Form 2 – Best interests determination statement

*A decision to deprive a person of liberty must be made in the person’s best interests.*

***The decision maker should ensure that the reasons for this determination are recorded on this form. The supporting evidence can be provided in the person’s care plan or notes in line with professional or agency requirements. It is not necessary to duplicate the supporting evidence on this form but a note should be made of where it can be found.***

1. **The person’s details (a label can also be affixed here)**

Name:

Address:

Date of Birth:

HSC number (if available):

1. **The assessors details**

Name:

Work address:

Phone number:

Job title, team and staff number:

Professional relationship to person:

1. **Checklist**

Have you ensured you have not made assumptions based on the person's age, appearance, condition or behaviour?

 **Yes ⬜** **No ⬜**

Have you considered all the relevant circumstances?

 **Yes ⬜** **No ⬜**

Have you tried whatever is reasonable and practicable to permit and encourage the person to take part, or to improve their ability to take part, in determining what is the best interests?

 **Yes ⬜** **No ⬜**

***You must have special regard to past and present wishes and feelings and beliefs and values.***

Have you had **special regard** to the person's past and present wishes and feelings (expressed verbally, in writing or through behaviour or habits)?

 **Yes ⬜** **No ⬜**

Have you had **special regard** to any beliefs and values (religious, cultural or moral) and any other factors which would be likely to influence the decision?

 **Yes ⬜** **No ⬜**

Have you considered the human rights of the person?

 **Yes ⬜** **No ⬜**

Have you considered other options that may be less restrictive of the person’s rights?

 **Yes ⬜** **No ⬜**

Have you consulted all relevant people as far as it is practical and appropriate to do so, including any person named by the person, anyone engaged in caring for the person or interested in the person’s welfare?

 **Yes ⬜** **No ⬜**

Have you consulted any nominated person?

 **Yes ⬜** **No ⬜**

Have you considered the risk of harm to others which may result in harm to the person?

 **Yes ⬜** **No ⬜**

1. **Nominated person**

The nominated person’s details:

Name:

Address:

Phone number:

The nominated person has been **appointed by the person / selected from the default list / been appointed by the Tribunal.** (Delete as appropriate).

The nominated person must be consulted with during the best interests determination, if it is practicable and appropriate to do so. If it is not practicable and appropriate provide details.

Provide details of the consultation with the nominated person, including how the consultation took place and the views of the nominated person on P’s wishes, feelings, beliefs and values. If Form 3 has been used to provide details of the consultation with the nominated person, note that below and attach Form 3 to the best interests statement.

1. **Consideration**

Outline factors which suggest that deprivation of liberty may not be in the person’s best interests.

Outline whether it is likely that the person will have capacity at some point, and if so, whether or not is it appropriate to delay the deprivation of liberty until the person can make a decision.

Outline the reasoning why the deprivation of liberty is in the best interests of the person. This should include what other options have been considered, who has been involved in the decision and how the person’s past and present wishes, feelings, beliefs, values and any other factors that the person would have included if he or she had capacity have been considered. It must also include consideration of harm, including how the prevention of serious harm condition is met.

*Further sheets can be added if required.*

1. **Statement**

**Best interests should be determined on the grounds of reasonable belief and must include special regard to the person’s past and present wishes, feelings, beliefs, values and any other factors the person would have considered if he or she had capacity.**

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| **Best interests determination statement**It is my opinion that it is in the best interests of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name) to be deprived of his/her liberty.Signature:  Date:  |