 stakeholders, available on the website, publicised through the MCIP newsletter and at BME stakeholder event	Mar – Jun 2006
Mental Capacity Act 2005 – Draft Research Regulations (DH)	English and accessible version	Sent to over 200 stakeholders, available on the website, publicised through the MCIP newsletter and the DH Chief Executive's Bulletin, distributed to all Chief Executives in Health and Social Care	Jun – Sep 2006
Draft Court Rules – Mental Capacity Act 2005 Court of Protection Rules (MoJ)	English and Easy read  CD-Rom, Braille and other language versions available on request	Sent to over 250 stakeholders, available on website, publicised in MCIP newsletter and at stakeholder events	Jul – Oct 2006
Mental Capacity Act – Draft Research Regulations (Wales) (WAG)	English and Welsh	Sent to over 200 stakeholders, available on the website, publicised through the MCIP newsletter	Aug – Nov 2006
Independent Mental Capacity Advocate (IMCA) Service for Wales – Consultation on draft Regulations and Consultation on draft	English and Welsh	Sent to over 100 stakeholders, available on the website, publicised through the MCIP newsletter	Aug – Oct 2006

<b>Consultation document</b>	<b>Languages and formats</b>	<b>Availability</b>	<b>Dates</b>
Commencement Order (WAG)			
Court of Protection and Office of the Public Guardian Fees (MoJ)	English and Easy read  CD-Rom, Braille and other language versions available on request	Sent to over 100 stakeholders, available on website, publicised through MCIP newsletter and at stakeholder events	Sep – Nov 2006
Bringing certain cases in the Court of Protection within the scope of legal aid (limited consultation) (MoJ)	English	Sent to 15 stakeholders, available on the website	Nov 2006 – Feb 2007
The Office of the Public Guardian and Court of Protection Welsh Language Scheme (PGO)	English, Welsh and accessible version	Sent to 73 stakeholders, available on website, publicised through MCIP newsletter	Dec 2006 – Feb 2007

## **Annex B – Stakeholder diversity events**

The following stakeholder diversity events took place in 2006.

### **Events involving people with learning disabilities/carers of people with learning disabilities**

- 6 April – Change Learning Disability organisation, Leeds
- 28 Apr – Learning Disability Advisory Group, Manchester
- 4 May – National Forum for People with Learning Disabilities, Wolverhampton
- 4 July – National Advisory Group on Learning Disabilities and Ethnicity, London
- 22 Nov – Learning Disability Today, London

Events – 5

Organisations – 41

### **Events involving people with mental health problems/carers of people with mental health problems**

- 15-16 March - Mind National Conference, Harrogate
- 28 March – Association of Mental Health Advocates Conference, London
- 23 Jun – Service User Influence in Mental Health, Manchester
- 10 Oct – Mental Health and Human Rights, Brighton
- 1 Nov – Mental Health Today, London

Events – 6

Organisations – 50

### **Events involving older people**

- 25 Apr – Age Concern, Oxfordshire
- 16-18 May – National Pensioner's Parliament, Blackpool
- 14 Jun – Veterans Agency (PGO and Outreach event)

- 26 Sep – National Implementation Team for Older People (DH event)
- 5 Oct – National Older People’s Mental Health event (DH event)

Events – 5

Organisations – 13

**Event involving all of the above**

- 8 May – Making Decisions Alliance Meeting, London

**Events involving people with other disabilities/other disability organisations**

- 7 March – National disability organisations, DWP London
- 21 Sep – CCC Conference – Coping with Brain Failure, London
- 24 Oct – Action for Advocacy, Sheffield
- 14-15 Nov – National Advocacy Network, Brighton

Events – 4

Organisations – 25

**Events for BME people/organisations**

- 24 May – MCIP BME Stakeholder event
- 18-19 Sept – Afiya Trust Conference, Manchester

(See also above, Learning Disability event, 4 July - National Advisory Group on LD and Ethnicity)

Events – 2

Organisations – 66

## Annex C – Publications

The following publications have been produced during the course of the implementation programme:

Publication and purpose	Languages and formats	Distribution channels
Mental Capacity Act 2005 – summary	English, Welsh, Arabic, Chinese, Bengali, Gujarati, Punjabi, Urdu, Somali, Vietnamese, Easy Read, Audio version of Easy Read	MoJ, PGO, WAG websites  Events, conferences, exhibitions and workshops  Promoted via e-newsletter  Paper copies mailed out on request
Mental Capacity Act (bi-monthly e-newsletter)	English, Easy Read	MoJ, PGO, WAG websites  Events, conferences, exhibitions and workshops  E-mailed to 2100 stakeholders and individuals
<p>Making decisions about your health, welfare and finances... who decides when you can't (leaflet)</p> <p>The purpose of the leaflet is to raise general awareness of the Act and inform people about where they can get more information – namely the booklets, Code of Practice, MoJ website and the e-newsletter.</p>	English, Welsh, Arabic, Chinese, Bengali, Gujarati, Punjabi, Hindi, Urdu, Somali, Vietnamese	MoJ, PGO, WAG websites  Events, conferences, exhibitions and workshops  Promoted via e-newsletter  To date approximately 145,000 distributed  Includes 120,000 leaflets distributed through 6000 GPs surgeries in England and Wales

Publication and purpose	Languages and formats	Distribution channels
		<p>Promotional copies sent to all CABs in England and Wales</p> <p>Approximately 12,000 leaflets sent on request to voluntary sector organisations, Government Departments, NHS Trusts and Local Authorities</p>
<p>Information booklets:</p> <p>Making decisions about your health, welfare or finance. Who decides when you can't?</p> <p>Making decisions: a guide for family, friends and other unpaid carers</p> <p>Making decisions: a guide for people who work in health and social care</p> <p>Making decisions: a guide for advice workers</p> <p>Making decisions about your health, welfare or finance. Who decides when you can't? An Easy Read guide</p> <p>The purpose of the booklets is to increase awareness of the Act and provide simple, introductory information and guidance on the provisions of the Act and how to access the new services. The booklets are customised for specific groups of people affected by the Act. For example, booklet 1 is for people who may have fluctuating capacity or</p>	<p>English, booklets 1 &amp; 2 in Welsh, booklet 5 in Easy Read and audio</p> <p>All booklets available on request in Arabic, Chinese, Bengali, Gujarati, Punjabi, Hindi, Urdu, Somali, Vietnamese, Braille, large print, audio</p>	<p>MoJ, PGO, WAG websites</p> <p>Events, conferences, exhibitions and workshops</p> <p>Promoted via e-newsletter</p> <p>To date approximately 100,000 booklets have been sent out</p>

<b>Publication and purpose</b>	<b>Languages and formats</b>	<b>Distribution channels</b>
wish to plan ahead for the future. Booklet 5 is for people with cognitive impairments such as learning disabilities and mild to moderate dementia.		

## Annex D – Implementation programme stakeholder database

The MoJ Stakeholder and Communications Team database was developed from the key stakeholders consulted prior to and during the passage of the Mental Capacity Bill. It has grown further during the implementation programme. The stakeholder database is used for general communication with stakeholders and to inform them when formal consultations are taking place.

