



GUIDANCE NOTE

Letters of Instruction for Specialist FASD-Informed Mental Capacity Assessment

For use alongside the PCEA FASD Capacity and Neuropsychological Assessment Service

Professional drafting resource

Decision-specific referral questions, adaptable letters of instruction, FASD-informed safeguards and jurisdictional evidence checklists.

Intended audience

Families, advocates, social workers, health and education practitioners, commissioners, legal representatives, safeguarding professionals and specialist assessors.

Jurisdictional scope

England and Wales, Scotland, Jersey and the Republic of Ireland. Users must apply the current law, procedure, terminology and official forms relevant to the person and decision.

FASD
Informed:
UK

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Guidance Note: Letters of Instruction for Specialist FASD-Informed Mental Capacity Assessment

For use alongside the PCEA FASD Capacity and Neuropsychological Assessment Service

What is a letter of intent for a mental capacity assessment?

A letter of instruction—sometimes described in referral correspondence as a letter of intent—is the written request that tells the assessor exactly which decision the person may need support to make, why the assessment is needed now, and when the decision must be made. It should describe the person’s current circumstances, the available options and likely consequences, the practicable support already provided, and the specific evidence creating concern about capacity.

It also sets neutral questions for the assessor. It must not request a general finding that a person “has” or “lacks” capacity, because capacity is assessed for a particular decision, at a particular time and after appropriate support has been provided.

Why specialist FASD-informed assessment may be required?

An adult may require assessment by a clinician with specialist expertise in FASD and neuropsychology where there is genuine, decision-specific evidence that FASD-related cognitive, communication or adaptive-functioning differences may affect their ability to understand, retain, use or weigh the relevant information, communicate their own decision, or make that decision freely. FASD can produce a complex, uneven and often hidden profile: fluent speech, apparent confidence, repetition of information or a quick agreement may coexist with significant difficulties in receptive language, working memory, processing speed, executive functioning, consequence prediction, real-life application, social understanding and resistance to pressure.

Suggestibility, acquiescence, dependency, fear, fatigue, sensory load or a strong wish to please may also affect the reliability and voluntariness of an expressed choice. A suitably qualified FASD clinician can distinguish genuine understanding from verbal masking, learned responses or compliance; assess performance after appropriate communication support and processing time; examine whether information is retained and applied after a delay and in realistic circumstances; and identify effective adjustments, safeguards and review arrangements. The need for specialist assessment must not be based on diagnosis alone: FASD does not establish incapacity. Its purpose is to protect both autonomy and safety by reducing the risk that capacity is either wrongly removed or wrongly assumed.

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Purpose and status. This guidance helps families, advocates, practitioners, commissioners and legal representatives prepare a decision-specific letter of instruction or referral for a specialist FASD-informed capacity assessment. It is a drafting aid, not legal advice, clinical advice or a substitute for safeguarding, emergency, consent or court procedures. Use the law and terminology applicable to the person’s jurisdiction and obtain professional advice where required.

Assessment setting. Mental capacity assessments will ordinarily be conducted in a controlled clinic environment. Where a recent neuropsychological assessment has already been completed by the team, it may be possible to arrange an online assessment. However, this will be considered on a case-by-case basis and will proceed only where the required clinical standards can be met. Sometimes it will be necessary to see the individual again in person.



1. Why the ‘Letter of Intent’ Must Be Specific

Capacity is not a global status. The instruction should identify the exact decision, the time by which it must be made, the realistic options, the relevant information and consequences, and the evidence creating a genuine concern about the person’s ability to make that decision with appropriate support. Do not ask whether the person “has capacity” generally, or assume incapacity from FASD, diagnosis, disability, appearance, behaviour, fluent speech or an apparently unwise choice.

FASD may produce a hidden and uneven profile. A person may be articulate, sociable or eager to please while experiencing marked difficulty with receptive language, working memory, processing speed, executive functioning, adaptive functioning, consequence prediction, social understanding and resistance to pressure. A quick “yes”, repetition of information or surface cooperation should not be treated automatically as reliable understanding, free consent or an independent decision.

2. Legal and Practice Framework

- **England and Wales, age 16 and over:** apply the Mental Capacity Act 2005. Presume capacity; take all practicable steps to support decision-making; do not equate an unwise decision with incapacity; assess the particular decision at the material time; and, if capacity is absent, act in best interests using the least restrictive option.
- **Scotland, age 16 and over:** apply the Adults with Incapacity (Scotland) Act 2000 and relevant codes and guidance. Assessment and intervention should reflect benefit, minimum necessary intervention, communication support, the adult’s present and past wishes, consultation and encouragement of existing skills.
- **Jersey, age 16 and over:** apply the Capacity and Self-Determination (Jersey) Law 2016. Presume capacity, provide practical support, assess the specific decision at the relevant time, and use best-interests and least-interference principles where applicable.
- **Republic of Ireland, adults aged 18 and over:** apply the Assisted Decision-Making (Capacity) Act 2015, as amended, and Decision Support Service codes. Presume capacity, support decision-making, use a functional and person-centred assessment, respect will and preferences, and intervene only where necessary and proportionately.

Guidance for a Parent or Carer Completing a Letter of Intent

You do not need to write like a lawyer or clinician. Your role is to give the assessor clear, accurate information about the particular decision, the adult’s usual functioning, the support already tried and the reasons you are concerned. Use ordinary language, short

sentences and specific examples. If you are unsure about the legal wording, state the facts and ask the relevant professional or commissioner to confirm the final questions.

Check your role and authority. Explain whether you are writing as a parent, unpaid carer, paid carer, advocate, attorney, appointee or other representative. Being a parent or carer does not automatically give authority to make decisions, obtain confidential information or instruct an assessment for an adult. Confirm consent, the lawful basis for referral and information sharing, who is commissioning the assessment and who may receive the report. Where the adult can participate, tell them what is being requested in an accessible way and record their wishes, questions, agreement or objection.

Name the exact decision. Using the template lists below to support you, write a clear sentence beginning, “The decision is whether...” and state when it must be made. List the realistic options, including doing nothing where that is genuinely available. Do not ask whether the adult “has mental capacity” generally. If several separate decisions are involved, list and number them separately rather than combining accommodation, care, money, contact, treatment or other matters into one question.

Describe what has happened, not what you assume. Give dated examples of what the adult said or did, the exact question or information given, who was present, the setting, support provided and what happened afterwards. Separate what you personally observed from what somebody else reported. Avoid labels such as “manipulative”, “non-compliant” or “does not understand” without supporting facts. Explain patterns across settings as well as any occasions when the adult made the decision successfully.

Record communication and suggestibility factors. Describe the adult’s preferred communication, usual processing time, sensory needs, signs of overload and reliable ways to communicate “yes”, “no”, “stop”, “not sure” and “help”. Note whether answers change after repetition, leading questions, challenge, praise, another person’s presence, fatigue, stress or delay. Record possible pressure, dependency, fear, rewards, threats, secrecy, acquiescence or a wish to please. Do not rehearse a preferred answer or repeatedly test the adult before assessment.

Explain the support already tried. State whether information was shortened, shown visually, demonstrated, repeated on another day, linked to real examples, provided in a quiet setting or supported by a trusted person or advocate. Say how much time was allowed and what difference each adjustment made. Distinguish what the adult can do independently from what they can do with prompts, supervision or continuing support. Include real-life functioning, not only what the adult can repeat in conversation.

Be open about relationships and differing views. Identify anyone who may influence the decision, benefit from the outcome or control access to information, money, communication, transport, care or housing. If family members or professionals disagree, describe each view fairly and say what evidence supports it. Request an opportunity for the adult to speak privately where appropriate. Do not use the letter to

argue for a preferred outcome; the purpose is to help the assessor reach an independent, supported and decision-specific opinion.

Do not wait if there is immediate danger. A referral for assessment must not delay urgent medical care, safeguarding action, police involvement or emergency procedures. State what immediate action has already been taken and which services have been notified. Share only information that is relevant, necessary and lawful, and send it securely.

Parent or Carer Completion Checklist

- Have I stated my relationship to the adult and the basis on which I am making or supporting the referral?
- Have I written the exact decision and the date or timeframe?
- Have I listed the realistic options and the essential information the adult needs?
- Have I recorded the adult's own wishes, questions, agreement or objection?
- Have I used dated facts, exact words and first-hand observations rather than assumptions?
- Have I described communication needs, processing time and reliable ways to refuse, pause or ask for help?
- Have I explained all practicable support already tried and its effect?
- Have I identified suggestibility, pressure, conflicts of interest or differing views fairly?
- Have I separated what the adult can do independently from what they can do with support?
- Have I attached only relevant records and explained any gaps or unavailable evidence?
- Have I confirmed who may receive the report and how confidential information will be shared securely?
- Have I taken immediate safeguarding or emergency action where necessary?

Suggested opening wording. "I am [name]'s [parent/carer/other relationship]. I am providing factual information to support a specialist assessment of the specific decision whether [state decision]. The decision is required by [date/timeframe]. I understand that my role does not determine the outcome and that [name]'s own views must be sought and supported. My concerns are based on the following dated examples: [brief examples]. The communication and decision-making support already tried is: [support and effect]."

Parent or Carer Letter-of-Intent Template

Private and confidential

To: [Assessor or service]

Re: [Adult's full name, date of birth and address]

Date: [Date]

Dear [Assessor / Service],

I am [name]’s [parent / unpaid carer / paid carer / other relationship]. I am providing factual information to support a specialist FASD-informed assessment. My role and any authority I hold are: [state clearly]. The assessment is being commissioned or requested by [person or organisation]. The basis for sharing this information and the people authorised to receive the report are [details]. [Name] has been told about the referral in the following accessible way: [details], and their current wishes, questions, agreement or objection are: [record their own words where possible].

The exact decision. Please assess [name]’s capacity, at this time, to decide whether [state one precise decision neutrally]. The decision is required by [date or timeframe] because [brief factual reason]. The realistic options are [option 1], [option 2] and [any genuine alternative, including taking no action where relevant]. This request is not for a global or permanent finding of capacity.

What is happening now. The current circumstances are [brief factual summary]. The following dated examples create genuine concern about this specific decision: [date, exact question or information given, the adult’s exact words or actions, who was present, support provided and what happened afterwards]. I personally observed [details]. Information reported by other people is [identify the person and source]. Examples where [name] made the decision successfully or showed relevant understanding are [details].

Information and support already provided. The essential information explained to [name] was [list briefly]. We used [plain language, one point at a time, visual information, demonstration, photographs, written summary, quiet setting, familiar supporter, communication aid, breaks or other support]. Information was provided by [person], on [dates], in [setting]. [Name]’s usual processing interval is [time]. The effect of each support was [describe]. What [name] can do independently is [details]; what they can do with prompting, supervision or continuing support is [details].

Communication, suggestibility and freedom to decide. [Name]’s preferred communication is [method]. They reliably communicate “yes”, “no”, “stop”, “not sure”, “that is not right” and “help” by [method]. Their signs of fatigue, overload, distress or uncertainty are [details]. Answers may change when [describe repetition, leading questions, challenge, praise, another person’s presence, delay, fatigue or stress]. Known or suspected sources of pressure or influence are [people, situations, rewards, threats, dependency, secrecy, fear, acquiescence or wish to please]. Any person who may benefit from the outcome or control information, money, communication, transport, care or housing is [details].

Safeguarding, urgency and differing views. Immediate risks are [describe the nature, severity, likelihood and immediacy of each risk; who may be at risk; the decision, event or setting to which the risk relates; known triggers, protective factors and available evidence; and what could happen if no action is taken]. Immediate protective action already taken is [state the action, who authorised it, when it began, its lawful basis where relevant, and whether it is effective, proportionate and the least restrictive

available response]. The services notified or consulted are [identify safeguarding, health, police, emergency, legal, advocacy or other services, with dates, named contacts and outcomes where known]. Outstanding action is [state what remains to be done, by whom and by when], and the review or escalation plan is [details]. This referral must not delay urgent safeguarding, health, police or emergency action. The views of family members, carers or professionals differ as follows: [describe each view fairly, the evidence relied upon and any conflict of interest]. Please provide [name] with an opportunity to speak privately where appropriate.

Safety of contact and disclosures. It is safe to contact [name] by [method, number, address and times], and communications should not be sent through or disclosed to [person or organisation] because [brief reason]. The agreed person to contact if [name] cannot be reached safely is [details]. Any recent disclosure, injury, threat, unexplained loss, missing episode, assault allegation, stalking, forced isolation or sudden change in behaviour, finances, medication, housing or relationships is [factual details, date, exact words, source and action taken]. Please do not re-interview [name] about a possible offence or safeguarding disclosure; record first spontaneous words and seek advice from the responsible safeguarding or investigative service.

Questions for the assessor. Please identify the information relevant to this decision and assess whether, after all practicable support, [name] can understand it, retain it long enough to decide, use or weigh it in their own circumstances, and communicate a decision.

Please consider whether suggestibility, acquiescence, coercion, dependency, fear, verbal masking, fatigue, stress, sensory load, medication, pain, the environment or another person's influence affects the reliability or voluntariness of the expressed choice.

Please also establish whether there is any immediate danger; whether it is safe to contact or meet [name] in the proposed way; whether there have been recent disclosures, injuries, threats, missing episodes, unexplained losses or sudden changes in behaviour, finances, medication, housing or relationships; and whether any previous discussion, repeated questioning or exposure to another person's account may have contaminated the person's response.

If new information indicates immediate danger or suspected abuse or exploitation, please follow the applicable safeguarding and professional procedures, notify [named safeguarding lead or authority] in accordance with the agreed information-sharing arrangements, preserve first spontaneous words and relevant evidence, and avoid investigative re-questioning.

Please identify effective support, distinguish supported success from independent ability, recommend proportionate safeguards, review triggers and reassessment arrangements, and state any limits on disclosure needed to protect safety, confidentiality or an investigation while ensuring that [name] receives the decision-relevant information in an accessible form.

Safeguarding evidence and information handling. Relevant records are held by [people or organisations]. Preserve original messages, screenshots, photographs, financial records, incident logs or other evidence without editing, annotating or circulating them more widely than necessary. State whether any material must be withheld from a person because disclosure could create immediate risk, compromise an investigation or reveal another person's confidential information, while ensuring that [name] still receives the information relevant to the capacity decision in an accessible form. Record any uncertainty about accuracy, source, date, authorship or possible contamination.

Enclosures. Attached are [communication passport; accessible information used; dated notes or incident records; care, health, education or support plans; relevant professional reports; proposed options or documents; safeguarding information; advocacy information; and [name]'s wishes and feelings]. Any evidence not available is [explain].

Please confirm whether the instruction is sufficiently specific, what further information is required, the assessor, timescale, fee, liaison arrangements, report recipients and arrangements for feedback.

Yours sincerely,

[Name]

[Relationship to the adult]

[Contact details]

[Any formal role or authority]

Choosing a template. Section 6 contains decision-specific examples. Select the example that most closely matches the decision, adapt only the relevant prompts, and use Template AV where no specialist example fits.

Guidance for a Professional Completing a Letter of Instruction

This section supplements, rather than repeats, the parent/carer guidance above. A professional letter should convert the factual evidence into a clear, lawful and answerable instruction while preserving the adult's own voice. Use your organisation's current policy, legal advice and commissioning process alongside this note.

Confirm authority, purpose and scope. State your professional role, employer, statutory or contractual function, authority to instruct, who is commissioning and paying for the assessment, and who may receive or rely on the report. Identify whether the assessor is being asked for a clinical opinion, a statutory assessment, evidence for proceedings, completion of a prescribed form, or advice to a decision-maker. Do not ask the clinician to decide matters reserved to a court, statutory body, responsible clinician or other authorised decision-maker.

