

## **Isle of Wight Council Adult Social Care**

# **Guardianship Under the Mental Health Act 1983**

# 1 Document Information

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## 2 Contents

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## 3 BACKGROUND

### 3.1 The Purpose of Guardianship

- 3.1.1 The purpose of guardianship is to enable patients to receive care in the community when it cannot be provided without the use of compulsory powers. It provides an authoritative framework for working with a patient to keep him/her safe whilst achieving as independent a life as possible. Where it is used it must be part of the patient's overall care and treatment plan.
- 3.1.2 Guardianship is focussed on social care needs and the patient's welfare. If the need for compulsory powers is primarily in relation to medical treatment Supervised Community Treatment, if available, may be more appropriate (see table 13.3.6).

### 3.2 Law and References

Mental Health Act: 7, 8, 10 – also 11-25 & in part 37, 40 and 128-129  
Code of Practice: 2.46, Chapters 26 & 28  
Reference Guide: Chapter 19

- 3.2.1 Only persons aged over 16 years or over may be accepted into guardianship (Section 7 (1))A Guardianship application may be made in respect of a person who is “suffering from a mental disorder of a nature or degree which warrants their reception into guardianship” and “it is necessary in the interest of their welfare or for the protection of other persons” [Section 7(2)].
- 3.2.2 A patient may be received into Guardianship on application by either an AMHP or the Nearest Relative, or by order of a Court. In all cases 2 medical recommendations complying with section 12 are required.
- 3.2.3 A patient who is liable to detention in hospital by virtue of an application under the Act (sections 2, 3, 37) can be transferred into Guardianship by the managers of the hospital – no medical recommendations are required [Section 19(1)(a), regulation 7(4), Form G6].
- 3.2.4 A guardianship application only comes into effect after it has been accepted on behalf of the Local Social Services Authority. This includes guardianship arising from criminal proceedings.
- 3.2.5 Guardianship is valid for 6 months and can then be renewed for 6 months initially and annually thereafter. It may be discharged by the Responsible Clinician, the LSSA, the patient's Nearest Relative or a Mental Health Review Tribunal.
- 3.2.6 Guardianship confers on the Guardian, to the exclusion of any other person, three specific powers:
- To require the patient to reside in a specified place
  - To require a patient to attend specified places at specified times for the purpose of medical treatment, occupation, education or training
  - To require access to the patient at the place he/she lives.  
(see 13.3.8 for further details).

- 3.2.7 Guardianship does not confer the right to consent to treatment of the patient or to treat a patient without their consent. However, a patient subject to Guardianship may be treated without their consent if authorised under the provisions of the Mental Capacity Act.
- 3.2.8 Reception into Guardianship does not affect the authority of an attorney or deputy appointed under the MCA. Attorneys and deputies do not have any authority to take decisions about matters that are subject to the powers of the Guardian (section 8).

## 4 Policy

### 4.1 Introduction

4.1.1 Care and Treatment under Guardianship is a subtle mixture of compulsion, persuasion and freely agreed co-operation which demands the highest level of skill from all professions involved. All people subject to guardianship will have an appropriately qualified professional allocated to manage their care plan and a named Responsible Clinician (for patients subject to private Guardianship see section 13.5).

4.1.2 For those patients with learning disabilities see additional guidance in the section People with Learning Disability.

4.1.3 The Isle of Wight Council will consider Guardianship applications made with the correct legal documentation (Forms G1 or G2 and G3 or G4) and supported by a social circumstances report including the following:

- i) The patient's social and psychiatric history;
- ii) A full assessment of risks to the patient and others;
- iii) A detailed care plan;
- iv) An indication of how the legal powers are to be used to maintain the patient's welfare and manage identified risks;
- v) Confirmation from the patient's Nearest Relative that he/she does not object to the Guardianship.

4.1.4 Before accepting an application made by a Nearest Relative or an order made by a Court, the Isle of Wight Council needs to be satisfied that reception into Guardianship is appropriate, that the proposed Guardian is an appropriate person who understands the role and is willing to take it on. If the evidence submitted with the application is insufficient to confirm the above, an appropriately qualified member of the appropriate team will be asked to review the case.