The database is made up of over 1100 stakeholders and is categorised into different stakeholder groups. The database is updated after stakeholder events to ensure that contact information is current and up to date. Information on the key Welsh and PGO stakeholders is also held on the database. MCIP also communicates with DH stakeholders such as NHS Trusts and local authorities.

Stakeholder organisations are grouped by area of interest. The organisation names are repeated where more than one person per organisation is included in the database. Some organisations are listed in more than one group where their interests lie across more than one area.

### Advice & Advocacy

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|---|---|---|
| 1. Action for Advocacy                          | 17. Allies Advocacy   | 31. Complaints Procedure Advocacy                   |
| 2. Advice Centre Support in Sheffield           | 18. Assert  | 32. Dartford and Gravesham Advocacy Network         |
| 3. Advice Services Alliance                     | 19. Awaaz Ethno-Sensitive Mental Health Project                 | 33. Disability Advocacy Project                     |
| 4. Advice UK                                    | 20. Basildon and Thurrock Independent Advocacy Service (BATIAS) | 34. Dorset Advocacy                                 |
| 5. Advice Services Alliance                     | 21. Bedfordshire Advocacy Service for Older People              | 35. Dorset Mental Health Advocacy                   |
| 6. Advocacy Across London (Action for Advocacy) | 22. Bournemouth and Poole Advocacy Services (Rethink)           | 36. Gateshead Advocacy & Information Network (GAIN) |
| 7. Advocacy in Gateshead and South Tyneside     | 23. Choice Support  | 37. Gloucestershire Advocacy Support Centre         |
| 8. Advocacy Matters                             | 24. Citizen Advocacy Information and Training (CAIT)            | 38. Impact Advocacy Service                         |
| 9. Advocacy Matters (Wales)                     | 25. Citizen Advocacy Lincolnshire Link                          | 39. Inverclyde Advocacy Service                     |
| 10. Advocacy Northants                          | 26. Citizen Advocacy Trust in Gloucestershire                   | 40. Kennet and N Wilts Advocacy Project             |
| 11. Advocacy Partners                           | 27. Citizen's Advice Bureau                                     | 41. Kensington and Chelsea Advocacy Alliance        |
| 12. Advocacy Project                            | 28. Cloverleaf Advocacy   | 42. Kingston Advocacy Group                         |
| 13. Advocacy Services in Staffordshire (ASIST)  | 29. Colchester Mind Advocacy Service                            |   |
| 14. Afiya Trust (advocacy)                      | 30. Community Partners  |   |
| 15. African-Caribbean Mental Health Service     |   |   |
| 16. All Wales People First                      |   |   |

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|---|--|--|
| 43. Lancashire Advocacy   | 73. Talkback Self<br>Advocacy                    | 30. Northumberland Care<br>Trust                                       |
| 44. Lancaster Advocacy  | 74. Tamarind Place                               | 31. Nottinghamshire<br>Health Care Trust                               |
| 45. Lewisham<br>Independent<br>Pensioner's Advocacy                                   | 75. UK Advocacy Network                          | 32. Patient Concern  |
| 46. Manchester Advocacy<br>Services   | 76. Vietnamese Mental<br>Health Services         | 33. Princess Royal Trust<br>for Carers                                 |
| 47. Mental Health<br>Advocacy   | 77. West Sussex Circles<br>Project               | 34. Relatives and<br>Residents Association                             |
| 48. Mental Health<br>Advocacy Service   | 78. Witham Citizen's<br>Advocacy                 | 35. Rescare  |
| 49. National Association of<br>Citizens Advice Bureau<br>(NACAB)                      | 79. Witness                                      | 36. Royal College of<br>Nursing (Wales)                                |
| 50. National Coalition of<br>Citizen Advocacy<br>Schemes                              | <b>Carers</b>                                    | 37. Sense  |
| 51. National Coalition of<br>Volunteer/Citizen<br>Advocacy Services                   | 1. Action Group                                  | 38. Service Users'<br>Network (SUN)                                    |
| 52. Off the Record  | 2. Age Concern                                   | 39. Somerset Partnership<br>NHS Trust                                  |
| 53. Our Voice (Changing<br>Views)   | 3. All Wales Forum of<br>Parents and Carers      | 40. Success in Shared<br>Care  |
| 54. Oxfordshire Advocacy<br>Development Group   | 4. Alzheimers Society                            | 41. Supporting (Mental<br>Health) Carers Better                        |
| 55. Parklands Resource<br>Centre  | 5. Asian People with<br>Disabilities Alliance    | 42. Turning Point  |
| 56. People in Partnership   | 6. British Association of<br>Domiciliary Care    | 43. United Kingdom Home<br>Care Association                            |
| 57. Peoples' Voices   | 7. Cancer Black Care                             |  |
| 58. Person to Person<br>Citizen Advocacy  | 8. Cancer Equality Carers<br>Project             |  |
| 59. Portsmouth Advocacy<br>and Appropriate Adult<br>Services/101 Per Cent<br>Advocacy | 9. CARE  | <b>Older people</b>  |
| 60. Redcar and Cleveland<br>CAB   | 10. Care Homes Support<br>Team                   | 1. Action on Elder Abuse   |
| 61. Rethink Southend<br>Advocacy Service  | 11. Carers UK                                    | 2. Action on Elder Abuse   |
| 62. Rethink Sussex<br>Community Support<br>Services                                   | 12. Carers Wales                                 | 3. Age Concern   |
| 63. Rights and<br>Participation Project   | 13. Caring Matters                               | 4. Age Concern   |
| 64. SCA Advocacy  | 14. Ceretas                                      | 5. Age Concern<br>Southwark - Black<br>Elders Mental Health<br>Project |
| 65. Sefton Pensioners<br>Advocacy Centre  | 15. Community Care<br>Services                   | 6. Age Concern<br>Buckinghamshire                                      |
| 66. Service Users Network   | 16. Community<br>Commissioning<br>Camden         | 7. Age Concern<br>Cambridgeshire                                       |
| 67. Sheffield African<br>Caribbean Mental<br>Health Association                       | 17. Counsel and Care                             | 8. Age Concern Cymru   |
| 68. Somerset Advocacy   | 18. Crossroads - Caring<br>for Carers            | 9. Age Concern East<br>Essex   |
| 69. South Derbyshire<br>Community Volunteer<br>Service                                | 19. Crossroads - Caring<br>for Carers            | 10. Age Concern<br>Gateshead   |
| 70. South Wiltshire<br>Advocacy Network<br>(SWAN)                                     | 20. Crossroads Wales                             | 11. Age Concern<br>Somerset  |
| 71. Speak Out in<br>Hounslow  | 21. Dementia Care Trust                          | 12. Age Concern Surrey   |
| 72. Spiral Skills Advocacy<br>Project   | 22. Disabled Parents<br>Network                  | 13. Age Concern West<br>Sussex Advocacy<br>Project                     |
|   | 23. Downs Syndrome<br>Association                | 14. Age Concern West<br>Sussex Advocacy<br>Project                     |
|   | 24. English Community<br>Care Association        | 15. Alzheimer's Disease<br>Society - Wales<br>Region Offices           |
|   | 25. Impact Advocacy<br>Services                  | 16. Alzheimer's Society  |
|   | 26. Jewish Care<br>(incorporating<br>Ravenswood) | 17. Asian Elderly<br>Luncheon & Social<br>Club                         |
|   | 27. National Care<br>Association                 | 18. Better Government for<br>Older People Network                      |
|   | 28. National Black Carers<br>Workers Network     |  |
|   | 29. National Family Carers<br>Network            |  |