Use the correct legal test and work within competence. Identify the jurisdiction, the person's age, the precise legal or statutory question, and any current form, order, deadline or procedural requirement. Explain separately any related questions such as litigation capacity, testamentary capacity, fitness to drive, consent, safeguarding or suitability. Record the limits of your own competence, seek supervision or legal advice where required, and disclose any conflict of interest or organisational preference that could affect the instruction.

Frame an answerable question. Use the same decision wording throughout the referral, records, proposed order, care plan and any legal application. Number separate decisions. Set out the relevant information, realistic options, material consequences and decision window, but do not draft questions that presume incapacity or a preferred outcome. Where the relevant information is disputed, identify the dispute and who is responsible for resolving the underlying facts.

Coordinate evidence and practicable support. Identify the records and professionals needed to explain the adult's functioning across settings, and distinguish direct observation, professional opinion, hearsay and disputed evidence. Confirm who will prepare accessible information and deliver the practicable support before and during assessment. Include the effect of communication methods, processing time, visual or practical information, environmental adjustments, advocacy and supported recall. Do not rely on the specialist assessor to create the decision options, resolve service failures or supply support that the referring body should already have arranged.

Protect participation and independence. Record how the adult was informed about the referral, their wishes and objections, their preferred supporter, and any need for private or separate assessment. Identify people who may influence the adult, benefit from the outcome or control access to information, communication, money, care, housing or transport. Ask the assessor to state any limitation caused by missing records, inability to meet privately, unsafe conditions, time pressure or lack of appropriate communication support.

Set out safeguarding governance. Name the safeguarding lead, responsible decision-maker and escalation route; state current protective measures, their lawful basis, responsible person and review date; and provide safe contact instructions. Distinguish a capacity assessment from a safeguarding enquiry or criminal investigation. Agree in advance how the assessor should respond to new disclosures or immediate danger, who must be notified, what evidence should be preserved and what information should not be disclosed if disclosure would increase risk or compromise an investigation.

Confirm confidentiality, deliverables and costs. Apply data-minimisation and lawful-sharing requirements, identify any privileged, court-restricted or third-party material, and use secure transmission. Specify the required report format, recipients, deadline, feedback arrangements, liaison, meeting or court-attendance expectations, responsibility for responding to questions, and any fee or travel approval. Confirm how recommendations will be considered, recorded, implemented and reviewed;

commissioning an assessment does not transfer the referring body's statutory or professional responsibilities.

Professional Completion Checklist

- Have I confirmed my authority, the commissioner, funding and intended report recipients?
- Have I identified the jurisdiction, legal test, decision wording, material time and any procedural deadline?
- Have I separated distinct decisions and avoided asking the assessor to determine an outcome outside their role?
- Have I disclosed conflicts, organisational preferences, disputed facts and limits of my competence?
- Have I ensured the realistic options and accessible decision-relevant information are ready?
- Have I arranged all practicable communication and decision-support measures before assessment?
- Have I included balanced evidence of strengths, supported success, difficulties and functioning across settings?
- Have I recorded the adult's wishes, objections, preferred supporter and opportunity to speak privately?
- Have I named safeguarding, decision-making and implementation responsibilities, including safe contact and escalation?
- Have I applied confidentiality, data-minimisation, secure-sharing and evidence-preservation requirements?
- Have I specified deliverables, forms, timescale, liaison, costs, feedback and any court or meeting attendance?
- Have I planned how recommendations, review triggers and reassessment will be authorised, implemented and audited?

3. Before Sending the Instruction

- Name one decision, or list separately a short list of each genuinely related decision requiring assessment.
- State why the decision is required now and the deadline or decision window.
- Describe the actual options, including any clinically or legally relevant option of taking no action.
- Set out the essential information the person needs to understand, retain, use or weigh, and communicate.
- If appropriate record support already tried, who provided it, in what setting, over what timescale and with what result.
- Identify the person's preferred communication, reliable responses for "yes", "no", "stop", "not sure" and "help", and their usual processing interval.

- Describe specific evidence of concern, using dates, examples and exact words where possible - not assumptions based on diagnosis.
- Identify possible pressure, coercion, dependency, suggestibility, acquiescence, fear, rewards, threats, repeated questioning or contamination by another person's account.
- Attach relevant records and explain any safeguarding, legal, clinical or practical urgency.
- Confirm who may receive the report, the lawful basis for sharing information, and whether liaison, attendance at meetings or expert evidence is requested.

4. Core Questions for the Specialist

1. What information is relevant to this particular decision, and which parts are essential rather than merely desirable?
2. What communication, visual, sensory, environmental, processing-time and supported-recall adjustments are required before a conclusion can fairly be reached?
3. Can the person understand the relevant information when it is presented in an accessible form and one point at a time?
4. Can the person explain the information in their own words or demonstrate understanding through sequencing, examples or practical application, rather than repetition alone?
5. Can the person retain the relevant information long enough to make the decision, including after an appropriate delay and without repeated prompting?
6. What information is forgotten, confused or replaced after a delay, and how does this affect the particular decision?
7. Can the person use or weigh the benefits, risks, consequences and alternatives as they apply to their own circumstances?
8. Can the person compare the available options and explain why one option is preferred?
9. Can the person anticipate the likely short- and longer-term consequences of each option, including the consequences of taking no action where relevant?
10. Can the person recognise when information is missing, ask for clarification and seek help before deciding?
11. How does the person communicate a choice, uncertainty, disagreement, refusal or a request for more time, support or a break?
12. Is there a reliable and accessible method for the person to communicate "yes", "no", "stop", "not sure", "that is not right" and "help"?
13. What practicable steps have been tried, who provided them, in which settings, and what effect did each have?
14. Are further practicable steps required before a conclusion can properly be reached?
15. Is the expressed choice consistent when information is presented neutrally, after sufficient processing time and without feedback, repetition or pressure?

16. Does the person's answer change when a question is repeated, rephrased, asked by a different person or asked in the presence of someone whose approval matters to them?
17. Does the person tend to agree with the last option mentioned, copy another person's words, adopt information supplied in the question or change an answer after challenge?
18. Are suggestibility, acquiescence, coercion, dependency, fear, verbal masking, shame, reward, threat or a wish to please affecting whether the choice is free and voluntary?
19. Has the person been exposed to another person's account, a preferred answer, repeated discussion or rehearsal that may have influenced their response?
20. Can the person identify pressure, manipulation, secrecy, urgency or conflicts of interest and explain how they would respond?
21. Is any person influencing the decision, controlling access to information, speaking on the person's behalf or standing to benefit from the outcome?
22. What are the person's first spontaneous words about the decision before options, views or expected answers are introduced?
23. Does functioning vary with fatigue, stress, pain, medication, dysregulation, sensory load, time of day, environment or the people present?
24. What timing, setting, assessor approach and number or length of sessions provide the fairest opportunity for the person to decide?
25. Can the person apply the relevant information in a realistic scenario or in the actual setting in which the decision will take effect?
26. Does apparent success depend on prompting, supervision, familiar routines or support that may not be available when the decision is implemented?
27. What can the person do independently, what can they do with support, and what support must remain in place after the assessment?
28. Is the person able to generalise learning from one setting, example or occasion to another, or is decision-specific rehearsal and support required?
29. What collateral information from family, carers, advocates and professionals is relevant, and is it consistent with the person's functioning across settings?
30. Are there significant differences between test performance, verbal presentation and adaptive functioning in everyday life?
31. Are there limitations, unresolved uncertainties or conflicting evidence that should be stated expressly in the report?
32. What decision-specific support, safeguards, supervision, advocacy or monitoring arrangements are recommended?
33. What changes in circumstances, support, health, risk or functioning should trigger review or reassessment?
34. If capacity is found for this decision, what support remains necessary to ensure the decision can be implemented safely and voluntarily?
35. If capacity is not established for this decision at this time, could further support, a different setting or a later assessment provide a fairer opportunity to decide?

5. Safeguards Against Suggestibility and Contamination

The assessment uses one neutral question at a time; concrete and accessible information; the person's assessed processing interval; breaks; a quiet setting; and a trusted supporter where appropriate, while preserving the person's own voice.

Understanding should be checked through explanation, sequencing or practical application rather than repetition alone. Adults should avoid rehearsing a preferred answer, disclosing others' accounts, repeatedly asking the same question, praising agreement or showing disappointment at disagreement.

Where reliability may be affected, record the person's first spontaneous words, the exact questions asked, who was present, the information and supports provided, the time allowed, any changed answers and possible exposure to suggestion or pressure. A changed answer should not be preferred simply because it matches an adult's expectation.

6. Examples of Letters of Instruction

Template A — Living with a Partner, Friend, Peer or Other Non-Family Adult

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

Please assess [name]'s capacity, at this time, to decide whether to live with [named partner, friend, peer or other adult], remain in [current accommodation], or choose another realistic option. The decision is required by [date] because [proposed move, tenancy change, discharge, placement ending, relationship development, safeguarding concern or other reason]. This request concerns the proposed living arrangement and is not a global assessment of [name]'s capacity to make all accommodation, relationship or care decisions.

Information relevant to the decision. Please consider what [name] understands about who will live in the home; the nature and history of the relationship; ownership, tenancy, licence or occupancy rights; rent, bills, benefits and household spending; deposits, notice and what would happen if the relationship or arrangement ended; division of domestic tasks; privacy, visitors, personal space and boundaries; care, medication and support responsibilities; pets; transport; community access; and the principal benefits, risks and consequences of moving, remaining or choosing an alternative.

Voluntariness, influence and safeguarding. Please assess whether the proposed arrangement reflects [name]'s own free and informed choice. Consider whether

affection, loneliness, loyalty, fear of losing the relationship, dependency, gifts, promises, threats, secrecy, repeated requests, suggestibility, acquiescence or a wish to please affects the choice. Please examine whether the other person controls or may control access to money, benefits, banking, communication, transport, medication, appointments, food, identification documents, the home or contact with others; expects unpaid care, money, work or sexual access; or stands to gain financially or practically. [Name] should have an opportunity to express their views privately and communicate “no”, “stop”, “not sure”, a wish to leave or a request for help.

Functional and FASD-related considerations. Please assess whether [name] can retain and compare the options after an appropriate delay, apply the information to everyday life, anticipate ordinary and unexpected household situations, recognise coercion or exploitation, seek independent help and explain the reasons for their preference. Please distinguish an informed choice from immediate agreement, verbal masking or reliance on the other person’s account. Capacity to choose where and with whom to live should be distinguished from the practical ability to manage a household or provide care. Any expectation that the other person will meet [name]’s care needs, or that [name] will care for them, should be assessed separately and supported by an appropriate needs or carer assessment.

Support and safeguards. Please identify whether accessible information, separate meetings, independent advocacy, tenancy or welfare-rights advice, a written household agreement, financial safeguards, continuing care support, scheduled private check-ins or a phased move are required before a fair conclusion can be reached. Please recommend a least restrictive plan covering named responsibilities, emergency contacts, continuity of care and medication, access to personal money and documents, a safe route to leave, review dates and triggers for reassessment or safeguarding action.

Enclosures. Attached are [details of the proposed home; tenancy, licence or ownership documents; accessible summaries; income, benefits and household-cost information; current and proposed care plans; needs and risk assessments; trial-visit records; communication passport; safeguarding chronology; advocacy information; information about the other person’s proposed role; and [name]’s wishes and feelings]. Please confirm the scope, assessor, timescale, fee, liaison required and arrangements for the written report and follow-up feedback.

Yours sincerely,

[Name, role, organisation, contact details and authority to instruct]

Template B — Accommodation and Care Arrangements

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

Please assess [name]’s capacity, at this time, to decide whether to live at [current option] or [alternative option]. The decision is required by [date] because [tenancy, placement, discharge, transition or safeguarding reason]. Please consider the person’s understanding of each setting, daily support, household rules, contact with others, money, travel, safety, tenancy or licence responsibilities, likely consequences and available alternatives.

Please test whether information can be retained and applied after a suitable delay and in relation to real-life scenarios, not merely repeated in the interview. Please examine whether the expressed preference changes with the person present, the question asked, fatigue, stress or perceived expectations; whether dependency, fear, coercion or wish to please affects the choice; and what scaffolding, supervision, advocacy, trial visits or review arrangements are needed. Attached are [care plans, risk assessments, placement information, communication profile, incident records and views of the person and relevant others].

Template C — Planned Medical Treatment or Investigation

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

Please assess [name]’s capacity, at this time, to accept or refuse [named treatment or investigation]. The decision is required by [date]. Please consider what [name] understands about the purpose of the intervention; what will happen before, during and after it; the material benefits, risks, side effects and uncertainties; the consequences of delay or refusal; and reasonable alternatives, including no treatment where clinically relevant.

Please assess retention and use of information after the person’s assessed processing interval and without prompting towards a preferred answer. Please identify how [name] communicates agreement, refusal, uncertainty, pain, “stop”, “pause” or a request for explanation, and what communication, visual, sensory, environmental, advocacy or trusted-supporter adjustments are required. Please consider whether pain, fear, urgency, medication, fatigue, suggestibility, acquiescence or pressure affects the choice. Attached are the treatment proposal, accessible information, clinical notes and any communication or support plan.

Template D — Money, Contract or Financial Arrangement

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

Please assess [name]’s capacity, at this time, to decide whether to [enter the named contract, make the named purchase, lend or gift the stated sum, manage the stated account, or appoint the stated service]. The options are [list]. The decision is required by [date]. Please consider the person’s understanding of the amount, affordability, recurring commitments, ownership, cancellation rights, risk of loss, effect on essential spending, realistic alternatives and foreseeable consequences.

Please examine whether [name] can apply the information after a delay and in the real transaction; recognise pressure, urgency, secrecy, manipulation or online risk; and communicate refusal or a request for checking time. Please consider whether another person stands to benefit, whether the person has been exposed to repeated requests or preferred answers, and what safeguards or supported-decision arrangements are recommended. Attached are [bank records, contract, accessible summary, spending evidence, incident records and relevant professional reports].

Template E — Urgent or Emergency Treatment

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear [Clinician / Specialist],

Please assess [name]’s capacity, at this time, to accept or refuse [named emergency treatment]. The decision is required by [time/date] because [brief clinical reason and immediate risk]. Please consider whether [name] can understand, retain, use or weigh the essential information about the treatment’s purpose, the principal material benefit or risk, and the consequence of delay or refusal, and communicate a decision.

Please use [specified communication method, interpreter, visual information, processing time or supporter] and consider whether pain, shock, medication, acute illness, altered consciousness, fatigue, suggestibility or pressure affects the response. Adjustments and specialist consultation must not cause unsafe delay. If immediate treatment proceeds before a fuller assessment is possible, please record the applicable lawful basis, urgency, proportionality, support attempted, consultation and plan to review capacity and consent as soon as the person’s condition permits.

Template F — Care and Support Arrangements

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

Please assess [name]’s capacity, at this time, to decide whether to accept, refuse or change [describe the specific package of care or support]. The decision is required by [date] because [review, discharge, change in risk, transition or breakdown of current arrangements]. The available options are [list clearly]. Please consider what [name] understands about the purpose, frequency and location of support; which tasks staff would undertake; what would remain their own responsibility; how privacy and independence would be affected; and the likely consequences of accepting, reducing or refusing the proposed support.

Please examine whether [name] can apply this information during everyday routines, recognise when support is needed, anticipate risks arising without it and communicate discomfort, disagreement or a request for change. Please consider whether previous positive or negative experiences, dependency on a particular worker, fear of losing services, suggestibility or a wish to please affect the expressed choice. Please distinguish between tasks [name] can complete independently, tasks achievable with prompting or supervision, and tasks requiring continuing support. Attached are [current care plan, proposed plan, needs assessment, risk records, communication plan and the person’s views].