4.1.5 The Isle of Wight Council will ensure that all patients subject to Guardianship and their Nearest Relative have access to appropriate information, are aware of their rights and are supported in exercising those rights, including the support of an Independent Mental Health Advocate (IMHA) and appeal against the Guardianship to the Council's General Purposes (Appeals) Sub Committee or MHRT.

4.1.6 Guardianship or Supervised Community Treatment?

(SCT is only available for patients who are liable to be detained in hospital under sections 3, 37, 45, 47 & 48).

<b>Factors suggesting Guardianship</b>	<b>Factors suggesting SCT</b>
Focus on the patient's general welfare	Focus on medical treatment for mental disorder
Patient is unlikely to need urgent compulsory admission to hospital	Compulsory recall to hospital may be necessary
Enforceable powers of residence needed	

4.1.7 There are three powers under Guardianship (section 8):

- (i) **The power to require the patient to reside at a specified place:** the patient may accept or, lacking capacity to give consent, not object. If he/she does object section 18(7) enables a patient who resists going to a specified place of residence to be taken there, if necessary using force. He/she can also be returned there if he/she absconds, using the least restrictive method.
- (ii) **The power to require the patient to attend for medical treatment, occupation, education or training:** This is an authority to attend, not to accept treatment or occupation. The Mental Capacity Act 2005 may give authority to treat if the patient lacks capacity to consent to the treatment.
- (iii) **The power to require access to the patient to be given to doctors, AMHPs or other persons specified by the guardian:** There is no right of forcible entry, but the power can be used to give someone authority to enter premises, e.g. a home carer with a key.

4.1.8 There are no sanctions if someone rejects the authority of the Guardian and where a person would clearly reject that authority and not comply with the Guardian's directions then guardianship is unlikely to be effective.

4.1.9 **NB:** The "Marston" judgement is generally seen to have extended the powers of the Guardian beyond those specifically set out in section 8 of the Act, to include a range of actions with the purpose of promoting the patient's welfare. Guardians acting on behalf of the Isle of Wight Council will make decisions and act positively in the interests of patients' welfare in accordance with the Act, Code of Practice and relevant court judgements [See R v Kent County Council Ex p. Marston (C0/1819/96)].

4.1.10 The Isle of Wight Council will ensure that patients who lack the capacity to consent to their care plan who are required under the Guardianship to reside in a registered care home are protected from unlawful deprivation of liberty. The Guardian will consider whether his/her legal powers provide the authority for the proposed restrictions of the patient's freedom. This is a complex question which needs to be assessed on the specific circumstances of each case.

4.1.11 Both the Mental Health Act and the Deprivation of Liberty Codes of Practice suggest Guardianship does not provide authority to deprive someone of his/her liberty. Whether it does will depend on the degree and intensity of restraint and the actual measures of restriction that are required to control the patient:

- (i) The Guardian has the power to make someone reside in a specified place, to take them there and to return them if they leave without permission.
- (ii) However, the MHAct Code of Practice also states that the power must not be used to restrict a patient's freedom to come and go to such an extent that they are effectively being detained. If such restrictions are required to protect the patient from harm, then additional authority under the Deprivation of Liberty Safeguards may be required.

- (iii) Under the DoLS Regulations an Authorisation will be required where a person's care plan results in him/her being "under continuous supervision and control".

## 4.2 Procedure

### 4.2.1 Applications

4.2.1.1 Where guardianship is considered an option the responsible key worker will discuss this with their Group Manager/ Multi-disciplinary Team and significant others e.g. GP, other health workers and Nearest Relative and an Approved Mental Health Professional. (If the nearest relative objects, the application cannot proceed unless that person is displaced by the County Court).

4.2.1.2 The AMHP will set up an assessment in order to obtain the necessary medical recommendations. This would normally be the patient's GP and the consultant psychiatrist for the local area. Normally all three assessors will see the patient together and if this is not possible the doctors must see the patient within five days of each other. The AMHP must also have interviewed the patient within a 14 day period before making the application.

4.2.1.3 The AMHP will prepare a report to support the application, with a full history and care plan and stating the reasons why Guardianship is the most appropriate way to provide care for the person. This report should accompany the application (Form G2) and medical recommendations (Form G3 or G4) for Guardianship, which must be sent to the Mental Health Act Lead, or delegated officer, as soon as possible.