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|---|--|---|
| 19. Birmingham and Solihull Mental Health Trust                             | 51. Stakeholders Speak Up Rotherham                            | 27. Association of Guyanese Nurses and Allied Professionals |
| 20. BME Elders Forum (Age Concern)  | 52. Stroke Association   | 28. Association of Jewish Women's Organisations             |
| 21. British Geriatrics Society  | 53. Thurrock Borough Council                                   | 29. AWAAZ (Asian Womens Adhikar Assn)                       |
| 22. Buckinghamshire Mental Health Trust                                     |  | 30. Awaaz Ethno-Sensitive Mental Health Project             |
| 23. Centre for Policy on Ageing   | <b>Ethnic minority and faith</b>                               | 31. Awetu ('our unity' in Swahili)                          |
| 24. Counsel and Care  | 1. 1990 Trust  | 32. Bath & North East Somerset REC                          |
| 25. Cypriot Elderly & Disability Group                                      | 2. Action of Churches Together in Scotland                     | 33. Bath & North East Somerset REC                          |
| 26. Dementia Care Trust   | 3. Action on Elder Abuse                                       | 34. Bedford REC   |
| 27. Dementia Care Trust   | 4. Afiya Trust (advocacy)                                      | 35. Bexley Council for Racial Equality                      |
| 28. Dementia Voice  | 5. African and Caribbean Evangelical Alliance                  | 36. Bexley Council for Racial Equality                      |
| 29. Help the Aged   | 6. African and Caribbean Leukaemia Trust                       | 37. Birmingham Disability Resource Centre                   |
| 30. Help the Aged Wales   | 7. African and Caribbean Mental Health Services                | 38. Birmingham Race Action Partnership                      |
| 31. Jagruti Asian Women's Group   | 8. African Caribbean Community Initiative                      | 39. Birmingham Race Action Partnership                      |
| 32. Jewish Care (incorporating Ravenswood)                                  | 9. African Caribbean Leadership Council                        | 40. Birmingham Race Action Partnership                      |
| 33. Lewisham Independent Pensioner's Advocacy                               | 10. African Caribbean Medical Society                          | 41. Blackliners   |
| 34. Mental Health Services For Older People University Hospital, Nottingham | 11. African Caribbean Mental Health Association (ACMHA)        | 42. Black Mental Health UK                                  |
| 35. National Care Association   | 12. African-Caribbean Mental Health Service                    | 43. Black Mental Health Resource Centre                     |
| 36. National Pensioners Convention  | 13. Aga Khan Health Board                                      | 44. Black Women's Mental Health Project                     |
| 37. National Pensioners Convention Council                                  | 14. Age Concern Southwark - Black Elders Mental Health Project | 45. BME Elders Forum (Age Concern)                          |
| 38. Nightingale House   | 15. Akaal Purkh Ki Fauj - UK                                   | 46. Board of Deputies of British Jews                       |
| 39. Norwood   | 16. Al-Hasaniya Moroccan Women Centre                          | 47. Bristol REC   |
| 40. Norwood   | 17. Anglo-Jewish Association                                   | 48. Bristol REC   |
| 41. Occupational Therapy for Older People                                   | 18. Asian Disability Awareness Action in Bradford(ADAAB)       | 49. British Humanist Association                            |
| 42. Occupational Therapy for Older People (OTOP)                            | 19. Asian Elderly Luncheon & Social Club                       | 50. British Sikh Consultative Forum                         |
| 43. Registered Nursing Home Association                                     | 20. Asian Health Agency  | 51. British Sikh Education Council                          |
| 44. Relatives and Residents Association                                     | 21. Asian Men's Group  | 52. British Sikh Federation                                 |
| 45. St Charles Hospital Kensington  | 22. Asian People with Disabilities Alliance                    | 53. Bromley REC   |
| 46. Sefton Pensioners Advocacy Centre                                       | 23. Asian People with Disabilities Alliance                    | 54. Bromley REC   |
| 47. Society of Trust and Estate Practitioners - STEP                        | 24. Assembly of Masorti Synagogues                             | 55. Cambridge Ethnic Minority Forum                         |
| 48. Solicitors for the Elderly  | 25. Association of Black Social Workers and Allied Professions | 56. Cambridge Ethnic Community Forum                        |
| 49. South London and Maudsley NHS Trust                                     | 26. Association of Catholic Women                              | 57. Cancer Black Care                                       |
| 50. Solicitors for the Elderly  |  | 58. Cancer Equality   |
|   |  | 59. Cardiff Race Equality First                             |
|   |  | 60. Cardiff Race Equality First                             |