Template G — Contact with a Named Person

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

Please assess [name]’s capacity, at this time, to decide whether, and on what terms, to have contact with [named person]. The decision is required by [date] because [brief factual reason]. The realistic options are [no contact; indirect contact; supervised contact; contact in an agreed place; unrestricted contact; or other relevant option]. Please consider what [name] understands about the identity and role of the other person, the proposed frequency and form of contact, relevant past events, foreseeable benefits and risks, boundaries, available safeguards and the practical consequences of each option.

Please examine whether [name] can recognise pressure, manipulation, secrecy, threats, rewards or conflicts of interest; communicate “no”, “stop”, “not now” or a request for help; and maintain a decision when away from the source of influence. Please consider whether the expressed wish is free and voluntary or affected by fear, dependency, loneliness, suggestibility, repeated messaging or a wish to please. Please state what support or safeguards are required and whether these alter the person’s ability to make the decision. Attached are [chronology, safeguarding records, contact

proposals, relevant communications, risk assessment and the person's wishes and feelings].

Template H — Online Contact, Information Sharing or Digital Transaction

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

Please assess [name]'s capacity, at this time, to decide whether to [share the specified image, information, money or location; continue contact with the named account or person; enter the named online transaction; or use the specified platform feature]. The decision is required by [date or event]. Please consider what [name] understands about who may receive or copy the material, the limits of deletion and privacy, whether identity can be verified, financial or personal consequences, possible onward sharing, secrecy or urgency, and realistic safer alternatives.

Please examine whether [name] can recognise grooming, impersonation, manipulation, requests for secrecy, escalating demands, threats of rejection or offers of reward; pause before responding; seek a trusted-adult check; and communicate refusal. Please test understanding using accessible examples without exposing the person to unnecessary risk, and consider whether learning transfers from a teaching session to an actual online interaction. Please recommend proportionate safeguards such as an agreed checking process, privacy controls, spending limits, contact restrictions or a "stop, screenshot, tell" plan. Attached are [screenshots or records lawfully obtained, online-safety plan, incident chronology, communication profile and risk assessment].

Template I — Travel and Community Safety

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

Please assess [name]'s capacity, at this time, to decide whether to undertake [specified journey or community activity] independently, with agreed support or not at present. The decision is required by [date] because [work, education, placement, family, health or transition reason]. The options are [list]. Please consider what [name] understands about the route, timing, cost, changes or delays, road and personal safety, who may approach them, what to do if lost or pressured, how to obtain help, and the foreseeable consequences of each option.

Please assess performance in realistic conditions where safe and proportionate, including retention after a delay, response to an unexpected change and the effect of fatigue, sensory load, anxiety, unfamiliar people or peer influence. Please distinguish route learning from flexible problem-solving and identify whether prompts, tracking, check-ins, travel training, accompaniment or a named safe adult remain necessary. Please consider whether one successful journey can be generalised to other routes or times. Attached are [route plan, travel-training records, incident reports, risk assessment, communication card or passport and the person's views].

Template J — Safeguarding and Exploitation Concerns

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

We request a specialist FASD-informed mental capacity and neuropsychological assessment of [name] in relation to the specific decision whether to [state the immediate decision neutrally—for example, continue contact with a named person; allow that person into the home; share money, images, information or location; enter or continue a named arrangement; or accept the proposed safeguarding support]. The decision is required by [date or timeframe] because [brief factual reason and current risk]. This request is not for a global finding of capacity and is not a request for the assessor to determine whether abuse, exploitation or a criminal offence has occurred.

Current concerns and available options. The current safeguarding or exploitation concerns are [set out a concise, factual chronology, including dates, observed behaviour, exact words and the source of each item of information]. The realistic options are [list separately], with the principal benefits, risks and foreseeable consequences of each being [summary]. Immediate protective action already taken is [state action], and the relevant safeguarding, police, health or emergency services have been notified or consulted as follows: [details]. A planned assessment must not delay action required to address immediate danger, suspected abuse or exploitation.

Reason for concern about this decision. There is genuine concern that [name] may have difficulty understanding, retaining, using or weighing the relevant information, communicating an independent decision, or making the decision freely because [give dated functional examples]. Known or suspected factors include [suggestibility, acquiescence, dependency, fear, gifts or rewards, threats, secrecy, isolation, repeated requests, emotional pressure, debt, online influence, verbal masking, memory difficulty, impaired consequence prediction or other factors]. Relevant diagnoses and history are [state without treating diagnosis as determinative].

Support and reliability of the account. We have provided [concrete language, visual information, quiet setting, communication aid, trusted supporter, advocacy, breaks or

other adjustments]. [Name]’s preferred communication is [method], their usual processing interval is [time], and they communicate “yes”, “no”, “stop”, “not sure”, “that is not right” and “help” by [method]. To reduce contamination, please record the person’s first spontaneous account and the exact questions asked; use neutral prompts, one questioner where possible and the least necessary repetition; and record any previous exposure to another person’s account, expected answers or repeated discussion.

Questions for the assessment. Please assess whether, after all practicable support has been provided, [name] can understand the nature of the proposed contact, transaction or arrangement; identify who may benefit; retain the essential information; use or weigh the immediate and longer-term benefits, risks and alternatives; and communicate a decision. Please consider whether [name] can recognise pressure, manipulation, secrecy, urgency, grooming, impersonation, escalating requests, threats, rewards or conflicts of interest; distinguish a gift from a loan or obligation where relevant; anticipate what may happen if they agree or refuse; seek help; and maintain a decision away from the source of influence.

Please examine whether the expressed choice is free and voluntary or affected by suggestibility, acquiescence, dependency, fear, loneliness, shame, promised reward, threatened loss, control of communication, housing or financial dependence, or another person’s presence or influence. Please state whether the answer changes with the questioner, setting, repetition, delay or presence of the person of concern; distinguish supported success from independent ability; and recommend proportionate communication support, supervision, advocacy, contact arrangements, financial or digital safeguards, review triggers and reassessment arrangements.

Enclosures. Attached are [safeguarding chronology; capacity and risk assessments; incident records; relevant communications or transaction records obtained lawfully; care and support plans; communication passport; advocacy information; previous neuropsychological or capacity reports; and the person’s wishes and feelings]. Please identify any material that should not be shown to the person because of immediate safety, confidentiality or investigative concerns, while ensuring that the person receives the information relevant to the decision in an accessible form.

Please confirm the scope of the instruction, assessor, timescale, fee, any liaison required with safeguarding or other professionals, and arrangements for the written report and follow-up feedback. If the assessment raises new information indicating immediate danger or suspected abuse or exploitation, please follow the applicable safeguarding and professional procedures and notify [named safeguarding lead or authority] in accordance with the agreed information-sharing arrangements.

Yours sincerely,

[Name, role, organisation, contact details, safeguarding lead and authority to instruct]

Template K — Medication Management

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

Please assess [name]'s capacity, at this time, to decide whether to manage [named medication or medication regimen] independently, with specified support, or through administration by another person. The decision is required by [date] because [new prescription, discharge, change in health, repeated errors, refusal, transition or safeguarding reason]. The realistic options are [list]. Please consider what [name] understands about the medication's purpose, dose, timing, method of use, material benefits and risks, common side effects, interactions, storage, missed or additional doses, monitoring requirements and when to seek help.

Please examine whether [name] can retain and apply this information across the actual medication routine; recognise tablets, packaging and changes; use reminders or a monitored system; respond safely to an error or side effect; and resist pressure to share, sell, stop or alter medication. Please distinguish knowledge demonstrated in an interview from reliable performance over time, and identify whether prompts, dispensing aids, supervision, administration records, pharmacy support or clinical review remain necessary. Attached are [prescription, medication chart, treatment information, error or refusal records, support plan and relevant clinical reports].

Template L — Education, Training or Employment Decision

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

Please assess [name]'s capacity, at this time, to decide whether to [accept, refuse, leave or change the named course, training placement, volunteering role or employment]. The decision is required by [date] because [application deadline, transition, disciplinary process, placement breakdown, health or safeguarding reason]. The options are [list]. Please consider what [name] understands about the role or course, location, hours, attendance, duties, supervision, pay or benefits implications, rules, reasonable adjustments, travel, health and safety, consequences of withdrawal or non-attendance, and realistic alternatives.

Please examine whether [name] can compare the options, retain and apply information after a delay, anticipate the effect on routine and support, recognise unsafe or exploitative expectations, and communicate uncertainty, disagreement or a request for

adjustment. Please consider whether apparent agreement is affected by authority figures, peers, fear of losing the opportunity, a wish to please or difficulty understanding workplace or course language. Please distinguish supported participation from independent ability and recommend induction, communication, supervision, mentoring, review or safeguarding arrangements. Attached are [offer or course information, job description, support plan, risk assessment, attendance or incident records and the person's views].

Template M — Ending a Tenancy, Licence or Service Contract

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

Please assess [name]'s capacity, at this time, to decide whether to end, surrender, renew or vary [the named tenancy, licence or service contract]. The decision is required by [date] because [notice period, proposed move, arrears, service change, dispute or safeguarding reason]. The realistic options are [list]. Please consider what [name] understands about the legal and practical effect of each option, notice periods, rent or fees, deposits, possessions, outstanding liabilities, loss of rights or services, alternative arrangements and the foreseeable consequences of acting or taking no action.

Please examine whether [name] can retain and apply the relevant information to their own circumstances, compare written terms with what they have been told, recognise pressure or conflicts of interest, and communicate a request for advice or more time. Please consider whether another person stands to gain from the decision, whether signatures or agreement were obtained through repetition, urgency or wish to please, and whether independent advocacy or legal advice is required before the decision is revisited. Please recommend accessible information, supported decision-making, safeguards and review arrangements. Attached are [agreement, notice, accessible summary, correspondence, payment records, proposed alternatives, advocacy information and relevant risk or support plans].

Template N — Choosing Between Accommodation Options

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

Please assess [name]'s capacity, at this time, to decide whether to live at [option A], [option B] or [other realistic option]. The decision is required by [date] because [discharge, placement ending, transition, tenancy issue, change in need or safeguarding

reason]. Please consider what [name] understands about the location, daily routine, staffing, privacy, household expectations, contact with family or others, access to education, work and community activities, travel, finances, tenancy or licence arrangements, restrictions, safety, and the principal benefits, risks and consequences of each option.

Please assess whether [name] can retain and compare the options after an appropriate delay, apply the information to everyday life, anticipate how each setting would affect support and independence, and explain the reasons for their preference. Please consider whether familiarity, fear of change, a wish to please, promises, pressure, dependency or the presence of another person affects the expressed choice. Please distinguish an informed preference from a response to immediate presentation or reassurance, and advise whether accessible visits, photographs, trial stays, advocacy, additional explanation or reassessment are required. Attached are [placement profiles, accessible summaries, care plans, risk assessments, funding information, visit records and the person's views].

Template O — Accepting, Refusing or Changing a Care Package

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

Please assess [name]'s capacity, at this time, to decide whether to accept, refuse, reduce, increase or otherwise change [describe the proposed package of care or support]. The decision is required by [date] because [scheduled review, discharge, increased or reduced needs, risk, service breakdown or transition]. The realistic options are [list]. Please consider what [name] understands about the purpose, frequency, duration and location of support; which tasks staff would undertake; who would provide the support; what would remain [name]'s responsibility; how privacy, autonomy and routine would be affected; and the foreseeable consequences of accepting, changing or refusing the package.

Please examine whether [name] can recognise when support is required, anticipate risks without it, retain and apply information across daily routines, and communicate concerns, boundaries, refusal or a request for change. Please consider whether dependence on a particular carer, fear of losing all support, previous experiences, suggestibility, acquiescence or a wish to please affects the expressed decision. Please identify which activities [name] can complete independently, with prompting, with supervision or only through direct assistance, and recommend the least restrictive effective support, review period and triggers for reassessment. Attached are [current and proposed care plans, needs assessment, risk records, daily-living evidence, communication plan, incident chronology and the person's views].

Template P — Overnight, Shared-Living or Continuous Support

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

Please assess [name]’s capacity, at this time, to decide whether to accept or refuse [sleep-in support, waking-night support, shared-living support, live-in care or specified continuous supervision]. The decision is required by [date] because [night-time incidents, health needs, exploitation risk, fire risk, absconding, falls, medication, transition or proposed change in service]. The options are [list]. Please consider what [name] understands about when and why support would be present, staff access to the home or bedroom, privacy and boundaries, emergency response, monitoring arrangements, costs, alternatives and the foreseeable consequences of accepting or refusing the proposed support.

Please examine whether [name] can understand and weigh both the protective purpose and the impact on privacy, autonomy and ordinary life; apply the information to night-time or less structured situations; recognise when urgent assistance is needed; and communicate “stop”, discomfort, boundaries or a request for help. Please consider whether fear, prior trauma, dependency, fatigue, suggestibility or pressure affects the expressed choice. Please distinguish capacity to decide about the support from ability to remain safe without it, and recommend proportionate arrangements, staff communication guidance, monitoring limits, review dates and less restrictive alternatives where appropriate. Attached are [night-time records, incident chronology, risk assessment, support proposal, health information, environmental assessment and the person’s views].

Template Q — Moving Between Care Settings

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

Please assess [name]’s capacity, at this time, to decide whether to move from [current care setting] to [proposed care setting], remain in the current setting, or choose another realistic option. The decision is required by [date] because [current placement ending, discharge, transition, change in assessed need, provider closure, family circumstances, safeguarding concern or other reason]. This request concerns the decision about the move itself and is not a global assessment of [name]’s capacity to make all accommodation or care decisions.

Information relevant to the decision. Please consider what [name] understands about why the move is proposed; the location and physical environment; who else will live or work there; staffing levels and availability; daily routines; privacy and personal space; household expectations; care, treatment and medication arrangements; contact with family and others; access to education, employment and community activities; transport; finances; tenancy or licence terms; restrictions; personal possessions; pets; and the principal benefits, risks and consequences of moving, remaining or choosing an alternative.

Transition and FASD-related considerations. Please assess whether [name] can retain and compare information about both settings after an appropriate delay, apply it to everyday life, anticipate how changes in people, routines, sensory environment, travel and support may affect them, and explain the reasons for their preference. Please consider whether memory difficulty, impaired consequence prediction, anxiety about change, verbal masking, suggestibility, acquiescence, dependency, familiarity, promises, pressure or a wish to please affects the expressed choice. Please distinguish an informed preference from agreement based on the most recent presentation, immediate reassurance or avoidance of uncertainty.

Support and safeguards. Please identify whether accessible photographs, social stories, maps, meetings with proposed staff, repeated visits, an overnight trial, a phased transition, an independent advocate or opportunities to speak without family, staff or providers present are required before a fair conclusion can be reached. Please consider how continuity of relationships, communication methods, routines, healthcare, medication, equipment, education, employment, benefits, community access and safeguarding arrangements will be maintained. Please advise how [name] can communicate “no”, “stop”, “not sure”, distress or a wish to reconsider during the transition.

Please recommend the least restrictive effective transition plan, including preparation, pacing, named responsibilities, transfer of essential information, support on moving day, arrangements for settling in, contingency planning, review dates and triggers for pausing or reconsidering the move. Please state whether any apparent decision depends on support that must remain available after relocation and whether capacity should be reviewed if the proposed setting, care package, timing or risks materially change.