4.2.1.4 The Care Plan should contain an assessment of risks and management plan, including how the powers under Guardianship are to be used and a contingency plan describing actions to be taken if the patient fails to comply with the conditions imposed under Guardianship (e.g. Absence). The care plan must also nominate a Responsible Clinician for the patient – usually this will be the Consultant Psychiatrist making the recommendation for Guardianship.

4.2.1.5 Prior to making an application the AMHP should meet with the Nearest Relative and explain the full implications of Guardianship. The Nearest Relative will be asked to sign a local form "Reception into Guardianship" (Appendix 1) that indicates that they are not objecting to the application.

4.2.1.6 The Mental Health Act Lead will arrange a panel to consider and where appropriate approve the application. The panel will consist of the Head of Service (Chair), a Service Manager and the MHAct Lead or an AMHP and will consider the following issues before deciding on the application:

- i. Does the application comply with the requirements of the Act (section 7);
- ii. Are the criteria for effective Guardianship satisfied to make it an effective option;
- iii. Is the Community Wellbeing and Social Care Directorate able to discharge the responsibilities the Guardianship imposes and are the resources required to do so effectively available;
- iv. In the case of a private Guardian, is the proposed Guardian willing and suitable to act as such.



- v. Is there evidence that the Guardianship will assist in meeting the objectives of the care plan (in particular managing any risks);
  - vi. Are the proposed restrictions of the person's liberties necessary and proportionate?
- 4.2.1.7 Where urgency precludes the arrangement of a panel the application will be approved by any one of Head of Commissioning Adult Social Care or MHAct Lead.
- 4.2.1.8 If the application is accepted, the Head of Service will complete the appropriate part of Form G5. The Guardianship becomes effective on the date on which it is accepted by the Head of Service or one of the above panel members on behalf of the Council. The application form and the medical recommendations will be copied and the originals returned to the AMHP together with the record of the acceptance.
- 4.2.1.9 Having received notification of the acceptance, the AMHP will arrange for information leaflets to be delivered to the client informing them and the nearest relative of the effect of the guardianship order, their rights to the support of an IMHA and their right of appeal.
- 4.2.1.10 Details of the Guardianship will need to be entered into the client file by the AMHP. The designated admin officer on receipt of a copy of the G5 form will maintain a database of all person's received into Guardianship, including alerts for expiry etc. and send a letter to the nominated Approved Clinician authorising him/her to be the patient's Responsible Clinician.
- 4.2.1.11 Section 116 requires persons subject to Guardianship who are in hospital to be visited on behalf of the Council ("as would be expected to be undertaken by his parents"). Where the Isle of Wight Council is the Guardian, the responsible professional will visit the patient and keep his/her progress under review. Where the Guardian is another person (or LSSA) an appropriately qualified professional will be allocated to visit and review.
- 4.2.1.12 All persons subject to Guardianship must be visited initially within 1 month and then reviewed at least every 3 months by the responsible professional and once a year must be visited by the Responsible Clinician (Regulation 23). This should be arranged by the Guardian. The Guardianship must be reviewed and if appropriate renewed by the responsible professional and Responsible Clinician at six months and annually thereafter.

## 4.2.2 Reviews

- 4.2.2.1 Two months before the expiry of the Guardianship the PA to the Head of Service will notify the responsible professional that Guardianship is due to expire and needs renewing.
- 4.2.2.2 During the two months prior to expiry of guardianship, the responsible professional will arrange a review with the Responsible Clinician, the patient, Nearest Relative and relevant carers to consider if renewal is appropriate. The Responsible Clinician will complete the form of authority for the renewal of guardianship (Form G9) if appropriate.