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| 61. CARE  | 91. Council of Ethnic Minority Voluntary Sector Organisations         | 126. Friends, Families and Travellers                             |
| 62. Catenian Association                              | 92. Coventry Black Mental Health Association                          | 127. Friends of the Western Buddhist Order                        |
| 63. Catholic Bishops' Conference of England and Wales | 93. Croydon Race Equality Partnership                                 | 128. General Assembly of Unitarian and Free Christian Churches    |
| 64. Catholic Bishops' Conference of England and Wales | 94. Cypriot Elderly & Disability Group                                | 129. Gloucestershire Black Mental Health Project                  |
| 65. Catholic Handicapped Fellowship                   | 95. Derby REC   | 130. Grampian REC   |
| 66. Central Mosque and Islamic Cultural Centre        | 96. Derby REC   | 131. Grampian REC   |
| 67. Central Scotland REC                              | 97. Devon and Exeter REC  | 132. Greenwich Council for Racial Equality                        |
| 68. Central Scotland REC                              | 98. Diversity Works   | 133. Greenwich Council for Racial Equality                        |
| 69. Centre for Research in Ethnic Relations           | 99. Dorset REC  | 134. Guild of Catholic Doctors                                    |
| 70. Chairman Health Medical Committee                 | 100. Dorset REC   | 135. Guru Nanak Nishkam Sewak Jatha (B'ham) UK                    |
| 71. Cherubim and Seraphim Council of Churches         | 101. Dudley REC   | 136. Guru Ram Das Project   |
| 72. Cheshire, Halton & Warrington REC                 | 102. Dudley REC   | 137. Hammersmith Crisis Centre and Abayomi                        |
| 73. Cheshire, Halton & Warrington REC                 | 103. Ealing REC   | 138. Haringey REC   |
| 74. Chinese Healthy Living Centre                     | 104. Ealing REC   | 139. Haringey REC   |
| 75. Chinese in Britain Forum                          | 105. Eastern England Anglian Civic Communities Alliance               | 140. Harrow Council for Racial Equality                           |
| 76. Chinese Mental Health Association                 | 106. East London Chinese Community Centre                             | 141. Harrow Council for Racial Equality                           |
| 77. Chinese Mental Health Association                 | 107. East Staffordshire REC   | 142. Herts and Beds Council of Sikh Gurdwaras                     |
| 78. Christian Medical Fellowship                      | 108. Enfield REC  | 143. Hillingdon REC   |
| 79. Christian Peoples Alliance                        | 109. Enfield REC  | 144. Hillingdon REC   |
| 80. Churches Commission for Racial Justice            | 110. Epsom and St Helier NHS Trust                                    | 145. Hindu Council (UK)   |
| 81. Church of England Archbishop's Council            | 111. Essex REC  | 146. Hounslow REC   |
| 82. Church of England Archbishop's Council            | 112. Essex REC  | 147. Hounslow REC   |
| 83. Churches Main Committee                           | 113. Ethnic Alcohol Counselling in Hounslow (EACH)                    | 148. Huddersfield African Caribbean Disabled Peoples Action Group |
| 84. Churches Together in Britain and Ireland          | 114. Ethnic Minorities Law Centre (Glasgow)                           | 149. Huddersfield African Caribbean Disabled Peoples Action Group |
| 85. Churches Together in England                      | 115. Ethnic Minority Integrative Mental Health Group                  | 150. Huddersfield Multi-care Organisation                         |
| 86. Commission for Racial Equality (CRE)              | 116. Ethnic Minority Integrative Mental Health Group                  | 151. Imams and Mosques Council (UK)                               |
| 87. Commission on the Future of Multi-Ethnic Britain  | 117. Evangelical Alliance   | 152. Individual Counselling for Irish Women                       |
| 88. Confederation of Indian Organisations (CIO)       | 118. Faithworks   | 153. Institute of Jainology                                       |
| 89. Council of African & Caribbean Churches           | 119. Fanon Women's Centre   | 154. Inter Faith Network  |
| 90. Council of British Pakistanis                     | 120. Federation of Irish Societies                                    | 155. International Ministerial Council of Great Britain           |
|   | 121. Federation of Student Islamic Societies                          | 156. International Society for Krishna Consciousness              |
|   | 122. First Asian Support Trust (FAST)                                 | 157. Ipswich & Suffolk REC  |
|   | 123. Forum Against Islamophobia & Racism (FAIR)                       | 158. Irish Traveller Movement in Britain                          |
|   | 124. Foundation for Women's Health Research and Development (FORWARD) | 159. Irish Traveller Movement in Britain                          |
|   | 125. Free Churches Group  | 160. Islamic Concern  |

161. Islamic Medical Association UK	194. Millennium Disability Agency (MILDA)	223. North Staffordshire REC
162. Islamonline.net	195. Milton Keynes REC	224. North Wales Race Equality Network
163. Islington & Camden Community Integration Project	196. Milton Keynes REC	225. North Wales Race Equality Network
164. Islington & Camden Community Integration Project	197. Minority Ethnic Learning Disability Initiative Ltd (MELDI)	226. North West Kent REC
165. Jagruti Asian Women's Group	198. Multi Faith Forum	227. Norwich & Norfolk REC
166. Jain Samaj Europe	199. Muslim Council of Britain	228. Norwich & Norfolk REC
167. Jewish Aids Trust	200. Muslim Council of Britain	229. Norwood
168. Jewish Association for the Mentally Ill (JAMI)	201. Muslim Doctors and Dentists Association (MDDA UK)	230. Nottingham & Nottinghamshire REC
169. Jewish Association for the Mentally Ill (JAMI)	202. Muslims for Britain	231. Nottingham & Nottinghamshire REC
170. Jewish Blind and Disabled	203. Nafsiyat Intercultural Therapy Centre	232. Oldham Race Equality Project
171. Jewish Care	204. National Black Carers Workers Network	233. Organisation of Blind African Caribbeans
172. Jewish Care (incorporating Ravenswood)	205. National Black Carers Workers Network	234. Overseas Doctors Association
173. Jewish Women's Aid	206. National Black & Minority Ethnic Mental Health Network	235. Oxfordshire REC
174. Kingston REC	207. National Board of Catholic Women	236. Oxfordshire REC
175. Kingston REC	208. National Council of Bangladeshi Organisations in the UK	237. Pagan Federation
176. Kirklees REC	209. National Council of the Catholic Handicapped Fellowship	238. Peterborough REC
177. Lambeth Law Centre - Race Discrimination Unit	210. National Council of Hindu Temples	239. Peterborough REC
178. Lambeth Law Centre - Race Discrimination Unit	211. National Council of Hindu Temples (UK)	240. Plymouth Racial Equality Council
179. Lawyer's Christian Fellowship	212. National Institute for Ethnic Studies in Health and Social Policy (NIESH)	241. Plymouth & District REC
180. League of Jewish Women	213. National Secular Society	242. Preston & Western Lancashire REC
181. Leeds Racial Equality Council	214. National Spiritual Assembly of the Baha'is of the United Kingdom	243. Public Bodies Liaison Committee for British Paganism
182. Leicester Racial Equality Council	215. Naz	244. Puthohar Association UK
183. Lincolnshire Racial Equality Council	216. Network of Buddhist Organisations (UK)	245. Pyramid Community Counselling Service
184. Luton Race and Equality Pilot Steering Group	217. Network of Sikh Organisations (UK)	246. Qalb Centre
185. Luton Race and Equality Pilot Steering Group	218. Nightingale House	247. Quest for Education and Development
186. Maharajah Duleep Singh Centenary Trust	219. Northamptonshire REC	248. Race Equality Action for Lewisham
187. Maranatha Community	220. Northamptonshire REC	249. Race Equality Action for Lewisham
188. Maranatha Community	221. North East Centre for Diversity and Racial Equality	250. Race Equality in Newham
189. Mauritian Islamic Welfare Association	222. North Staffordshire REC	251. Race Equality in Newham
190. Medway REC		252. Race Equality Sandwell
191. Medway REC		253. Race Equality Sandwell
192. Merton Race Equality Partnership		254. Race Equality Unit
193. Millennium Disability Agency (MILDA)		255. Race Equality West Midlands
		256. Race Equality West Midlands
		257. Race on the Agenda (ROTA)