Enclosures. Attached are [current and proposed care plans; placement profiles; accessible summaries; needs and risk assessments; transition plan; funding information; tenancy or licence documents; visit or trial records; communication passport; medication and health information; incident chronology; advocacy information; and the person’s wishes and feelings]. Please confirm the scope, assessor, timescale, fee, liaison required with both settings, and arrangements for the written report and follow-up feedback.

Yours sincerely,

[Name, role, organisation, contact details and authority to instruct]

Template R — Returning to Family Care

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

Please assess [name]’s capacity, at this time, to decide whether to return from [current care setting] to live with [family member or household], remain in the current setting, or choose another realistic option. The decision is required by [date] because [placement ending, discharge, family request, change in need, funding decision, safeguarding concern or other reason]. This request concerns the proposed return to family care and is not a global assessment of [name]’s capacity to make all accommodation or care decisions.

Information relevant to the decision. Please consider what [name] understands about who would live in the family home; who would provide care and at what times; household routines, rules and privacy; sleeping arrangements; personal care; medication and healthcare; finances and benefits; transport; education, employment and community access; contact with other people; respite and emergency arrangements; and the principal benefits, risks and consequences of returning, remaining or choosing an alternative. Please also consider whether the home environment, space, accessibility, sensory demands and available equipment are suitable for the proposed arrangement.

Family relationships and voluntariness. Please assess whether [name] can retain and compare the options after an appropriate delay, apply the information to daily life and explain the reasons for their preference. Please consider whether affection, loyalty, guilt, fear of disappointing family, dependency, conflict, promises, pressure, suggestibility, acquiescence or a wish to please affects the expressed choice. Please provide [name] with an opportunity to give their views privately and identify whether any family member controls access to information, speaks on their behalf or may be affected financially or practically by the outcome. The willingness and capacity of family members to provide care should be assessed separately and must not be inferred from [name]’s preference.

Support, trials and safeguards. Please identify whether accessible information, photographs, independent advocacy or meetings with community services are required before a fair conclusion can be reached. Please consider what formal support, respite, training, equipment, home adaptations, financial arrangements, healthcare coordination, medication support, supervision and safeguarding measures must be confirmed before return. Please advise how [name] can communicate “no”, “stop”, “not

sure”, distress, a wish to leave or a request for help without relying solely on the family member providing care.

Please recommend the least restrictive effective plan if return is chosen, including preparation, transfer of records and medication, named responsibilities, the start date and pace of transition, support on arrival, contingency and crisis arrangements, a route to report concerns, and scheduled reviews. Please specify triggers for pausing, reversing or reassessing the arrangement, including deterioration in health, carer breakdown, withdrawal of services, conflict, exploitation, neglect, increased risk or a material change in the proposed support.

Enclosures. Attached are [current and proposed care plans; needs and risk assessments; family carer’s assessment where available; home or occupational-therapy assessment; accessible summaries; transition proposal; funding and benefits information; health and medication records; trial-visit records; communication passport; safeguarding chronology; advocacy information; and the person’s wishes and feelings]. Please confirm the scope, assessor, timescale, fee, liaison required with the family and relevant services, and arrangements for the written report and follow-up feedback.

Yours sincerely,

[Name, role, organisation, contact details and authority to instruct]

Template S — Managing Finances and Money

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

Please assess [name]’s capacity, at this time, to decide whether and how to manage [identify the specific financial matter—for example, day-to-day spending, a bank account, benefits income, household bills, a budget, savings, a loan, a gift, online banking or the appointment of another person to assist]. The decision is required by [date] because [change in circumstances, arrears, repeated losses, proposed transaction, safeguarding concern, transition or other reason]. This request concerns the specified financial decision and is not a global assessment of capacity to manage all property and financial affairs.

Information relevant to the decision. Please consider what [name] understands about their available income, benefits, savings and regular commitments; the amount and purpose of the proposed spending or transaction; essential and discretionary expenditure; affordability; payment dates; fees, interest and recurring charges; debt and arrears; ownership; refunds and cancellation rights; confidentiality and security of banking details; and the foreseeable consequences of spending, saving, borrowing, gifting, lending, signing or taking no action.

Functional and FASD-related considerations. Please assess whether [name] can recognise the value of money, compare amounts and options, understand affordability, retain relevant information after an appropriate delay, follow a budget, remember future commitments and apply the information during real transactions. Please consider whether difficulties with working memory, processing speed, numeracy, executive functioning, impulse control, consequence prediction or generalising learning affect the decision. Please distinguish knowledge demonstrated in an interview from reliable money management over time and across cash, card, online and contactless transactions.

Influence, voluntariness and financial exploitation. Please examine whether [name] can identify pressure, urgency, secrecy, scams, impersonation, misleading claims, recurring subscriptions, requests to share security information, or another person's conflict of interest. Please consider whether gifts, loans, withdrawals, transfers, signatures or agreements are affected by suggestibility, acquiescence, dependency, fear, loneliness, threats, rewards, repeated requests or a wish to please. Please provide [name] with an opportunity to express their views privately and consider whether another person controls access to money, accounts, correspondence, devices or financial information, or stands to benefit from the outcome.

Support and recommendations. Please identify whether accessible statements, visual budgets, concrete examples, supported comparison, additional processing time, reminders, spending limits, dual authorisation, direct payment of essential bills, app or card controls, advocacy, appointeeship, deputyship or another lawful arrangement should be considered. Please distinguish what [name] can manage independently, with decision support, with monitoring or only through another person acting under the applicable legal authority. Please recommend proportionate safeguards, responsible persons, review intervals and triggers for reassessment, while preserving [name]'s autonomy and access to their own money as far as possible.

Enclosures. Attached are [bank statements; benefits information; income and expenditure records; bills and arrears notices; proposed contract or transaction; accessible budget; records of lost money, unusual spending or suspected exploitation; relevant correspondence or screenshots obtained lawfully; prior assessments; support plans; advocacy information; and the person's wishes and feelings]. Please confirm the scope, assessor, timescale, fee, any liaison required with financial institutions, safeguarding services or legal representatives, and arrangements for the written report and follow-up feedback.

Yours sincerely,

[Name, role, organisation, contact details and authority to instruct]

Template T — Debt and Borrowing Decisions

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

Please assess [name]'s capacity, at this time, to decide whether to [take out the named loan or credit agreement; use an overdraft, credit card, catalogue, buy-now-pay-later service or informal loan; consolidate, refinance or settle the stated debts; enter a repayment plan; or obtain specialist debt advice]. The decision is required by [date] because [proposed agreement, payment deadline, arrears, default notice, enforcement action, change in income, safeguarding concern or other reason]. This request concerns the specified debt or borrowing decision and is not a global assessment of capacity to manage all property and financial affairs.

Information relevant to the decision. Please consider what [name] understands about the amount borrowed or owed; who the creditor is; the purpose of the borrowing; interest, fees and total repayable; repayment amount, frequency and duration; affordability alongside rent, food, utilities and other essential commitments; security or guarantor arrangements; credit-file implications; and the foreseeable consequences of missed payments, default, collection activity, court action, repossession or taking no action. Please also consider realistic alternatives, including budgeting support, creditor negotiation, independent debt advice or not borrowing.

Functional and FASD-related considerations. Please assess whether [name] can compare the amount received with the total amount repayable, understand percentages and recurring commitments in an accessible form, retain repayment information after an appropriate delay, anticipate the cumulative effect of several agreements, and apply the information when income or expenditure changes. Please consider whether working-memory, processing-speed, numeracy, executive-functioning, impulse-control or consequence-prediction difficulties affect the decision. Please distinguish an ability to repeat contractual terms from the ability to manage repayments reliably over time.

Influence, voluntariness and exploitation. Please examine whether the proposed borrowing, acknowledgement of debt or repayment arrangement is affected by urgency, repeated requests, misleading claims, pressure from a lender, family member, friend, partner or online contact, fear of losing housing or relationships, threatened consequences, promised rewards, dependency, suggestibility, acquiescence or a wish to please. Please consider whether another person received or controlled the money, stands to benefit, acts as guarantor, controls correspondence or devices, or has encouraged [name] to conceal the arrangement. Please provide [name] with an opportunity to express their views privately.

Support and recommendations. Please identify whether accessible credit summaries, visual repayment schedules, concrete worked examples, a cooling-off period, independent advocacy, regulated debt advice, supported comparison of alternatives, direct payment of essential bills, spending or credit controls, monitoring, or another

lawful arrangement is required. Please distinguish what [name] can decide or manage independently, with decision support, with monitoring or only through another person acting under the applicable legal authority. Please recommend proportionate safeguards, the person responsible for each action, review dates and triggers for reassessment, while preserving [name]’s autonomy as far as possible.

Enclosures. Attached are [credit or loan agreement; pre-contract information; statements; repayment schedule; arrears, default or enforcement notices; income and expenditure records; benefits information; creditor correspondence; records of payments or transfers; relevant communications obtained lawfully; debt-advice information; safeguarding chronology; previous assessments; advocacy information; and the person’s wishes and feelings]. Please confirm the scope, assessor, timescale, fee, any liaison required with creditors, debt advisers, safeguarding services or legal representatives, and arrangements for the written report and follow-up feedback.

Yours sincerely,

[Name, role, organisation, contact details and authority to instruct]

Template U — Making or Changing a Will and Estate Planning

Important legal distinction. Capacity to make or change a will - often called testamentary capacity - is governed by the succession law and case law applicable in the relevant jurisdiction and may not be identical to the general statutory test used for other decisions. This template should be used with advice from a solicitor experienced in wills, capacity and undue influence. The clinician should provide a decision-specific clinical opinion and should not be asked to draft, witness or validate the will.

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

We request a specialist FASD-informed clinical assessment concerning [name]’s capacity, at this time, to make, revoke or alter a will dealing with [briefly identify the estate or proposed change]. The assessment is required by [date or timeframe] because [new will, material change in assets or relationships, marriage or separation, illness, concern about influence, previous dispute or other reason]. The instructing solicitor is [name and firm], who will advise on the legal test and execution requirements applicable in [jurisdiction]. This request is not for a global finding about financial capacity and does not ask the clinician to determine the will’s legal validity.

Information relevant to the decision. Please assess, in conjunction with the legal test supplied by the instructing solicitor, whether [name] understands that a will determines how their property will pass on death; the broad nature and approximate extent of the assets and liabilities concerned; the people or organisations who may reasonably be considered as potential beneficiaries or may have a claim on the estate; the effect of

including, excluding or changing provision for them; the role of executors and any relevant trusts or conditions; and the practical effect of the proposed instructions compared with the existing will or intestacy position.

Functional and FASD-related considerations. Please examine whether [name] can retain the material information after an appropriate delay, distinguish people and relationships accurately, connect assets with proposed beneficiaries, compare the effect of alternative provisions and explain the reasons for their wishes in their own words. Please consider whether working-memory, receptive-language, processing-speed, sequencing, executive-functioning, adaptive-functioning or consequence-prediction difficulties affect the decision. Please distinguish genuine understanding and settled wishes from repetition, confabulation, verbal masking, immediate agreement or reliance on prompts.

Voluntariness, influence and safeguarding. Please consider whether the proposed instructions are [name]’s own and whether suggestibility, acquiescence, dependency, fear, isolation, grief, conflict, gifts, threats, promises, pressure or another person’s control of information, transport, communication, care, housing or finances affects the expressed wishes. Please identify any material inconsistency with earlier wishes and explore it neutrally rather than assuming that a change is invalid. [Name] should have an opportunity to speak privately, without proposed beneficiaries or anyone who may benefit from the will present, subject to any communication support that preserves confidentiality and the person’s own voice.

Assessment conditions and recommendations. Please identify the accessible explanations, visual family tree or asset schedule, processing time, breaks and supported-recall methods required. Record the information and documents shown, questions asked, persons present, first spontaneous responses and any change following repetition or feedback. Please advise whether assessment should occur at a particular time or in shorter sessions, whether further legal explanation is required, whether wishes remain consistent after a delay and whether any communication or environmental safeguards should be used when the solicitor takes instructions or the will is executed. If a reliable opinion cannot be reached, please state the limitations and what further information, support or reassessment is required.

Other estate-planning decisions. If advice is also sought about a lasting or enduring power of attorney, lifetime gift, trust, nomination, tax-planning step or transfer of property, please treat each as a separate decision and confirm the applicable legal test, information and consequences with the instructing lawyer. Capacity for one instrument or transaction must not be assumed to establish capacity for another.

Enclosures. Attached are [the solicitor’s letter identifying the applicable legal test; current and proposed will instructions; previous wills or codicils; a proportionate schedule of assets and liabilities; family tree and details of potential beneficiaries or claims; relevant correspondence; records of prior expressed wishes; communication plan; previous cognitive, neuropsychological or capacity reports; safeguarding

chronology; advocacy information; and the person's wishes and feelings]. Sensitive legal and financial information should be shared only where relevant and lawful. Please confirm scope, assessor, timescale, fee, liaison with the instructing solicitor, and arrangements for the written report and feedback.

Yours sincerely,

[Name, role, organisation, contact details and authority to instruct]

Template V — Making a Lasting, Enduring or Continuing Power of Attorney

Important legal distinction. The name, legal test, permitted powers, certification and registration process differ by jurisdiction. In England and Wales the instrument is generally a lasting power of attorney; in Scotland it may be a continuing and/or welfare power of attorney; in the Republic of Ireland it is an enduring power of attorney; and Jersey has its own lasting power of attorney framework. This template should be used with advice from a lawyer familiar with the applicable law and current official forms. The clinician should provide a decision-specific clinical opinion and should not be asked to draft, witness, certify or register the instrument unless professionally authorised and expressly instructed to do so.

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

We request a specialist FASD-informed clinical assessment concerning [name]'s capacity, at this time, to create [identify the instrument and jurisdiction] appointing [proposed attorney or attorneys] in relation to [property and financial affairs; health and welfare; personal welfare; or specified powers]. The assessment is required by [date or timeframe] because [advance planning, diagnosis, anticipated change, transaction, family circumstances, concern about influence or other reason]. The instructing lawyer is [name and firm], who will identify the legal test, prescribed form, certification and registration requirements. This is not a global assessment of [name]'s capacity and does not determine their capacity to make every future decision covered by the instrument.

Information relevant to the decision. Please assess, in conjunction with the legal test supplied by the instructing lawyer, whether [name] understands the nature and purpose of the instrument; the identity and role of each proposed attorney and replacement attorney; the decisions and powers being granted; when each power may be used; whether any power may operate while [name] retains capacity; the authority that may continue if [name] later cannot make the relevant decision; any instructions, preferences, restrictions or conditions; whether attorneys act jointly or separately; the

practical consequences of granting, limiting, refusing or revoking the power; and the role of registration, oversight and complaints arrangements.

Functional and FASD-related considerations. Please examine whether [name] can retain and compare the proposed powers after an appropriate delay, connect each power with realistic examples, distinguish help with decision-making from authority to make decisions on their behalf, and explain their reasons for choosing the proposed attorney or attorneys. Please consider whether working-memory, receptive-language, processing-speed, sequencing, executive-functioning, adaptive-functioning or consequence-prediction difficulties affect understanding. Please distinguish genuine comprehension from repetition, learned phrases, verbal masking or agreement based on immediate reassurance.

Voluntariness, trust and influence. Please consider whether the choice of attorney and scope of authority reflect [name]’s own wishes and whether suggestibility, acquiescence, dependency, fear, isolation, family conflict, promises, threats, pressure or another person’s control of information, communication, care, housing or finances affects the decision. Please identify any actual or potential conflict of interest, financial benefit, prior misuse of money or authority, or reason why [name] may not feel free to refuse or choose someone else. [Name] should have an opportunity to speak privately, without proposed attorneys or others who may benefit present, subject to communication support that preserves confidentiality and the person’s own voice.