- 4.2.2.3 The responsible professional will prepare a report (CPA review) on the patient's progress and current circumstances, including reasons for renewal. This report together with the completed Form G9 and current care plan will be sent to the Mental Health Act Lead, who will arrange a panel as per paragraph 4.2.1.6 to consider whether to discharge or renew the Guardianship. If agreed the Guardianship will be renewed with effect from the day after the date on which it would otherwise have expired.
- 4.2.2.4 If the panel consider that the Guardianship should be discharged the renewal will be referred to the Isle of Wight Council's General Purposes (Appeals) Sub Committee for review.
- 4.2.2.5 The responsible professional will ensure that the client, the Guardian (if not the Council) and, if appropriate, the Nearest Relative are notified of the renewal of guardianship or, where relevant, the referral to the Isle of Wight Council's General Purpose (Appeals) Sub Committee and the outcome of that referral.
- 4.2.2.6 If the responsible professional and their team leader / multi-disciplinary team believe that a Guardianship should be discharged or not renewed this should be agreed with the Responsible Clinician. A note to this effect must be made on the medical record and a report (CPA review) from the responsible professional sent to the Mental Health Act Lead.
- 4.2.2.7 If there is a disagreement between the responsible professional and the Responsible Clinician on continuation of the Guardianship they should submit relevant forms and reports outlining the nature of the disagreement to the Mental Health Act Lead, who will refer the decision to the General Purposes (Appeals) Sub Committee as per paragraph 13.4.2.4 to consider whether to discharge the Guardianship or not.
- 4.2.2.8 The Mental Health Act Lead will notify the decision to the responsible professional and Responsible Clinician to notify the patient, the Guardian (if not the Council) and, if appropriate, the Nearest Relative.
- 4.2.2.9 When a Guardianship is allowed to lapse, a report will be required for the Mental Health Act Lead, who will note the fact that the order has lapsed. It is not good practice to allow orders to lapse, rather a discharge should be discussed and agreed by all involved.
- 4.2.2.10 No report will normally be required when someone subject to Guardianship dies but the Mental Health Act Lead will need to be notified and details entered onto Swift.
- 4.2.2.11 At the completion of a review the appropriate fields in the Adult Social Care Database (Swift or Paris) review tab will be completed and dated, and the subsequent review date be entered.

### 4.2.3 Appeals and Discharges

- 4.2.3.1 Guardianship can be discharged by the Responsible Clinician, the Isle of Wight Council or the Nearest Relative (civil guardianship only) at any time [section 23(2)(a)]. Discharge by the Nearest Relative cannot be barred and if it is thought to be contrary to the welfare of the patient or the interests of the public, displacement under section 29(3)(d) should be considered [see Nearest relative Policy].

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- 4.2.3.2 A patient may appeal for discharge to a Mental Health Review Tribunal, once during every period of Guardianship, and to the Isle of Wight Council at any time.
- 4.2.3.3 The responsible professional will ensure that all patients have the support they need to make appeals, including the assistance of an Independent Mental Health Advocate (IMHA).
- 4.2.3.4 The Mental Health Act Administrator for the Isle of Wight NHS Trust will arrange MHRT hearings. The Responsible Clinician and the responsible officer will provide required reports for the Tribunal.
- 4.2.3.5 All appeals to the Council will be considered by the General Purposes (Appeals) Sub Committee, arranged by the Mental Health Act Lead in consultation with the Council's Democratic Services Manager. The Mental Health Act Lead will ensure that appropriate reports from the responsible officer and Responsible Clinician are available to the Sub Committee, together with a summary of the legal background relevant to the case.
- 4.2.3.6 At the time of Discharge, the patient will be deleted from the database held by the administrator and all papers held by the administrator in respect of the Guardianship episode are to be forwarded to join the patient's file.

#### 4.2.4 Private Guardians

- 4.2.4.1 Private Guardians may be solicitors, responsible relatives, trusted friends or anyone else who appears to the Isle of Wight Council to be capable of carrying out the role and a suitable person. They must agree to act before being nominated. The responsible LSSA is the LA in whose area the Guardian resides.
- 4.2.4.2 A private Guardian must be someone who understands the needs of the patient, who will look after him/her in a sympathetic and appropriate way and can advocate on his/her behalf in relation to agencies whose services are needed to support the patient. They should display an interest in the patient's physical and mental health, their welfare and in providing for their occupation, training, employment and recreation as appropriate.
- 4.2.4.3 Where the Isle of Wight Council accepts an application for a patient to be received into the Guardianship of a private guardian a suitably qualified professional will be allocated to support the Guardian and keep the patient's progress under review.
- 4.2.4.4 Private Guardians are required to (regulation 22):
- Appoint a registered medical practitioner as nominated medical attendant and to notify the Isle of Wight Council of his/her name and address;
  - In exercising the powers and duties as Guardian, comply with any directions the responsible professional or Group Manager may give;
  - Provide the responsible professional or Group Manager with any reports and information that are requested;
  - Notify the Isle of Wight Council of their and the patient's address;

- Notify the responsible professional or Group Manager of any changes of address within 7 days;
- If they move into the area of another LSSA, notify both that LSSA and the Isle of Wight Council of their and the patient's address;
- In the event of death of the person concerned or termination of Guardianship by whatever means to notify the responsible professional or team manager as soon as practicable.