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| 258. Reading Council for Racial Equality                   | 294. Swaminarayan Hindu Mission                         | 4. Birmingham Heartlands and Solihull NHS Trust                        |
| 259. Reading Council for Racial Equality                   | 295. Swansea Bay REC                                    | 5. Birmingham community volunteers (BTCV Birmingham)                   |
| 260. Redbridge REC   | 296. Swansea Bay REC                                    | 6. Blackliners   |
| 261. Reform Synagogues of Great Britain                    | 297. Swindon REC  | 7. Bournemouth University - Partnership Access and Community Education |
| 262. Refugee Council                                       | 298. Swindon REC  | 8. Bournemouth University - Partnership Access and Community Education |
| 263. Rotherham REC   | 299. Tamarind Place                                     | 9. British Association & College of Occupational Therapists            |
| 264. Rotherham REC   | 300. Tameside REC                                       | 10. British Bankers Association  |
| 265. Rugby REC   | 301. Tameside REC                                       | 11. British Council of Disabled People (BCODP)                         |
| 266. Rugby REC   | 302. Trans-Atlantic & Pacific Alliance of Churches      | 12. Building Societies Association                                     |
| 267. Runnymede Trust                                       | 303. Union of Liberal and Progressive Synagogues        | 13. Centre for Clinical Academic Workforce Innovation (CCAWI)          |
| 268. Sandwell Sikh Community & Youth Forum                 | 304. Union of Muslim Organisations of UK & Eire         | 14. Children's Society   |
| 269. Sangam Association of Asian Women                     | 305. Union of Orthodox Hebrew Congregations             | 15. Circles Network  |
| 270. Scotland Ayrshire Race Equality Partnership           | 306. United Kingdom Action Committee on Islamic Affairs | 16. Citizens Advice and Rights Fife                                    |
| 271. Scotland Ayrshire Race Equality Partnership           | 307. United Sikhs                                       | 17. Citizens Advice and Rights Fife                                    |
| 272. Sheffield African Caribbean Mental Health Association | 308. United Synagogue                                   | 18. Crossroads Wales   |
| 273. Sheffield African Caribbean Mental Health Association | 309. Valleys REC  | 19. Community Volunteer Services (CVS)                                 |
| 274. Sheffield REC   | 310. Vietnamese Mental Health Services                  | 20. Dignity in Dying (formerly Voluntary Euthanasia Society)           |
| 275. Shromani Akalidal UK                                  | 311. Vishvas (Asian Women's Mental Health)              | 21. Dignity in Dying (formerly Voluntary Euthanasia Society)           |
| 276. Sickle Cell Society                                   | 312. Waltham Forest REC                                 | 22. Disability Awareness in Action (DAA)                               |
| 277. Sikh Community Youth Service                          | 313. Waltham Forest REC                                 | 23. Disability Awareness in Action (DAA)                               |
| 278. Sikh Community Healthy Living Project                 | 314. Watford REC  | 24. Disabled Parents Network   |
| 279. Sikh Education and Cultural Association               | 315. Watford REC  | 25. Disabled People's Alliance   |
| 280. Sikh Missionary Society (UK)                          | 316. West Indian Standing Conference                    | 26. East Midlands Derby Millennium Network                             |
| 281. Sikh Nari Manch UK (Sikh Women's Organisation)        | 317. West of Scotland REC (Glasgow)                     | 27. Ethical Issues Group   |
| 282. Sikh Secretariat                                      | 318. West of Scotland REC (Glasgow)                     | 28. Equal Opportunities Commission Wales                               |
| 283. Sikhs in England                                      | 319. Wiltshire REC                                      | 29. Family Rights Group  |
| 284. Slough REC  | 320. Worcestershire REC                                 | 30. Fast Forward   |
| 285. Society of Afghan Residents in the UK                 | 321. Worcestershire REC                                 |  |
| 286. Southampton City Life Church                          | 322. World Islamic Mission (UK)                         |  |
| 287. South East England Aylesbury Vale REC                 | 323. World Sikh Foundation                              |  |
| 288. South East England Aylesbury Vale REC                 | 324. York Race Equality Network                         |  |
| 289. Southwark REC   | 325. York Race Equality Network                         |  |
| 290. Sri Lankan Sangha Sabha of Great Britain              | 326. Zoroastrian Trust Funds of Europe                  |  |
| 291. Sutton REC  |   |  |
| 292. Sutton REC  |   |  |
| 293. Swaminarayan Hindu Mission                            |   |  |
- General/miscellaneous**
1. All Wales Forum of Parents & Carers (AWFPC)
  2. All Wales User & Survivor Network (US Network)
  3. Association of Public Authority Receivers

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| 31. Federation of Small Business                     | 60. National Centre for Independent Living                                | 94. Wirral Information Resource for Equality and Disability (WIRED) |
| 32. Financial Services Authority                     | 61. National Centre for Independent Living                                | 95. Wirral Information Resource for Equality and Disability (WIRED) |
| 33. Friends, Families and Travellers                 | 62. National Development Team   | 96. Worcester Young Womens Christian Association                    |
| 34. Hafal  | 63. Naz   | 97. Worcester Young Womens Christian Association                    |
| 35. Human Genetics Commission Secretariat            | 64. Neurological Alliance   |   |
| 36. Huntingdonshire Housing Partnership Ltd          | 65. Norah Fry Research Centre   |   |
| 37. Huntingdonshire Housing Partnership Ltd          | 66. Northgate and Prudhoe NHS Trust                                       |   |
| 38. Independent Healthcare Forum                     | 67. Oldham Race Equality Project  |   |
| 39. Institute for Applied Health and Social Policy   | 68. Oldham Race Equality Project  |   |
| 40. Institute for Health Research                    | 69. Patient Concern   |   |
| 41. Institute of Chartered Accountants               | 70. Policy and Performance Unit   |   |
| 42. Isle of Dogs - Docklands Settlement No. 2        | 71. Powerful Trainers   |   |
| 43. Isle of Dogs - Docklands Settlement No. 2        | 72. Prevention of Professional Abuse Network                              |   |
| 44. Islington & Camden Community Integration Project | 73. Professor Ray Ellis   |   |
| 45. Islington & Camden Community Integration Project | 74. Quest for Education and Development                                   |   |
| 46. King's Fund                                      | 75. Salomons Research Centre (Canterbury Christchurch University College) |   |
| 47. King's Fund                                      | 76. Salomons Canterbury Christchurch University College                   |   |
| 48. Labour Disabled Members Group                    | 77. Sense   |   |
| 49. Labour Disabled Members Group                    | 78. Standing Conference of Voluntary Organisations in Wales (SCOVO)       |   |
| 50. Leicester  | 79. Skills for People   |   |
| 51. Leicester - Soft Touch Community Arts            | 80. Skills for People   |   |
| 52. Leicester - Soft Touch Community Arts            | 81. Special Needs User Group (SNUG)                                       |   |
| 53. Liverpool Network for Change                     | 82. Social Policy Research Unit (SPRU)                                    |   |
| 54. Liverpool Network for Change                     | 83. South London and Maudsley NHS Trust                                   |   |
| 55. Liverpool - NOVAS Overtures Group                | 84. South London and Maudsley NHS Trust                                   |   |
| 56. Long-term Conditions Alliance (LMCA)             | 85. Speakabout  |   |
| 57. Making Decisions Alliance                        | 86. Speakup   |   |
| 58. Millennium Disability Agency (MILDA)             | 87. Swindon BTCV  |   |
| 59. My Life, My Choice                               | 88. Swindon BTCV  |   |
|  | 89. Terence Higgins Trust   |   |
|  | 90. Unison  |   |
|  | 91. University of Cambridge Section of Developmental Psychiatry           |   |
|  | 92. Welsh Therapies Advisory Committee                                    |   |
|  | 93. West Lothian Council Advice Shop                                      |   |