Assessment conditions and safeguards. Please identify the accessible explanations, visual summaries, examples, processing time, breaks and supported-recall methods required. Record the documents shown, questions asked, persons present, first spontaneous responses and any change following repetition or feedback. Please advise whether further legal explanation, a different time or shorter sessions are required and whether the person’s understanding and choice remain consistent after a delay. Where the applicable process requires a certificate provider, prescribed professional or formal capacity statement, the person completing it must independently satisfy the statutory requirements, including understanding of the instrument and freedom from fraud or undue pressure.

Recommendations and later use. Please recommend any instructions, restrictions, notification arrangements, replacement attorneys, independent oversight, record-keeping, safeguarding or review measures that should be discussed with the lawyer, without drafting the legal instrument. A later question about whether the power has become exercisable, whether [name] lacks capacity for a particular decision, or whether an attorney is acting lawfully must be treated separately under the applicable legal framework; capacity to create the instrument does not itself answer those later questions.

Enclosures. Attached are [the lawyer’s letter identifying the applicable legal test; draft or proposed instrument; accessible summary of the powers; details of proposed and replacement attorneys; proposed instructions, preferences and restrictions; relevant

financial, welfare or care information; records of earlier expressed wishes; communication plan; previous cognitive, neuropsychological or capacity reports; safeguarding chronology; advocacy information; and the person's wishes and feelings]. Sensitive information should be shared only where relevant and lawful. Please confirm scope, assessor, timescale, fee, liaison with the instructing lawyer, and arrangements for the written report and feedback.

Yours sincerely,

[Name, role, organisation, contact details and authority to instruct]

Template W — Court of Protection Deputyship Application

England and Wales. This template is for evidence sought in support of a Court of Protection application. The assessment should address the particular decision or categories of decision identified in the proposed order and provide current information suitable for the application, including Form COP3 where instructed. The clinician should not be asked to decide whether the Court should appoint a deputy, who should be appointed, or the final scope of the order. The Court considers whether a decision by the Court would be preferable to appointing a deputy and, if an appointment is necessary, whether its scope and duration are as limited as reasonably practicable. Property and financial affairs and personal welfare applications should be treated separately and legal advice obtained.

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Proposed Court of Protection application: [property and financial affairs / personal welfare]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

We request a specialist FASD-informed assessment of [name]'s capacity, at this time, to make the following decision or categories of decision that are proposed to be addressed in a Court of Protection application: [number each decision precisely]. The order contemplated is [briefly describe the declaration, one-off decision or deputyship powers sought]. The application is required by [date or timeframe] because [brief factual reason]. This instruction is not for a global finding that [name] lacks capacity in all areas and does not ask the assessor to determine whether deputyship should be granted.

If property and financial affairs are involved. Please identify each decision for which authority is sought—for example, managing identified bank accounts and income; receiving and administering benefits; paying specified bills and care charges; dealing with the named property, tenancy, debt, compensation award, investment or transaction; or instructing professional advisers. Please consider the information

relevant to each category separately and avoid assuming that difficulty with one financial decision establishes incapacity for all property and financial affairs.

If personal welfare is involved. Please identify the specific welfare decisions for which authority is sought—for example, a named care arrangement, accommodation issue or recurring category of decision—and explain why a one-off decision or ordinary best-interests process may not be sufficient. Personal welfare deputyship is not a general substitute for supported decision-making. The assessment should not extend beyond the decisions identified by the applicant and legal adviser.

Current circumstances, proposed powers and alternatives. [Set out a concise factual chronology, the decisions now requiring action, assets or welfare issues concerned, deadlines, risks and any existing authority.] The proposed deputy is [name, relationship or professional role], and the proposed powers are [list narrowly]. Alternatives considered are [support for the person to decide; advocacy; accessible banking or budgeting support; benefits appointeeship; ordinary agency; an existing power of attorney; trust arrangements; safeguarding measures; a one-off Court order; or another lawful option]. Please explain why each is or is not sufficient and what less restrictive support remains possible.

Questions for the capacity assessment. For each numbered decision, please identify the relevant information and assess whether, after all practicable support, [name] can understand it, retain it long enough to decide, use or weigh it in their own circumstances, and communicate a decision. Please state the diagnostic or functional impairment relied upon and provide the evidence linking that impairment to any inability identified. Record the accessible information, visual or practical materials, processing time, breaks, supported recall, communication aids and environmental adjustments used, their effect, and whether further practicable steps could enable [name] to decide.

FASD-informed considerations. Please examine whether receptive-language, working-memory, processing-speed, executive-functioning, numeracy, adaptive-functioning, consequence-prediction or generalisation differences affect each decision. Please distinguish genuine understanding from repetition, learned phrases, verbal masking or apparent confidence, and distinguish performance in a structured interview from reliable functioning over time and in real transactions or daily situations. Assess whether suggestibility, acquiescence, dependency, fear, urgency, repeated requests, reward, threat, another person's presence or wish to please affects the reliability or voluntariness of the response. Where possible, test retention after an appropriate delay and application in a realistic but safe context.

Participation and scope. Please record [name]'s wishes and feelings, preferred supporters, objection or agreement, and how they were enabled to participate without the proposed deputy or another interested person directing their answers. Please identify what [name] can decide independently, what they can decide with support, and what they cannot decide at this time. If incapacity is found for any matter, please state whether the evidence supports a single decision, a limited category or a continuing

pattern; whether the position is likely to change; and what review or reassessment triggers are appropriate. Please avoid recommending powers wider or longer than the evidence supports.

Report and COP3 requirements. Please provide a current, reasoned and decision-specific opinion addressing each numbered decision and, if agreed within the instruction, complete Part B of the current Form COP3 using wording consistent with the report. Please identify the documents and collateral information considered, persons present, assessment dates, first spontaneous responses, any change after repetition or feedback, material limitations or conflicting evidence, and whether a further assessment is required. The report should support the Court's consideration of capacity but should leave the necessity, identity, suitability, powers, duration and terms of any deputyship to the Court.

Enclosures. Attached are [draft COP1 and relevant annex; the applicant's completed Part A of COP3; draft order identifying the powers sought; property and financial schedule or relevant welfare plan; bank, benefits, debt, tenancy, care or safeguarding records as applicable; details of any existing power of attorney, appointeeship, trust or other authority; previous capacity and neuropsychological reports; communication passport; records of practicable support; advocacy information; and [name]'s wishes and feelings]. Sensitive material should be limited to what is relevant and shared lawfully.

Please confirm whether the proposed questions are within your expertise; whether further legal clarification of the order or decisions is required; the assessor, timescale and fee; any liaison or court-attendance costs; and arrangements for the written report, COP3, feedback and any response to written questions.

Yours sincerely,

[Name, role, organisation or firm, contact details, authority to instruct and Court case number if known]

Template X — Intimate Relationships and Consent

Important legal distinction. Decisions about intimate relationships, contact, contraception, marriage and consent may involve different legal tests, and some decisions cannot lawfully be made for another adult. Obtain specialist legal and safeguarding advice and define the precise decision before instruction. This template uses non-explicit language and does not replace an immediate safeguarding or police response.

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

Please assess [name]’s capacity, at this time, in relation to [state the precise legally permissible decision concerning an intimate relationship, contact, contraception or related healthcare]. The decision is required by [date] because [brief factual reason]. Please consider whether [name] understands the nature of the decision, that participation must be voluntary, that either person may refuse or withdraw, the material health or other consequences relevant to their circumstances, and how to seek help or communicate “no”, “stop”, “not sure” or a wish to leave.

Please examine whether the expressed choice is the person’s own and is free from coercion, grooming, fear, dependency, threats, rewards, secrecy, repeated requests or a wish to please. Assess whether [name] can recognise unsafe pressure, maintain a decision away from the other person, distinguish affection from obligation, and use agreed communication or safeguarding support. Provide an opportunity to speak privately. Recommend proportionate education, advocacy, communication supports, contact safeguards and review triggers; do not treat an adult’s care needs, diagnosis, relationship choice or an unwise decision as proof of incapacity.

Enclosures. Attached are [the lawyer’s statement of the applicable legal test; safeguarding chronology; communication passport; accessible education already provided; relevant health or support plans; records of pressure or exploitation; advocacy information; and the person’s wishes and feelings].

Template Y — Police Interview and Criminal-Justice Decisions

Important legal distinction. Capacity, fitness to be interviewed or plead, vulnerability, effective participation and the need for an appropriate adult, legal representative or intermediary are distinct questions governed by the applicable criminal-justice framework. Do not delay access to legal advice or required procedural safeguards while awaiting a planned assessment.

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]’s decision-making and communication abilities in relation to [understanding and acting on legal advice; deciding whether to participate in a voluntary interview; giving instructions to a solicitor; understanding specified bail, licence or court requirements; or another precisely defined decision]. Please identify the applicable legal question with the instructing lawyer or police professional and avoid asking for a global finding.

Please examine receptive language, memory, processing speed, sequencing, executive functioning, suggestibility, acquiescence, confabulation, anxiety and response to authority. Record whether answers change with repetition, leading or closed questions, challenge, feedback or multiple interviewers; whether [name] adopts information supplied by others; and whether they understand the role of the interviewer, legal

adviser and appropriate adult. Recommend neutral questioning, one speaker, processing time, breaks, visual timelines where lawful, accurate recording, specialist communication support and the least possible repetition. A clinical assessment must not determine guilt, truthfulness or the admissibility of evidence.

Enclosures. Attached are [letter from the instructing lawyer identifying the legal question; custody or interview records; exact questions and answers where available; communication passport; appropriate-adult or intermediary information; relevant clinical reports; medication and fatigue information; and safeguarding records].

Template Z — Restrictive Practices, Monitoring or Surveillance

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]’s capacity, at this time, to consent to [identify the proposed measure—for example, location tracking, door or movement sensors, camera or audio monitoring, phone or internet monitoring, supervision, limits on access or another specified restriction]. The decision is required by [date] because [identified risk]. Please consider what [name] understands about the measure’s purpose, operation, duration, who can access information, privacy impact, practical restrictions, possible benefits and harms, alternatives, review arrangements and how consent may be withdrawn.

Please distinguish agreement produced by pressure or fear from informed consent, and assess whether [name] can apply the information in the real setting and communicate objection, distress or a wish to stop. Consider whether the same safety benefit can be achieved through less restrictive support. If [name] cannot consent, the report should identify the decision-specific evidence and support required but must leave best-interests, necessity, proportionality, human-rights and any deprivation-of-liberty authorisation to the responsible legal and statutory decision-makers.

Enclosures. Attached are [risk assessment; proposed monitoring specification; privacy information; less restrictive alternatives considered; care plan; incident chronology; communication plan; consultation record; advocacy information; and the person’s wishes and feelings].

Template AA — Leaving Care, Hospital or a Safe Setting Immediately

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]’s capacity, at this time, to decide whether to leave [named hospital, care setting, supported accommodation or safe location] now, remain until [specified event or review], or accept [identified alternative]. The decision is time-

sensitive because [brief factual reason and immediate risks]. Where there is imminent danger or a medical emergency, staff must follow the applicable emergency, safeguarding and legal framework without waiting for a planned specialist assessment.

Please consider what [name] understands about why they are in the setting, the immediate purpose of remaining, where they propose to go, transport, access to medication, food, money, shelter and support, foreseeable health or safeguarding consequences, realistic alternatives and how to obtain help. Assess whether pain, withdrawal, distress, fatigue, medication, sensory overload, conflict, fear, another person waiting outside, pressure, exploitation or a wish to escape the interaction affects the decision.

Please identify immediately available adjustments that do not create unsafe delay, including fewer words, one speaker, a quiet space, visual information, a brief processing interval, trusted support, advocacy or legal advice. Distinguish capacity to decide to leave from the practical safety of the plan. Recommend a proportionate contingency plan, safe transport, medication and contact arrangements, a route to return or seek help, and a prompt review if the person's condition, proposed destination, support or level of pressure changes.

Template AB — Litigation Instructions, Settlement or Compensation

Important legal distinction. Capacity to conduct proceedings, instruct a lawyer, approve a settlement, manage compensation and make related financial decisions may involve different legal tests. The instructing solicitor should define each question and provide the relevant legal information. Court approval, a litigation friend, deputy, trustee or other arrangement may be required under the applicable rules; the clinician should not decide those legal issues.

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]'s capacity, at this time, to [give instructions in the named proceedings; understand and decide whether to accept the specified settlement; sign the named release or authority; or decide how the identified compensation should be protected or managed]. Please consider what [name] understands about the nature and purpose of the proceedings or agreement, the principal issues, available options, material risks, costs, confidentiality, finality, enforcement, alternatives and reasonably foreseeable consequences.

Please examine whether [name] can retain advice after an appropriate delay, compare an immediate payment with longer-term needs, instruct the lawyer consistently, identify when further advice is required and resist pressure from relatives, opponents, advisers or others who may benefit. Consider suggestibility, acquiescence, fear of court, urgency, fatigue, numeracy, executive functioning and verbal masking. Recommend

accessible advice, visual timelines or schedules, shorter meetings, advocacy, independent financial advice and review arrangements. Distinguish capacity to litigate from capacity to settle or manage an award, and state any limitations clearly.

Enclosures. Attached are [the solicitor's letter identifying each legal test; pleadings or concise case summary; advice on settlement; proposed agreement or order; schedule of loss or compensation; costs information; communication plan; previous assessments; records of pressure or conflicting interests; and the person's wishes and feelings].

Template AC — Pregnancy, Parenting and Care of a Child

Important distinction. Pregnancy-related healthcare, contraception, participation in family proceedings, and particular parenting or child-care decisions may involve different legal tests and professional responsibilities. Capacity must be assessed for each identified decision and must not be replaced by a global judgement about parenting ability. The child's welfare and any safeguarding duties must be addressed through the applicable children's-services and court processes.

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]'s capacity, at this time, to decide whether to [state the precise decision—for example, accept or refuse named antenatal care or treatment; use the specified contraception; engage with a particular parenting-support plan; give instructions in identified family proceedings; or make the named decision concerning the child]. Please identify the essential information, options, benefits, risks and foreseeable consequences applicable to that decision and avoid combining separate decisions into one assessment.

Please consider receptive language, memory, processing speed, executive functioning, sequencing, adaptive functioning and the ability to apply information across changing or stressful circumstances. Examine whether family pressure, fear of professional consequences, dependency, coercion, past trauma, verbal masking or a wish to please affects the response. Identify accessible health information, advocacy, trusted support, practical demonstration, repeated opportunities to learn, and review arrangements required. Where parenting support is considered, distinguish the adult's capacity to make the specified decision from their ability to perform particular care tasks, and identify the scaffolding, supervision or services needed rather than treating diagnosis as determinative.

Enclosures. Attached are [the clinician's or solicitor's statement of the precise decision and legal test; accessible healthcare information; parenting or child-in-need plan; family-court documents where relevant; communication passport; occupational,

educational or social-care assessments; safeguarding chronology; advocacy information; and the adult's wishes and feelings].

Template AD — Alcohol, Drugs, Gambling or Other Addictive and Impulsive Behaviour

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]'s capacity, at this time, to decide whether to [accept or refuse the named treatment; enter the specified harm-reduction plan; agree to a defined money or access safeguard; self-exclude from the stated gambling service; or make another precisely identified decision]. The assessment should not ask whether [name] has capacity to "manage addiction" generally. Please consider what [name] understands about the behaviour, immediate and cumulative health, financial, housing, relationship and legal consequences, withdrawal or relapse risks where relevant, treatment options, support required and the consequences of accepting or refusing each option.