**Government related organisations**

1. Better Government for Older People Network
2. Care Services Improvement Partnership
3. Commission for Racial Equality (CRE)
4. Commission for Social Care Inspection
5. Department for Work & Pensions
6. Disability Rights Commission
7. Disability Rights Commission
8. Disability Rights Commission
9. Disability Rights Commission
10. Doncaster SSD
11. Human Genetics Commission
12. Human Genetics Commission Secretariat
13. Isle of White Healthcare Trust
14. Labour Disabled Members Group
15. Labour Disabled Members Group
16. Lincolnshire Partnership NHS Trust
17. Local Government Association
18. Local Government Association
19. Mental Health Act Commission
20. Mental Health Act Commission
21. National Assembly for Wales - Mental Capacity Bill
22. NHS Confederation
23. NHS Confederation



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| <p>18. Institute of Professional Will Writers</p> <p>19. Irwin Mitchell Sols</p> <p>20. Joint Medico-Legal Committee on Bioethics</p> <p>21. Judicial Studies Board</p> <p>22. Justices' Clerks' Society</p> <p>23. Lambeth Law Centre - Race Discrimination Unit</p> <p>24. Lambeth Law Centre - Race Discrimination Unit</p> <p>25. Law Centres Federation</p> <p>26. Law Society</p> <p>27. Law Society</p> <p>28. Law Society</p> <p>29. Law Society</p> <p>30. Law Society</p> <p>31. Lawyer's Christian Fellowship</p> <p>32. Liverpool 8 Law Centre</p> <p>33. Lockridge Bowler</p> <p>34. Magistrates Association</p> <p>35. Magistrates Association</p> <p>36. Medical Protection Society</p> <p>37. Medical Protection Society</p> <p>38. Mental Health Lawyers Association</p> <p>39. MJK Law</p> <p>40. NHS Litigation Authority</p> <p>41. Nottingham Law School</p> <p>42. Office of the Official Solicitor and Public Trustee</p> <p>43. Pannone &amp; Partners</p> <p>44. Preston Combined Court Centre</p> <p>45. Rix &amp; Kay Solicitors</p> <p>46. Rix &amp; Kay Solicitors</p> <p>47. Russell-Cooke Solicitors</p> <p>48. Russell-Cooke Solicitors</p> <p>49. Society for Advanced Legal Studies</p> <p>50. Society for Advanced Legal Studies</p> <p>51. South West England Avon &amp; Bristol Law Centre</p> | <p>52. South West England Avon &amp; Bristol Law Centre</p> <p>53. Society of Trust and Estate Practitioners (STEP)</p> <p>54. Solicitors for the Elderly</p> <p>55. Solicitors for the Elderly</p> <p>56. Thomas Snell &amp; Passmore</p> <p>57. TLT Solicitors</p> <p>58. Withers LLP</p> <p>59. Yorkshire and the Humber Bradford Law Centre</p> <p>60. Yorkshire and the Humber Bradford Law Centre</p> <p><b>Long term medical &amp; palliative care</b></p> <p>1. Association of Palliative Care</p> <p>2. Association of Palliative Care-Ethics Committee</p> <p>3. Brain Injury Rehabilitation Trust</p> <p>4. British Association of Domiciliary Care</p> <p>5. British Society of Rehabilitation Medicine</p> <p>6. Cancer Research Campaign</p> <p>7. Forum of Chairman of Independent Hospices</p> <p>8. Headway</p> <p>9. Headway (Cardiff Branch)</p> <p>10. Help the Hospices</p> <p>11. Institute of Complex Neuro-disability</p> <p>12. Katharine House Hospice</p> <p>13. Leonard Cheshire Trust</p> <p>14. Long-term Conditions Alliance (LMCA)</p> <p>15. Motor Neurone Disease Association</p> <p>16. Multiple Sclerosis Society</p> <p>17. National Care Association</p> <p>18. National Council for Hospice and Special Palliative Care</p> <p>19. National Council for Palliative Care</p> | <p>20. National Palliative Care Nurse Consultant Group</p> <p>21. Registered Nursing Home Association</p> <p>22. University College London Palliative Care Centre</p> <p>23. United Kingdom Home Care Association</p> <p><b>Medical, dental and optical</b></p> <p>1. Academy of Medical Royal Colleges</p> <p>2. Academy of Medical Royal Colleges</p> <p>3. Academy of Medical Sciences</p> <p>4. Addenbrooke's Hospital</p> <p>5. African and Caribbean Leukaemia Trust</p> <p>6. African Caribbean Medical Society</p> <p>7. All Wales Senior Nurse Advisory Group Learning Disabilities</p> <p>8. All Wales Senior Nurse Advisory Group Mental Health</p> <p>9. Ambulance Service Association</p> <p>10. Association of British Dispensing Opticians</p> <p>11. Association of British Neurologists</p> <p>12. Association of Genetic Nurses and Counsellors</p> <p>13. Association of Guyanese Nurses and Allied Professionals</p> <p>14. Association of Nurse Consultants</p> <p>15. Association of Nurse Consultants (Mental Health and Learning Disability)</p> <p>16. Association of Nurse Consultants</p> <p>17. Association of Occupational Therapists in Mental Health (AOTMH)</p> <p>18. Association of Optometrists</p> <p>19. Association of Palliative Care-Ethics Committee</p> <p>20. Billericay, Brentwood &amp; Wickford PCT</p> |
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| 21. Birmingham Heartlands and Solihull NHS Trust   | 44. Buckinghamshire Mental Health Trust                                    | 72. General Dental Council   |
| 22. British Association for Counselling & Psychotherapy  | 45. Cambridge University   | 73. General Medical Council (GMC)  |
| 23. British Association for the Study of Community Dentistry (BASCD)   | 46. Cambridgeshire & Peterborough Mental Health NHS Trust                  | 74. General Medical Council  |
| 24. British Association of Brian Injury Case Managers  | 47. Cancer Equality  | 75. General Optical Council  |
| 25. British Association of Brian Injury Case Managers  | 48. Cancer Research Campaign   | 76. General Social Care Council (GSCC)   |
| 26. British Association of Domiciliary Care  | 49. Central Office of Research Ethics Committees                           | 77. Guild of Catholic Doctors  |
| 27. British Association of Emergency Medicine (BAEM)   | 50. Central Office of the British International Doctors Association (BIDA) | 78. Headway (Cardiff Branch)   |
| 28. British Association of Medical Managers  | 51. Centre for Research in Ethnic Relations                                | 79. Health Medical Committee   |
| 29. British Association of Occupational Therapists – Occupational Therapists for People with Learning Disabilities | 52. Chairman Health Medical Committee                                      | 80. Independent Healthcare Association   |
| 30. British Dental Association   | 53. Chartered Society of Physiotherapy                                     | 81. Independent Healthcare Forum   |
| 31. British Medical Association (BMA)  | 54. Chartered Society of Physiotherapy                                     | 82. Institute of Complex Neuro-disability  |
| 32. British Medical Association  | 55. Christian Medical Fellowship   | 83. Intensive Care Society   |
| 33. British Medical Association  | 56. College of Occupational Therapists                                     | 84. Islamic Medical Association UK   |
| 34. British Medical Association (Wales)  | 57. College of Optometrists  | 85. Isle of Wight Healthcare Trust   |
| 35. British Pregnancy Advisory Service   | 58. Community Psychiatric Nurses Association                               | 86. Joint Medico-Legal Committee on Bioethics  |
| 36. British Psychological Society  | 59. Debra Moore  | 87. Junior Doctors' Committee, BMA   |
| 37. British Psychological Society  | 60. Derbyshire Mental Health Services NHS Trust                            | 88. Kent Ambulance NHS Trust   |
| 38. British Psychological Society (Wales)  | 61. Disability Service Central Manchester                                  | 89. LDS, Westbourne Unit, Scott Hospital Plymouth  |
| 39. British Society of Hearing Therapists  | 62. Doncaster and South Humber NHS Trust                                   | 90. Linacre Centre for Healthcare Ethics   |
| 40. British Society of Human Genetics  | 63. Ealing PCT   | 91. Lincolnshire Partnership NHS Trust   |
| 41. British Society of Rehabilitation Medicine   | 64. East London and The City Mental Health NHS Trust                       | 92. Long-term Medical Conditions Alliance (LMCA)   |
| 42. British Transplantation Society Ethics Committee   | 65. Edward Lloyd Trust   | 93. Long Term Medical Conditions Alliance  |
| 43. British Transplantation Society Ethics Committee   | 66. Epping Forest PCT  | 94. London Ambulance Service NHS Trust, A&E Development                                  |
|  | 67. Epsom and St Helier NHS Trust  | 95. Medical Defence Union  |
|  | 68. Faculty of Accident and Emergency Medicine                             | 96. Medical Ethics Alliance  |
|  | 69. Federation of Ophthalmic and Dispensing Opticians                      | 97. Medical Protection Society   |
|  | 70. Forum of Chairman of Independent Hospices                              | 98. Medical Research Council   |
|  | 71. Foundation for Women's Health Research and Development (FORWARD)       | 99. Mental Health Nurses Association (formerly Community Psychiatric Nurses Association) |
|  |  | 100. Muslim Doctors and Dentists Association (MDDA UK)                                   |

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| 101. National Care Association  | 131. Royal College of General Practitioners            | 160. UK Central Council for Nursing, Midwifery and Health Visiting           |
| 102. National Care Forum  | 132. Royal College of GPs                              | 161. UK Transplant   |
| 103. National Care Homes Association                                  | 133. Royal College of Nursing                          | 162. UK Transplant Co-ordinators Association                                 |
| 104. National Council for Hospice and Special Palliative Care         | 134. Royal College of Nursing (Wales)                  | 163. UK Transplant Co-ordinators Association                                 |
| 105. National Council for Palliative Care                             | 135. Royal College of Obstetricians and Gynaecologists | 164. UNISON - Healthcare Group   |
| 106. National Hospital for Nervous Diseases                           | 136. Royal College of Ophthalmologists                 | 165. Unison - National Nursing Committee                                     |
| 107. National Hospital for Neurology & Neurosurgery                   | 137. Royal College of Ophthalmologists                 | 166. Unrelated Live Transplant Regulated Authority                           |
| 108. Neurological Alliance  | 138. Royal College of Physicians                       | 167. Wellcome Trust  |
| 109. New Ideas  | 139. Royal College of Physicians                       | 168. Welsh Scientific Advisory Committee                                     |
| 110. NHS Confederation  | 140. Royal College of Physicians Ethics Committee      | 169. West Sussex Primary Care & Mental Health Trust                          |
| 111. NHS Confederation  | 141. Royal College of Psychiatrists                    | 170. Workforce Development Confederation                                     |
| 112. NHS Litigation Authority   | 142. Royal College of Psychiatrists                    |  |
| 113. North West Wales Health Trust                                    | 143. Royal College of Psychiatrists                    | <b>Mental Health</b>   |
| 114. Northgate and Prudhoe NHS Trust                                  | 144. Royal College of Speech and Language Therapists   | 1. Addenbrooke's Hospital  |
| 115. Northumberland Care Trust  | 145. Royal College of Speech and Language Therapists   | 2. African and Caribbean Mental Health Services                              |
| 116. North West Wales Health Trust                                    | 146. Royal College of Speech and Language Therapists   | 3. African Caribbean Community Initiative                                    |
| 117. Nurses Opposed to Euthanasia                                     | 147. Royal College of Surgeons of England              | 4. African Caribbean Mental Health Association (ACMHA)                       |
| 118. Nursing and Midwifery Council                                    | 148. Royal College of Surgeons of England              | 5. African-Caribbean Mental Health Service                                   |
| 119. Nursing and Midwifery Council                                    | 149. Royal College of Midwives                         | 6. Age Concern Southwark - Black Elders Mental Health Project                |
| 120. Occupational Therapy for Older People (OTOP)                     | 150. Royal National Institute for the Blind (RNIB)     | 7. All Wales Senior Nurse Advisory Group Mental Health                       |
| 121. Overseas Doctors Association                                     | 151. Royal National Institute for the Deaf (RNID)      | 8. Alzheimer's Society   |
| 122. Plymouth Teaching PCT HQ   | 152. Sickle Cell Society                               | 9. Association of Occupational Therapists in Mental Health (AOTMH)           |
| 123. Portsmouth Hospitals NHS Trust                                   | 153. Society of British Neurosurgeons                  | 10. Asian Health Agency  |
| 124. Practitioners Alliance Against Abuse of Vulnerable Adults (PAVA) | 154. Somerset Partnership NHS Trust                    | 11. Asians Men's Group   |
| 125. Practitioners Alliance Against Abuse of Vulnerable Adults (PAVA) | 155. South London and Maudsley NHS Trust               | 12. Assert   |
| 126. Queen's Medical Centre University Hospital, Nottingham           | 156. Specialist Health Services                        | 13. Association of British Neurologists                                      |
| 127. Registered Nursing Home Association                              | 157. St George's Hospital Medical School               | 14. Association of Nurse Consultants (Mental Health and Learning Disability) |
| 128. Rotherham PCT  | 158. University of Central London                      | 15. Awaaz Ethno-Sensitive Mental Health Project                              |
| 129. Royal College of Anaesthetists                                   | 159. UK Acquired Brain Injury Forum                    | 16. Awetu ('our unity' in Swahili)   |
| 130. Royal College of Anaesthetists                                   |  |  |