Please assess the decision at a time when intoxication, withdrawal, acute distress or craving does not unfairly distort the picture, unless the urgent decision must be made then. Examine memory, impulse control, delay discounting, numeracy, consequence prediction, susceptibility to advertising or peer pressure, access to money and the ability to use a plan in real situations. Distinguish an unwise or relapsing choice from incapacity. Recommend accessible treatment information, repetition without leading, advocacy, agreed spending or access controls, crisis contacts, relapse planning and review triggers; any restriction must have an appropriate lawful basis and be proportionate.

Enclosures. Attached are [treatment proposal; accessible harm information; substance-use or gambling history; medication and withdrawal information; financial or safeguarding records; previous treatment outcomes; risk and crisis plans; communication profile; advocacy information; and the person's wishes and feelings].

Template AE — Consent to Formal Information Sharing or Record Disclosure

Important distinction. Consent is only one possible lawful basis for processing or sharing personal information. The instructing organisation must first establish whether consent is appropriate or whether another lawful basis and any additional condition for sensitive or criminal-offence data applies. A capacity assessment must not be used to obtain consent where consent is unnecessary, inappropriate or not freely given.

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]’s capacity, at this time, to consent to the specified disclosure of [identify records or information] by [organisation] to [named recipient] for [precise purpose]. Please consider what [name] understands about what information will be shared, why, with whom, for how long, likely uses, possible onward disclosure, limits of confidentiality, benefits and risks, alternatives, whether refusal affects services, and how consent may be withdrawn. Separate choices should be offered for distinct purposes and recipients where practicable.

Please examine whether [name] can retain the explanation, recognise the difference between permission to view, copy, discuss and publish information, and make a voluntary choice without pressure from professionals, family or another person. Use plain-language summaries, visual recipient-and-purpose maps and an accessible withdrawal method. Record exactly what was explained, the response, date, persons present and any limits. Where consent is not relied upon, document the lawful basis, necessity, proportionality and information provided to [name], and seek specialist data-protection or legal advice when required.

Enclosures. Attached are [the proposed consent wording; privacy notice; list of information and recipients; purpose and retention details; safeguarding or legal basis analysis; accessible explanation; communication plan; previous consent records; and the person’s wishes and concerns].

Template AF — Food, Nutrition, Self-Neglect and Personal Care

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]’s capacity, at this time, to decide whether to [accept or refuse the named nutrition, hydration, hygiene, wound-care, diabetes-management, personal-care or home-safety intervention]. The decision is required by [date] because [specific health, infection, malnutrition, dehydration, skin-integrity, fire, infestation or other risk]. Please consider what [name] understands about the current condition, the proposed support, material benefits and risks, alternatives, frequency, privacy impact and consequences of accepting or refusing it.

Please distinguish the capacity to decide from the ability to initiate, sequence, remember and complete the task consistently. Examine sensory aversion, interoception, pain, fatigue, shame, trauma, executive dysfunction, memory, understanding of cumulative risk and the effect of the environment or particular carers. Assess whether practical demonstration, routines, prompts, equipment, preferred staff, graded support or treatment of an underlying condition enables the person to decide or

act. Recommend the least restrictive support, clear emergency thresholds, review triggers and safeguarding action where neglect, coercion or exploitation is suspected.

Enclosures. Attached are [clinical assessment; nutrition, wound, diabetes or personal-care plan; weight or health monitoring; occupational-therapy or environmental assessment; daily records; accessible information; communication passport; safeguarding chronology; advocacy information; and the person's wishes and feelings].

Template AG — Marriage, Civil Partnership or Separation

Important legal distinction. Capacity to marry or enter a civil partnership, capacity to conduct divorce or dissolution proceedings, capacity to decide contact and capacity to make financial arrangements are separate questions. In England and Wales, marriage and civil partnership are excluded decisions that cannot be made for a person under the Mental Capacity Act. Obtain specialist family-law advice and identify the jurisdiction and exact question.

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]'s capacity, at this time, to [marry the named or proposed person; enter the proposed civil partnership; instruct a lawyer and conduct separation, divorce or dissolution proceedings; or make another precisely identified associated decision]. Please consider whether [name] understands, in broad terms, the nature and legal status of the relationship, mutual responsibilities, exclusivity where legally relevant, financial and inheritance consequences, effect on existing legal arrangements, how the relationship may be ended, and the difference between choosing the relationship and agreeing to particular financial, living or intimate arrangements.

Please consider whether the decision is free from coercion, forced marriage, immigration pressure, financial inducement, dependency, isolation, family expectations, fear, threats, suggestibility or a wish to please. Provide an opportunity to speak privately and assess consistency after an appropriate delay. Where separation proceedings are contemplated, distinguish capacity to end the relationship from litigation capacity and from decisions about finances, children, accommodation or contact. Recommend accessible legal advice, independent advocacy, interpreter or communication support and safeguarding action where required.

Enclosures. Attached are [the solicitor's letter identifying the legal test; proposed notice or application; accessible explanation of legal consequences; information about previous marriages or partnerships; financial or immigration implications; safeguarding chronology; communication plan; advocacy information; and the person's wishes and feelings].

Template AH — Immigration, Nationality or Residency Decisions

Important legal distinction. Capacity to give instructions, sign an application, conduct proceedings, choose where to live, marry, disclose information or accept a particular immigration outcome may involve different legal tests. The instructing immigration lawyer should identify each question, the relevant jurisdiction, deadlines and the information the person needs. A clinician should not determine immigration status, credibility or the merits of a claim.

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]’s capacity, at this time, to [instruct the named adviser; sign or submit the specified application, statement or consent; decide between identified immigration or residency options; provide required information; or conduct the named proceedings]. Please consider what [name] understands about the purpose of the process, principal options, deadlines, evidence required, duty to provide accurate information, possible interviews or hearings, confidentiality and data sharing, fees, conditions, effect on work, benefits, housing, healthcare and family contact, and the reasonably foreseeable consequences of action, delay or refusal.

Please examine receptive language, memory for chronology, sequencing, processing speed, executive functioning, suggestibility and response to authority. Ensure any interpreter is independent and briefed about communication needs; distinguish inconsistency caused by memory or question form from dishonesty; record exposure to others’ accounts or rehearsed narratives; and allow accessible summaries, visual timelines, breaks and legal advice. Consider pressure from family, sponsors, employers, traffickers, exploiters or others who control documents, housing, money or communication. Recommend participation supports, advocacy, intermediary assessment where relevant and review if the decision or legal options change.

Enclosures. Attached are [the lawyer’s statement of the legal question; application or appeal documents; accessible options summary; chronology and records; interpreter details; identity and status documents shared lawfully; communication passport; previous assessments; safeguarding or trafficking information; advocacy records; and the person’s wishes and feelings].

Template AI — Advance Treatment Decisions and Future-Care Planning

Important legal distinction. Advance decisions to refuse treatment, advance statements, anticipatory care plans and emergency-care recommendations have different legal effects and requirements across jurisdictions. In England and Wales, a valid and applicable advance decision to refuse specified treatment is governed by sections 24–26 of the Mental Capacity Act 2005; additional formalities apply where life-

sustaining treatment is refused. Obtain current legal and clinical advice and treat each proposed instruction separately.

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]’s capacity, at this time, to [make, alter or withdraw the specified advance decision; record the stated future-care preference; or agree the named anticipatory care plan]. Please consider what [name] understands about the treatment or care concerned, the future circumstances in which the document may apply, the difference between a binding refusal and a non-binding preference where relevant, possible consequences, alternatives, review or revocation, and how the document will be communicated and stored.

Please examine whether the instructions are [name]’s own and are free from family, professional or financial pressure; whether understanding remains after an appropriate delay; and whether memory, receptive language, future thinking, consequence prediction, suggestibility or verbal masking affects the decision. Use accessible scenarios, one issue at a time, independent advocacy and opportunities to speak privately. Record the exact information and circumstances considered, consistency over time, required witnessing or certification, and any review triggers. Attached are [draft document; clinician’s treatment summary; accessible information; existing advance plans or power of attorney; communication plan; advocacy information; and prior expressed wishes].

Template AJ — Benefits Claims, Reporting Changes and Appointeeship

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]’s capacity, at this time, to [make or maintain the named benefit claim; report the specified change; understand and respond to the stated decision or overpayment; manage benefit income; or decide whether assistance or DWP appointeeship is required]. The decision is required by [date] because [claim deadline, review, change of circumstances, overpayment, safeguarding concern or transition]. In England, Wales and Scotland, a DWP appointee has narrow authority concerning benefits and is appointed by DWP; this should not be confused with wider deputyship, guardianship or power of attorney.

Please consider what [name] understands about eligibility, claim information, appointments, reporting duties, payment frequency, budgeting, changes that affect entitlement, overpayments, sanctions or recovery where relevant, and the

consequences of delay or inaccurate information. Assess whether memory, numeracy, executive functioning, reading, online access, suggestibility or another person's control of correspondence, identification, devices or money affects ability or voluntariness. Distinguish support to claim from the need for formal appointeeship, identify the least restrictive option, and recommend access to personal spending money, records, monitoring and review. Attached are [benefit letters; claim forms; income and expenditure records; reporting history; accessible explanations; details of proposed appointee; safeguarding information; authority documents; communication plan; and the person's wishes].

Template AK — Entering a Tenancy or Licence

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]'s capacity, at this time, to enter the proposed [tenancy or licence] for [address]. The decision is required by [date]. Please consider what [name] understands about the accommodation provided; rent and other charges; deposit; payment dates; duration; occupation rights; landlord access; repairs; care of the property; visitors, pets and household rules; ending the agreement; arrears, breach and loss of accommodation; benefits implications; support arrangements; and realistic alternatives.

Please assess whether [name] can retain and apply the essential obligations after a delay and in realistic scenarios, rather than merely read or repeat the agreement. Consider receptive language, memory, numeracy, executive functioning, fear of losing the offer, pressure from providers or family, linked care arrangements and conflicts of interest. Identify whether an accessible agreement, supported visit, independent housing advice, advocacy, budgeting support or other practicable step enables the person to decide. If capacity is not established, obtain legal advice about any required court authority; do not simply invite another person to sign without lawful authority. Attached are [proposed agreement; statutory or landlord information; accessible summary; property and support details; rent and benefits information; visit records; risk assessment; advocacy information; and the person's views].

Template AL — Buying, Selling or Transferring Property

Important legal distinction. Capacity to decide to buy, sell, transfer or mortgage property, capacity to instruct a conveyancer, and authority to execute documents may be separate questions. Joint ownership, trusts, gifts, undervalue transactions, attorneys, deputies and replacement trustees may require distinct legal or Court of Protection procedures. The instructing property or private-client lawyer should define each decision and required authority.

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]'s capacity, at this time, to [buy, sell, transfer, gift, mortgage or otherwise deal with the identified property]. Please consider what [name] understands about ownership, title, market value and valuation, price, mortgage or secured debt, fees and tax, net proceeds, alternative accommodation, transaction timetable, binding documents, consequences of completion or withdrawal, and proposed use and protection of any proceeds.

Please examine whether [name] can compare valuations and options after an appropriate delay, understand large and abstract sums using accessible examples, anticipate housing and long-term financial consequences, and obtain independent advice. Consider pressure, urgency, family expectations, promised benefit, conflict of interest, exploitation, undervalue, gifts, dependency, suggestibility and control of documents or communication. Recommend accessible conveyancing advice, independent valuation, advocacy, safeguards for proceeds and review arrangements. Attached are [title and ownership details; valuation; offer; draft contract or transfer; mortgage and cost information; alternative-housing plan; authority documents; financial plan; safeguarding records; and the person's wishes].

Template AM — Acute, Temporary or Fluctuating Capacity

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]'s capacity, at the relevant time, to make [state the precise decision]. There is concern that decision-making ability may be temporary or fluctuate because of [acute illness, delirium, head injury, seizure, infection, pain, medication, intoxication or withdrawal, sleep loss, mental-health crisis, neurological condition or other factor]. The decision is required by [time/date]. Where immediate treatment or safety action is necessary, follow the applicable emergency framework without waiting for a planned specialist assessment.

Please distinguish the person's usual FASD or brain-injury profile from the acute change and obtain baseline information without allowing others' views to replace the person's own responses. Record alertness, orientation, attention, receptive language, memory, processing speed, pain, medication, fatigue, sensory load and environmental conditions at each assessment. Identify whether the decision can safely wait for treatment, rest or a better time; what urgent support is practicable; whether answers remain consistent after a suitable interval; and the exact time to which any opinion relates.

Please recommend a review schedule and clear triggers for reassessment, including stabilisation, medication change, resolution of delirium or intoxication, change in pain or consciousness, movement to a quieter setting or return to baseline. State which decisions cannot wait, which should be deferred, what lawful temporary decision-making process applies if capacity is absent, and what information must be revisited with [name] when their condition improves. Attached are [baseline records; acute clinical observations; medication chart; neurological or mental-health assessment; communication passport; earlier capacity evidence; chronology of fluctuation; and the person's wishes where ascertainable].

Template AN — Instructing a Solicitor Outside Active Litigation

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]'s capacity, at this time, to instruct [named solicitor or adviser] about [the specified complaint, contract, housing dispute, safeguarding issue, pre-action matter or other non-litigation legal problem]. The decision is required by [date] because [deadline or practical reason]. Please consider what [name] understands about the adviser's role, confidentiality and its limits, the facts and objectives of the instruction, available options, costs or funding, authority to obtain records or contact others, likely consequences and the right to change instructions or adviser.

Please examine whether [name] can give a coherent account with appropriate communication support, distinguish personal recollection from information supplied by others, understand and weigh legal advice, identify when clarification is needed and maintain instructions after a suitable delay. Consider memory for chronology, suggestibility, acquiescence, fear of authority, family or professional pressure and conflicts of interest. Recommend visual timelines, accessible advice, written summaries, breaks, advocacy or communication support. Attached are [the solicitor's letter identifying the legal question; key documents; chronology; accessible options summary; communication plan; records of possible influence; and the person's wishes].

Template AO — Voting and Civic Participation Support

Important legal distinction. This is not a template for deciding whether a person is "capable of voting". A registered voter must not be denied a ballot or the opportunity to vote because of mental or physical incapacity. The purpose is to identify accessible support, protect secrecy and freedom from undue influence, and enable the person to make and express their own electoral choice. A proxy may cast the person's vote only in accordance with the applicable electoral rules and the voter's own choice.

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please identify the support [name] requires to register, understand the voting method and practical process, access balanced and accessible information, communicate their own choice, apply for postal or proxy voting where eligible, attend the polling station and vote privately. Consider whether another person is directing, rewarding, threatening, monitoring or completing the choice for them. Use neutral information, one issue at a time, adequate processing time and an independent supporter where appropriate. Record adjustments requested from electoral services, but do not record or disclose the person's intended vote. Attached are [accessible electoral information; voting-access needs; communication passport; details of the proposed supporter or proxy; and any safeguarding concerns].

Template AP — Organisational Photographs, Filming, Case Studies or Publicity

Important distinction. The organisation must first identify the lawful basis for collecting, using and publishing personal data and whether consent is appropriate. Where consent is relied upon, it must be freely given, specific, informed, unambiguous, separate for distinct uses and easy to withdraw. Participation in services must not be made conditional on optional publicity consent.

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]'s capacity, at this time, to consent to [the specified photograph, recording, quotation or case study] being used by [organisation] for [named purpose], in [named channels], for [duration], with [identified audience and third parties]. Please consider what [name] understands about identifiability, editing, captions, online copying, searchability, onward sharing, permanence, commercial or fundraising use, whether payment or benefit is offered, and the practical limits of withdrawal once material has been published.

Please offer separate choices for photography, filming, quotation, internal use, website, social media, press and third-party reuse. Examine pressure from staff, family, peers, incentives, fear of losing support or a wish to please. Provide an accessible preview where possible, a simple refusal and withdrawal route, and regular review where use is ongoing. Record who asked, what was explained, the exact consent given, date, duration and any limits. Attached are [consent form; privacy notice; proposed material and captions; publication plan; withdrawal process; communication plan; and the person's wishes].

Template AQ — Organ or Tissue Donation and Post-Death Arrangements

Important legal and clinical distinction. Living donation, donation after death, tissue donation, post-mortem examination and funeral or body arrangements are governed by different laws and processes across jurisdictions. Living donation is subject to specialist transplant assessment and regulatory safeguards. Obtain advice from the relevant clinical team, Human Tissue Authority or equivalent body and a lawyer where necessary; do not combine these decisions.

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]’s capacity, at this time, to [state the precise decision]. For living donation, consider the nature and purpose of the procedure, voluntary nature, tests and assessment, material short- and long-term risks, recovery, impact on health and daily life, uncertainty of benefit to the recipient, alternatives, confidentiality and the right to withdraw without giving a reason. Examine family or recipient pressure, guilt, promised benefit, dependency, cultural expectations, suggestibility and fear of relationship loss. For post-death wishes, assess the applicable decision and recording process separately, using accessible information and ensuring the person’s wishes are documented and communicated. Attached are [specialist clinical information; regulator or legal guidance; accessible summary; family and safeguarding information; advocacy record; and the person’s wishes].

Template AR — Consent to Research Participation

Important regulatory distinction. Research involving adults who lack or may lack capacity is governed by different legislation across the UK and by the study type, including separate rules for clinical trials of investigational medicinal products. The research sponsor, investigator and research ethics committee must identify the applicable framework. A clinical capacity opinion does not replace consent procedures, consultee or representative arrangements, or ethics approval.

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]’s capacity, at this time, to consent to participation in [study title and intervention]. Please consider what [name] understands about the research purpose, what participation involves, duration, randomisation or placebo where relevant, foreseeable burdens and risks, possible benefits and uncertainty, alternatives, confidentiality and data use, payments or expenses, voluntary participation, the right to

refuse or withdraw without loss of ordinary care, and what happens to information or samples after withdrawal.

Please examine whether incentives, therapeutic misconception, authority, dependency, repeated requests, fear of disappointing clinicians or wish to please affect voluntariness. Use the ethics-approved accessible information, supported communication and a method to check understanding after a delay. Record assent, objection or distress throughout participation and the process for withdrawal or review if capacity changes. Attached are [ethics-approved protocol and participant information; consent form; regulatory pathway; accessible materials; schedule of procedures; payment details; consultee or representative procedure where applicable; communication plan; and the person's wishes].

Template AS — Significant Elective Procedure with Irreversible or Long-Term Consequences

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]'s capacity, at this time, to accept or refuse [named elective procedure]. The decision is required by [date], but urgency is [state accurately]. Please identify the aspects that are irreversible or may have long-term consequences and consider the procedure's purpose, steps, material risks and benefits, uncertainty, recovery, effect on function and daily life, alternatives including no procedure, possibility of later treatment, and consequences of delay or refusal.

Please provide information in stages, use concrete and visual explanations, allow the person's assessed processing interval and test retention and application on more than one occasion where clinically safe. Examine pain, fear, body-image concerns, medication, authority pressure, family expectations, suggestibility and the ability to communicate refusal or request a pause. Consider independent advocacy, a second clinical opinion and specialist legal advice where the consequences are profound or disputed. Record why the timing is fair, any change in choice and whether further support could enable the person to decide. Attached are [treatment proposal; accessible risk information; alternatives; second opinion; communication plan; advocacy record; and prior expressed wishes].

Template AT — Fire Safety, Hoarding and Condition of the Home

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]’s capacity, at this time, to decide whether to [permit the specified fire-safety, pest-control, cleaning, repair or access measure; remove or relocate identified belongings; accept temporary accommodation; or comply with a named tenancy or environmental-health requirement]. The decision is required by [date] because [specific risk]. Please consider what [name] understands about the condition of the home, blocked access or exits, fire load, utilities, hygiene, infestation, structural or neighbour impact, landlord or enforcement consequences, proposed work, possessions affected, alternatives and consequences of accepting or refusing.

Please distinguish a decision from the ability to organise, initiate and sustain change. Consider executive dysfunction, memory, categorisation, emotional attachment, anxiety, shame, trauma, sensory needs, insight into cumulative risk and the effect of repeated failed interventions. Use photographs, marked plans, item-by-item or zone-based options, trusted support and graded timescales. Recommend the least restrictive multi-agency plan, protection of valued possessions, storage or retrieval arrangements, emergency thresholds, fire-service or environmental-health liaison and review triggers. Attached are [home and fire-risk assessments; photographs used lawfully; clutter or environmental records; tenancy information; proposed work plan; alternatives; safeguarding record; advocacy information; and the person’s views].

Template AU — Vehicle Purchase, Driving and Road-Safety Decisions

Important distinction. Mental capacity to make a specified decision about driving or a vehicle is different from medical fitness to drive, licensing entitlement and practical driving competence. In Great Britain, DVLA decides whether a person meets the medical standards for a driving licence; in Northern Ireland, DVA performs that role. A specialist capacity assessment must not substitute for medical notification, a clinician’s fitness-to-drive advice, a driving assessment, licensing action, insurance requirements or road-traffic law.

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Please assess [name]’s capacity, at this time, to decide whether to [apply for, renew, retain or voluntarily surrender the specified licence; notify DVLA or DVA of the named condition; undertake driving lessons or an independent driving assessment; accept the stated driving restriction or vehicle adaptation; buy, sell, finance, insure or maintain the identified vehicle; or make another precisely defined decision]. The decision is required by [date] because [medical advice, licensing deadline, proposed purchase, accident, change in functioning, safeguarding concern or other reason].

Information relevant to the decision. Please consider what [name] understands about licensing status and restrictions; any duty to report a medical condition or deterioration; the role of DVLA or DVA and the possible outcomes of medical enquiries; advice from

healthcare professionals; insurance disclosure and validity; the difference between holding a licence and being safe to drive on a particular occasion; vehicle price, finance, tax, insurance, fuel, servicing, repairs and depreciation; ownership and cancellation terms; adaptations; and realistic alternatives such as accompanied travel, public transport, community transport or stopping temporarily.

Functional and FASD-related considerations. Please examine whether [name] can retain and apply information about rules, restrictions, hazards, journey planning, fatigue, medication, alcohol or drugs, distractions, emergencies and the consequences of unsafe driving. Consider processing speed, divided attention, working memory, impulse control, executive functioning, visuospatial skills, judgement, insight, response to unexpected change and ability to generalise from lessons to actual roads. Distinguish decision-making capacity from practical driving competence and obtain specialist medical, occupational-therapy or on-road assessment where indicated.

Influence, safeguards and recommendations. Please consider whether status, peer pressure, family expectations, employment demands, fear of losing independence, vehicle sellers, lenders or another person's use of the vehicle affects the choice. Assess whether [name] can recognise when not to drive, follow medical or licensing restrictions, arrange alternative transport and seek help after an incident or deterioration. Recommend accessible written restrictions, reminders, supervised practice, vehicle adaptations, key or vehicle-access arrangements, review dates and triggers for urgent reassessment. Any restriction on access to a vehicle or keys must have an appropriate lawful basis and be necessary and proportionate.

Enclosures. Attached are [licence and DVLA or DVA correspondence; medical advice; relevant notification form; driving-assessment or instructor report; accident or near-miss records; medication information; proposed vehicle, finance and insurance documents; adaptation assessment; communication plan; safeguarding records; and the person's wishes and feelings]. Official Great Britain information: <https://www.gov.uk/driving-medical-conditions> and <https://www.gov.uk/health-conditions-and-driving>

COP3 Evidence Checklist — England and Wales

Purpose. Form COP3 is used to submit an expert opinion about a person's mental capacity as part of a Court of Protection application. The applicant completes Part A and an appropriate assessor completes Part B. The evidence must be current, decision-specific and consistent with the application and proposed order. Always check the current HMCTS form and guidance before filing; this checklist does not replace them or legal advice.

Applicant: prepare Part A and the instruction

- Use the latest official COP3 form and complete Part A before sending it to the assessor.

- Give the person's full identifying details accurately and consistently across COP1, COP3, supporting annexes and the draft order.
- Number each decision separately and use the same wording throughout the application.
- State the order sought, but do not ask the assessor to decide whether the Court should make it or whom it should appoint.
- Explain why the decision is required now and why Court involvement is said to be necessary.
- Describe all practicable steps already taken to support the person, who provided them, when, where and with what effect.
- Provide relevant information about the person's communication, processing time, sensory needs, fatigue, preferred supporters and reliable ways to communicate "yes", "no", "stop", "not sure" and "help".
- Identify any urgency, safeguarding issue, fluctuating presentation, conflict of interest or possible influence on the person.
- Give the assessor the proposed order or a clear schedule of the powers sought so the assessment matches the legal questions.

Assessor: competence, role and independence

- Record professional qualifications, role, registration where applicable and experience relevant to the person and decisions.
- Explain the nature and duration of any professional relationship with the person.
- Confirm that the opinion is given independently and disclose any actual or potential conflict of interest.
- Confirm whether FASD, neuropsychology, communication, executive-functioning or suggestibility expertise is required and whether it lies within the assessor's competence.
- State the assessment dates, locations, duration, people present and whether any part was conducted remotely.
- Identify any interpreter, communication specialist, advocate or supporter and explain their role.

Evidence for the Mental Capacity Act test

- Identify the impairment of, or disturbance in the functioning of, the mind or brain and the evidence supporting it; avoid relying on diagnosis alone.
- For each numbered decision, identify the information relevant to that decision, including the realistic options and reasonably foreseeable consequences.
- Describe how the information was presented in an accessible form and why it was sufficient for the assessment.
- Give concrete evidence of whether the person could understand the relevant information.
- Give concrete evidence of whether the person could retain it long enough to decide, including any testing after a suitable delay.

- Give concrete evidence of whether the person could use or weigh the information in their own circumstances, rather than merely repeat it.
- Describe how the person communicated a decision or why communication was not possible by any practicable means.
- Explain the causal link between the identified impairment or disturbance and any inability to make the particular decision.
- Address each decision separately; do not infer incapacity in one area from difficulty in another.
- State whether the person's capacity is likely to change and, if so, the expected timescale and circumstances for reassessment.

FASD-informed evidence and reliability

- Describe any relevant differences in receptive language, working memory, processing speed, executive functioning, adaptive functioning, numeracy, social understanding, consequence prediction or generalisation.
- Record the person's first spontaneous responses and distinguish genuine understanding from repetition, learned phrases, verbal masking or apparent confidence.
- State whether answers changed after repetition, rephrasing, feedback, challenge, or the arrival or departure of another person.
- Consider suggestibility, acquiescence, coercion, dependency, fear, reward, threat, shame, urgency and wish to please.
- Record possible contamination through rehearsed answers, exposure to another account or discussion of expected answers.
- Explain whether performance in a structured assessment corresponds with everyday functioning and real-life implementation.
- Distinguish what the person can do independently, with prompting, with supported decision-making, with supervision, or only through another person acting lawfully.
- Address fluctuation arising from fatigue, stress, pain, medication, dysregulation, sensory load, time of day, setting or people present.

Documents, observations and collateral evidence

- List every document reviewed, with dates where available.
- Identify relevant previous capacity, diagnostic, neuropsychological, speech and language, occupational therapy, psychiatric or medical evidence.
- Include communication passports, accessible materials and records showing how practicable support was delivered.
- Use dated, decision-relevant examples from care, financial, health, tenancy, safeguarding or incident records.
- Identify each collateral informant, their relationship to the person, the information provided and any potential interest in the outcome.
- Record the person's own wishes and feelings, objections, preferred supporters and response to the proposed proceedings.

- Explain any material inconsistency between sources or between formal testing and everyday functioning.

Before the COP3 is signed or filed

- Check that the opinion answers every numbered decision in Part A and uses wording consistent with COP1, any annex and the draft order.
- Ensure the evidence is current and explain any reliance on an earlier assessment.
- Give reasons for each conclusion and avoid conclusory phrases such as “clearly lacks capacity” without supporting evidence.
- Do not treat an unwise decision, diagnosis, disability, poor outcome, non-compliance or disagreement with professionals as proof of incapacity.
- State clearly where capacity is established, not established or cannot yet be determined.
- Identify material limitations, missing evidence, unresolved conflict, inability to complete part of the assessment, or need for specialist input.
- Check that recommendations do not exceed the evidence or improperly predetermine best interests, the necessity of deputyship, the proposed deputy or the scope of Court powers.
- Ensure Part B is complete, signed and dated by the assessor and that any continuation sheets identify the assessor, the person, date of birth and question number.
- Confirm confidentiality, lawful information sharing and secure transmission to the applicant or legal representative.
- Keep copies of the completed form, report, materials used and records of the assessment in accordance with professional and organisational requirements.

Common weaknesses to avoid. The Court may be poorly assisted by evidence that asks or answers a global question; does not identify the relevant information; lists a diagnosis without linking it causally to inability; omits practicable support; relies only on a brief interview; treats repetition as understanding; ignores suggestibility or real-world functioning; uses different decision wording from the application; or recommends broad, indefinite powers unsupported by the evidence.

Official form and guidance: <https://www.gov.uk/government/publications/make-a-report-on-someones-capacity-to-make-decisions-form-cop3>

Equivalent Capacity-Evidence Checklist — Scotland

Important distinction. Form COP3 is not used in Scotland. Applications concerning incapacity are governed principally by the Adults with Incapacity (Scotland) Act 2000. Guardianship or intervention-order applications are made to the sheriff court and must be supported by the prescribed Scottish reports and certificates. The exact forms depend on the powers sought and the cause of incapacity; current Scottish

Government and Office of the Public Guardian guidance, and legal advice, should be checked before lodging the application.

Applicant and solicitor: define the application

- Identify whether the application seeks an **intervention order** for one or more specific acts, a **guardianship order** for continuing powers, or another route under the Act.
- List each welfare or financial power separately and use the same wording in the summary application, reports and proposed order.
- Explain why each power will benefit the adult, why that benefit cannot reasonably be achieved without intervention, and why the proposed measure is the least restrictive option.
- Record the adult's present and past wishes and feelings, the views of relevant nearest relatives, primary carers, attorneys, guardians and others required by the Act, and any disagreement or conflict of interest.
- Describe alternatives considered, including supported decision-making, existing powers of attorney, access-to-funds arrangements, informal support or a narrower intervention order.
- Check the current prescribed form set. Guardianship or intervention applications ordinarily require two independent medical reports and a suitability report; official guidance states that the examinations and interviews supporting the reports should generally be completed no more than 30 days before lodging, subject to the sheriff's discretion.

Medical and specialist evidence

- Confirm that each medical practitioner is eligible to complete the relevant prescribed report and that, where incapacity arises from mental disorder, any requirement for an approved medical practitioner is met.
- Ensure the two doctors examine the adult separately and complete their reports independently.
- Identify the mental disorder or inability to communicate because of physical disability relied upon and provide evidence; do not rely on diagnosis alone.
- Address the adult's decision-making ability in relation to each specific power sought, including the ability to act, make, communicate, understand and retain the memory of decisions, using communication appropriate to the adult.
- Explain the connection between the identified condition or communication difficulty and any inability relevant to the proposed powers.
- Record the assessment date, setting, people present, communication support, information provided, time allowed and the adult's responses.
- State whether incapacity is likely to be temporary, fluctuating or continuing and whether the proposed duration and scope of powers are supported by the evidence.