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| 17. Birmingham and Solihull Mental Health Trust           | 47. Institute of Mental Health Law   | Nurse Directors and Leads  |
| 18. Blackliners   | 48. Jewish Association for the Mentally Ill (JAMI)   | 77. National Institute for Mental Health in England (NIMHE)  |
| 19. Black Mental Health Resource Centre                   | 49. Jewish Association for the Mentally Ill (JAMI)   | 78. National Institute for Mental Health in England (NIMHE) - Nursing Advisory and Development Group |
| 20. Black Mental Health UK                                | 50. Jewish Care (incorporating Ravenswood)   | 79. Norah Fry Research Centre  |
| 21. Black Women's Mental Health Project                   | 51. King's Fund  | 80. Northumberland Care Trust  |
| 22. Buckinghamshire Mental Health Trust                   | 52. King's Fund  | 81. Norwood  |
| 23. British Psychological Society                         | 53. LDS Westbourne Scott Hospital Plymouth   | 82. Off the Record   |
| 24. Cambridgeshire & Peterborough Mental Health NHS Trust | 54. Manic Depression Fellowship  | 83. Phoenix Agency   |
| 25. Chinese Mental Health Association                     | 55. Manic Depression Fellowship Wales  | 84. Practitioners Alliance Against Abuse of Vulnerable Adults (PAVA)                                 |
| 26. Chinese Mental Health Association                     | 56. Maranatha Community  | 85. Preston Mental Health Service Users Forum  |
| 27. Community Psychiatric Nurses Association              | 57. Mencap   | 86. Pyramid Community Counselling Service  |
| 28. Coventry Black Mental Health Association              | 58. Mencap   | 87. Qalb Centre  |
| 29. Dementia Care Trust                                   | 59. Mental Health Act Commission   | 88. Queen's Medical Centre University Hospital, Nottingham   |
| 30. Dementia Voice  | 60. Mental Health Act Commission   | 89. Refugee Council  |
| 31. Depression Alliance                                   | 61. Mental Health Advocacy   | 90. Rethink  |
| 32. Depression Alliance Wales                             | 62. Mental Health Advocacy Service   | 91. Rethink Southend Advocacy Service  |
| 33. Derbyshire Mental Health Services NHS Trust           | 63. Mental Health Alliance   | 92. Royal College of Psychiatrists   |
| 34. Dorset Mental Health Advocacy                         | 64. Mental Health Foundation   | 93. Royal College of Psychiatrists Welsh Division  |
| 35. Down's Syndrome Association                           | 65. Mental Health Foundation   | 94. St Charles Hospital Kensington   |
| 36. East London and The City Mental Health NHS Trust      | 66. Mental Health Lawyers Association  | 95. Sainsbury Centre for Mental Health   |
| 37. Ethnic Alcohol Counselling in Hounslow (EACH)         | 67. Mental Health Nurses Association (used to be Community Psychiatric Nurses Association) | 96. SANE   |
| 38. Ethnic Minority Integrative Mental Health Group       | 68. Mental Health Nurses Association   | 97. Scope  |
| 39. Fanon Women's Centre                                  | 69. Mental Health & Learning Disability Nurse Directors' and Leads' National Forum         | 98. Sheffield African Caribbean Mental Health Association  |
| 40. Gloucestershire Black Mental Health Project           | 70. Mental Health Services For Older People University Hospital, Nottingham                | 99. Sheffield African Caribbean Mental Health Association  |
| 41. Hafal   | 71. Mind   | 100. Sikh Community Healthy Living Project   |
| 42. Hammersmith Crisis Centre and Abayomi                 | 72. Mind Cymru   | 101. Social Perspectives Network   |
| 43. Individual Counselling for Irish Women                | 73. Mind in Brighton and Hove  | 102. South London and Maudsley NHS Mental Health Trust   |
| 44. Institute for Applied Health and Social Policy        | 74. Nafsiyat Intercultural Therapy Centre  | 103. Success in Shared Care  |
| 45. Institute for Health Research                         | 75. National Development Team  | 104. Supporting (Mental Health) Carers   |
| 46. Institute of Mental Health Law                        | 76. National Forum of Mental Health and Learning Disability                                |  |

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| 105. Tamarind Place  | 20. Pro-Life Party (Alliance)                             | 24. Sheffield Social Services                         |
| 106. Together (formerly Mental After Care Association – MACA)    | 21. Right to Life   | 25. Social Care Association                           |
| 107. Turning Point   | 22. Society for the Protection of the Unborn Child (SPUC) | 26. Social care Institute for Excellence (SCIE)       |
| 108. Turning Point   | 23. Society for the Protection of the Unborn Child (SPUC) | 27. South London and Maudsley NHS Mental Health Trust |
| 109. UK Acquired Brain Injury Forum                              | 24. Wimblington Anti Euthanasia by Neglect Group          | 28. Surrey County Council                             |
| 110. United Response   |   | 29. Thurrock Borough Council                          |
| 111. United Response   |   | 30. United Kingdom Home Care Association              |
| 112. University of Cambridge Section of Developmental Psychiatry |   | 31. West Sussex Health and Social Care NHS Trust      |
| 113. Vietnamese Mental Health Services                           |   |   |
| 114. Vishvas (Asian Women's Mental Health)                       |   |   |
| 115. Voices Forum  |   |   |
| 116. West Sussex Health and Social Care NHS Trust                |   |   |
| 117. Zito Trust  |   |   |
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| <b>End of life issues</b>                            | <b>Social work and social services</b>                |  |
| 1. Association of Catholic Women                     | 1. Association for Residential Care                   |  |
| 2. Catenian Association                              | 2. Association of Directors of Social Services        |  |
| 3. Catholic Bishops' Conference of England and Wales | 3. Approved Social Worker Interest Group (ASWIG)      |  |
| 4. Catholic Bishops' Conference of England and Wales | 4. British Association of Social Workers              |  |
| 5. Catholic Handicapped Fellowship                   | 5. Children's Society                                 |  |
| 6. Catholic Union of Great Britain                   | 6. Commission for Social Care Inspection              |  |
| 7. Christian Medical Fellowship                      | 7. Community Care Services                            |  |
| 8. Christian Peoples Alliance                        | 8. Community Commissioning Camden                     |  |
| 9. Church of England Archbishop's Council            | 9. Cumbria County Council                             |  |
| 10. Church of England Archbishop's Council           | 10. Doncaster Directorate of Social Services          |  |
| 11. Guild of Catholic Doctors                        | 11. East Sussex County Healthcare NHS Trust           |  |
| 12. Lawyer's Christian Fellowship                    | 12. English Community Care Association                |  |
| 13. Life   | 13. Essex County Council                              |  |
| 14. Life   | 14. Essex County Council Participation Advisory Group |  |
| 15. Linacre Centre for Healthcare Ethics             | 15. Essex Social Services                             |  |
| 16. Medical Ethics Alliance                          | 16. General Social Care Council                       |  |
| 17. National Board of Catholic Women                 | 17. Harrogate Social Services Directorate             |  |
| 18. Nurses Opposed to Euthanasia                     | 18. Hertfordshire County Council                      |  |
| 19. Pro-Life Party (Alliance)                        | 19. Joseph Rowntree Foundation                        |  |
|  | 20. National Care Homes Association                   |  |
|  | 21. Newcastle Social Services                         |  |
|  | 22. North Yorkshire County Council                    |  |
|  | 23. Riverside Centre                                  |  |