Suitability, FASD-informed reliability and final checks

- Ensure the suitability report addresses the proposed guardian or intervener, the powers sought, the adult's circumstances, conflicts of interest and the statutory principles.
- Describe all steps taken to support communication and decision-making and whether further support could avoid or narrow intervention.
- For an adult with FASD, record receptive-language, memory, processing-speed, executive-functioning, adaptive-functioning, suggestibility and real-world implementation evidence.
- Distinguish genuine understanding from repetition, verbal masking, compliance or a wish to please, and note any effect of repeated questioning, another person's presence or anticipated approval.
- State whether the adult's account may have been influenced or contaminated and record first spontaneous responses where relevant.
- Check that the powers sought are no wider or longer than the evidence supports and that financial and welfare evidence is clearly separated.
- Check report dates, signatures, prescribed wording, consistency with the application and secure transmission before lodging.
- Do not ask the clinicians to decide whether an order should be granted, who should be appointed or the final legal scope of powers; those matters are for the sheriff.

Official Scottish sources: <https://www.gov.scot/collections/adults-with-incapacity-forms-and-guidance/> and <https://www.publicguardian-scotland.gov.uk/guardianship-orders/applications/how-to-apply>

Equivalent Capacity-Evidence Checklist — Republic of Ireland

Important distinction. Form COP3 is not used in the Republic of Ireland. Capacity applications are governed by the Assisted Decision-Making (Capacity) Act 2015, as amended, and are generally made to the Circuit Court using the current Courts Service forms, including Form 55A and supporting documents where applicable. Formal decision-support arrangements and capacity statements may use separate Decision Support Service processes and unique forms. Check the current Courts Service and Decision Support Service requirements before submitting evidence.

Applicant and legal representative: define the application

- Use the current court or Decision Support Service process appropriate to the intended outcome; do not relabel an Irish application as a COP3 process.
- For a Circuit Court capacity application, identify each relevant decision separately and use consistent wording across Form 55A, Form 55B, the supporting affidavit and proposed orders.
- Clarify whether the declaration sought is that the person can make the decision with a co-decision-maker or cannot make it even with that assistance, and identify any one-off decision or decision-making representative order sought.

- Explain why court intervention is necessary now and what less intrusive support or arrangement has been considered.
- Provide the medical professional with the exact decisions, essential information, realistic options, proposed support and relevant time.
- Record the relevant person's will and preferences, participation, preferred supporters and any objection or alternative proposed.
- Where the assessment concerns a co-decision-making agreement, enduring power of attorney or another registered arrangement, use the unique forms supplied through the Decision Support Service process and the applicable capacity-statement requirements.

Evidence for the Irish functional test and guiding principles

- Presume capacity and record the practicable support provided before and during assessment.
- Identify the particular matter, decision and relevant time; avoid a global finding based on diagnosis or disability.
- Identify the information relevant to the decision, including foreseeable consequences and realistic alternatives.
- Give concrete evidence of whether the relevant person can understand the information, retain it long enough to choose, use or weigh it as part of a voluntary choice, and communicate the decision.
- Explain how information was adapted to the person's circumstances, language, communication needs and processing time.
- Distinguish an unwise decision from inability to decide and explain any causal connection between the person's functional difficulty and the decision in question.
- Record the person's will and preferences and consider the views of others without allowing those views to replace the person's own decision.
- Address whether intervention is necessary, proportionate and as limited in duration and scope as possible.
- State whether capacity may improve or fluctuate and identify when reassessment should occur.

FASD-informed reliability, supporting evidence and final checks

- Describe receptive-language, working-memory, processing-speed, executive-functioning, adaptive-functioning, numeracy, social-understanding and consequence-prediction evidence relevant to the decision.
- Record first spontaneous responses and distinguish understanding from repetition, learned phrases, verbal masking, acquiescence or apparent confidence.
- Consider suggestibility, coercion, dependency, fear, reward, threat, urgency, wish to please and another person's control of information or support.
- Explain whether answers changed after repetition, rephrasing, feedback, delay or the presence of another person.

- Compare structured assessment performance with everyday functioning and identify what the person can do independently, with assistance, jointly with a co-decision-maker or only through a representative arrangement.
- List documents and collateral informants considered, identify any conflict of interest and explain material inconsistencies.
- Ensure the opinion answers every decision in the application, states limitations and does not predetermine the court's declaration, the identity of a decision-making representative or the final scope of an order.
- Check that the current forms, affidavits, medical evidence, signatures, service requirements and jurisdictional filing rules have been followed.

Official Irish sources: <https://www.courts.ie/guides/how-to-make-a-capacity-application> and <https://www.decisionsupportservice.ie/resources/codes-practice/code-practice-supporting-decision-making-and-assessing-capacity>

Template AV — General Decision-Specific Instruction — Adaptable Example

Private and confidential

To: The Psychology Clinic of East Anglia Ltd

Re: [Full name, date of birth and address]

Date: [Date]

Dear Dr Jackson / PCEA Neurodevelopmental Team,

We request a specialist FASD-informed mental capacity and neuropsychological assessment of [name]. The precise decision is whether [state the decision in neutral terms]. The decision is required by [date or timeframe] because [brief reason]. This request is not for a global or permanent finding of capacity.

Current situation and options. [Briefly describe what is happening now.] The realistic options are: [option 1]; [option 2]; [other relevant option]. The main foreseeable benefits, risks and consequences are [brief summary].

Reason for concern. There is genuine concern about capacity for this decision because [give dated functional examples involving understanding, retention, use or weighing, communication, suggestibility, coercion, inconsistency, or fluctuation]. Relevant diagnoses or history are [state without treating diagnosis as determinative].

Known suggestibility factors and support provided. Known or suspected factors affecting suggestibility are [describe factors, situations, people, question types or sources of pressure]. We have used [concrete language, visual information, demonstration, a quiet setting, a trusted supporter, a communication aid, breaks or other adjustments]. The person's preferred method of communication is [method], their usual processing interval is [time], and they reliably communicate "yes", "no", "stop", "not sure" and "help" by [method]. The observed effect of these measures was [result].

Please assess whether, after all practicable support has been provided, [name] can understand, retain, use or weigh the information relevant to this decision and communicate their decision. Please also consider whether suggestibility, acquiescence, coercion, dependency, fear, verbal masking, fatigue, stress, sensory load, medication, pain, the assessment environment or another person's influence affects the reliability or voluntariness of the expressed choice.

Please identify the support that is effective, distinguish what [name] can achieve with appropriate support from what they can do independently, and recommend any necessary safeguards, review triggers and arrangements for reassessment.

Enclosed are [list records]. Please confirm scope, assessor, timescale, fee, any travel or liaison costs, information required before appointment, and arrangements for the written report and follow-up feedback session.

Yours sincerely,

[Name, role, organisation, contact details and authority to instruct]

7. Suggested Records to Enclose

- Previous diagnostic, neuropsychological, speech and language, occupational therapy, psychiatric or capacity reports.
- Developmental history and evidence concerning prenatal alcohol exposure, where lawfully available and relevant.
- Communication passport, accessible-information plan and examples of effective visual or practical supports.
- Education, EHCP, care, support, transition, treatment or risk-management plans.
- Medication list and information about pain, sleep, fatigue, sensory needs or fluctuating presentation.
- Dated incident records showing agreement, changed answers, accepting blame, exploitation, coercion, online risk or unsafe consent.
- Exact questions and answers from previous high-stakes discussions, including who was present.
- The person's own views, wishes and preferred supporters, plus relevant information from family, carers and professionals across settings.
- The proposed options, contracts, treatment information or placement details in accessible and standard form.

8. Requested Report Outcomes

Ask the report to state the precise decision and material time; the relevant information; evidence considered; practicable support provided; the person's performance across understanding, retention, use or weighing and communication; the effect of suggestibility, coercion and context; any limits or uncertainties; and a clear decision-specific opinion. Recommendations should identify effective adjustments, supervision

or safeguards, responsible professionals, review triggers and when reassessment is needed. The conclusion should distinguish neuropsychological formulation from the legal or statutory capacity determination applicable in the relevant jurisdiction.

9. Reassessment and Escalation

An adult may require more than one mental capacity assessment during their lifetime. Capacity is specific to the particular decision, the material time and the circumstances in which the decision is made. A finding about one decision must not be treated as a finding about another decision or automatically carried forward to a later occasion. Capacity may also change where an acute psychiatric or other health condition resolves, or where support, communication, medication, fatigue, stress, pain, sensory load, the environment or the people present materially change.

A previous finding should not be treated as permanent or automatically applied to a different decision or occasion. Reassessment may be required when a new decision arises; circumstances, options or risks materially change; functioning fluctuates; earlier evidence is no longer current; or the available support changes. Capacity for one decision or occasion must not be generalised to accommodation, care, treatment, medication, money, relationships, online contact, travel or any other decision.

Practitioners should work within their competence, record limitations, seek supervision and management direction, and request specialist FASD or brain injury informed input where needed. Use safeguarding, clinical-governance, legal-advice, escalation or whistleblowing routes where appropriate. Immediate danger, suspected abuse, exploitation or urgent health needs require the relevant local safeguarding, police, health or emergency response without waiting for a planned specialist assessment.

10. PCEA Service Information to Confirm

According to the supplied service description, PCEA offers FASD-informed capacity and neuropsychological assessment led or overseen by Dr Cassie Jackson. The tailored assessment may include developmental history, consultation with education, cognitive and attainment testing, executive and adaptive functioning, memory, language screening, suggestibility measures, screening for relevant neurodevelopmental conditions, mental-health and systemic factors, and exploration of the specific capacity questions.

Contact: admin@pcea.co.uk; 01603 610059.

11. Official Sources

- Mental Capacity Act 2005 Code of Practice, England and Wales:
<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>
- Adults with Incapacity (Scotland) Act 2000 — code and guidance:
<https://www.gov.scot/publications/adults-incapacity-scotland-act-2000-code-practice-local-authorities-exercising-functions-under-2000-act/>
- Decision Support Service, Republic of Ireland — Code of Practice for Supporting Decision-Making and Assessing Capacity:
<https://www.decisionsupportservice.ie/resources/codes-practice>
- Capacity and Self-Determination (Jersey) Law 2016:
https://jerseylaw.je/laws/current/l_30_2016
- PCEA neurodevelopmental and FASD assessment information:
<https://pcea.co.uk/neurodevelopmental-assessment/>

Professional note. A diagnosis of FASD, prenatal alcohol exposure or suggestibility does not by itself establish lack of capacity. Equally, fluent speech, eye contact, repetition, compliance or a consistent “yes” does not by itself establish understanding, consent or free choice. The purpose of specialist assessment is to protect both autonomy and safety by identifying whether the person can make this particular decision with the right support, and what safeguards are needed.

Disclaimer

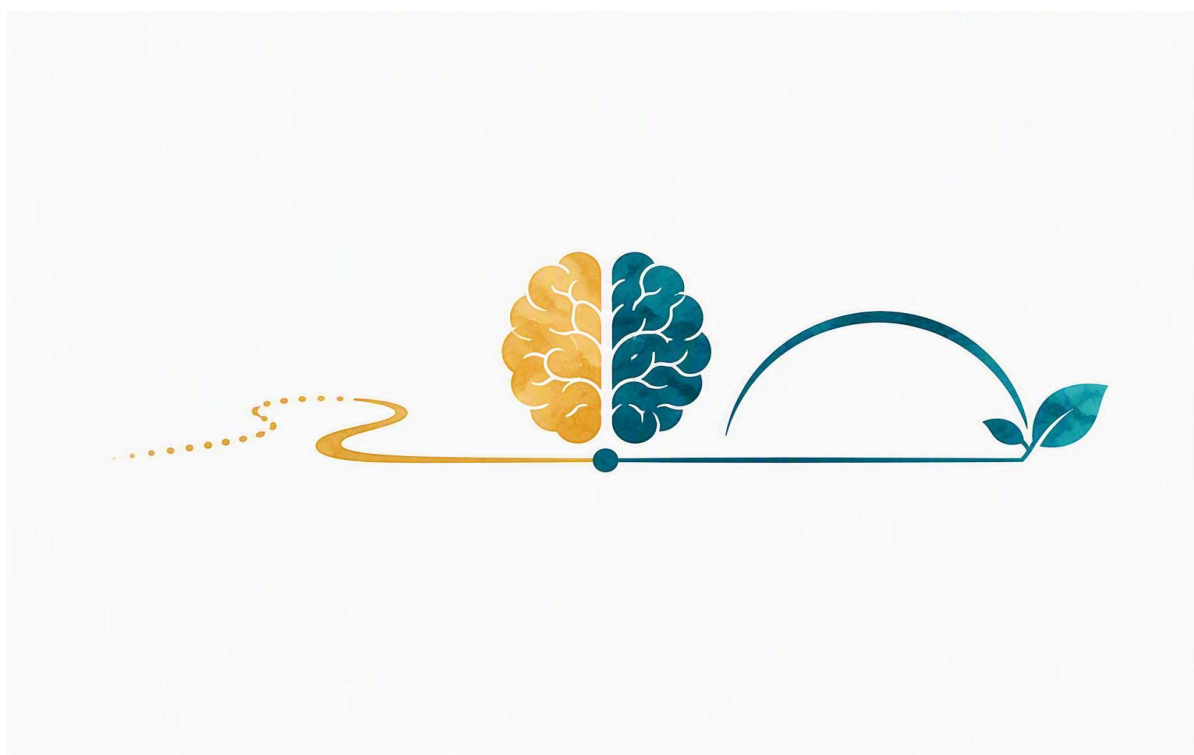
Legal, clinical and professional status. This guidance is provided for general information, drafting support and FASD-informed practice development. It is not legal advice, clinical advice, a diagnosis, an assessment of any individual, or a substitute for advice from an appropriately qualified lawyer, clinician, safeguarding professional or statutory body. No template should be copied without adapting it to the person, the precise decision, the relevant time, the evidence, the jurisdiction and the applicable legal test.

FASD, prenatal alcohol exposure, brain injury, diagnosis, disability, communication difference, vulnerability, suggestibility or an apparently unwise decision does not by itself establish lack of capacity. Equally, fluent speech, repetition, compliance, apparent confidence or agreement does not by itself establish capacity, informed consent or a free and voluntary choice. Capacity and related legal abilities must be considered under the current framework that applies to the particular decision and circumstances.

Laws, codes, court forms, regulatory requirements, professional guidance, service availability, fees and contact details may change. Users must verify current official sources and obtain jurisdiction-specific advice before relying on or submitting any letter, report, form or application. References to PCEA describe the information

supplied for this document and do not constitute an endorsement, guarantee of availability, acceptance by a court or public body, or assurance that recommendations will be funded or implemented.

Nothing in this guidance should delay urgent medical treatment, immediate safeguarding action, police involvement or emergency procedures where there is suspected abuse, exploitation, serious deterioration or imminent danger. Personal information should be limited to what is relevant, necessary and lawful, shared securely, and handled in accordance with applicable confidentiality, data-protection, court and professional requirements. Responsibility for the final instruction, assessment, legal application, decision and action remains with the appropriately authorised individual, organisation, clinician, legal representative, statutory body or court.



Specialist FASD-informed assessment should protect both autonomy and safety.

Use only the template relevant to the particular decision. Adapt it to the person, the material time, the evidence, the applicable jurisdiction and the support required for meaningful participation.

Check current law, official guidance, forms, service information and professional requirements before use. This resource must not delay safeguarding, urgent health care, police involvement or emergency action.

PCEA service contact
admin@pcea.co.uk · 01603 610059

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