4.2.4.5 The Nominated Medical Attendant does not have the power to discharge the patient from Guardianship under section 23. He/she is required to examine the patient during the 2 months prior to expiry of Guardianship to decide whether to make a report extending the Guardianship.

4.2.4.6 If a private guardian dies or notifies the Isle of Wight Council that he/she no longer wishes to carry out the function of Guardian, the Guardianship will automatically transfer to the Council. The Isle of Wight Council will also consider temporarily taking on the Guardianship of a patient whose private Guardian is incapacitated.

4.2.4.7 Where a private Guardian acts negligently or in a manner contrary to the patient's welfare an application will be made by an AMHP to the County Court to transfer Guardianship to the Isle of Wight Council [Section 10(3)].

#### 4.2.5 Patients Absent without Leave

4.2.5.1 A patient who goes absent from the place they are required to live without the permission of the Guardian is considered to be absent without leave and may be returned to that place by any officer of the Council, any Police Officer or any person authorised to do so in writing by the Guardian or Council.

4.2.5.2 As Guardianship does not authorise a person's detention at the place they are required to live, 'absence' in this context means leaving the place to stay in another place, not just going out for short periods. The Guardian must ensure that the patient understands when an absence has to be authorised and what actions will be taken if he/she is absent without leave.

4.2.5.3 The care plan should identify the risks that a patient may go AWOL and what measures will be considered to return him/her. This may include the need to apply for a warrant under section 135(2), to gain access to a patient in a private place, where such access is being denied.

4.2.5.4 Whenever a patient is returned or returns voluntarily from having been absent without leave the care plan must be reviewed and appropriateness of ongoing Guardianship considered, irrespective of any legal requirement to do so.

4.2.5.5 The power to return a patient who is AWOL only applies within the following time limits: Within the current period of Guardianship, **or** within 6 months from the first day of absence without leave, if this is later. A renewal report made by the RC, will not be valid if the patient goes AWOL before the renewal takes effect (at expiry of the preceding period of Guardianship). If the patient returns outside these time limits Guardianship expires and cannot be renewed.

- 4.2.5.6 If a patient is returned or returns voluntarily having been AWOL within a week of the date on which the Guardianship will expire, the Guardianship is extended for seven days from the date of the patient's return, during which time the RC can make a report using Form G9 to renew the Guardianship.
- 4.2.5.7 If a patient is returned or returns voluntarily having been AWOL for more than 28 days, (but within the time limits at 13.6.3) the Guardianship will expire at the end of the seventh day of their return. The RC must review the patient during that period and must make a report to the Council, using form G10, if the Guardianship is to be confirmed. This confirmation will take the place of the normal renewal process under section 20, if the Guardianship has already expired during the patient's absence or if expiry is due within 2 months of making the report, taking effect from the normal date off expiry.

## 5 Related Documents

Corporate Plan 2015-17	<a href="http://wightnet.iow.gov.uk/documentlibrary/view/corporate-plan-2015-17">http://wightnet.iow.gov.uk/documentlibrary/view/corporate-plan-2015-17</a>
Mental Health Act 1983	<a href="http://www.legislation.gov.uk/ukpga/1983/20/contents">http://www.legislation.gov.uk/ukpga/1983/20/contents</a>
Mental Capacity Act 2005	<a href="http://www.legislation.gov.uk/ukpga/2005/9/contents">http://www.legislation.gov.uk/ukpga/2005/9/contents</a>
Equality Impact Assessment Form (EIA)	<a href="#">Guardianship EIA</a>
Officer Decision Record (ODR)	Filed within Council Adult Social Care ICT system

## 6 Glossary of Terms

<b>DoLS</b>	Deprivation of Liberty Safeguards
<b>MHA</b>	Mental Health Act
<b>MCA</b>	Mental Capacity Act
<b>AMHP</b>	Approved Mental Health Professional
<b>IMHA</b>	Independent Mental Health Advocate
<b>SCT</b>	Supervised Community Treatment
<b>MHT</b>	Mental Health Tribunal
<b>GP</b>	General Practitioner
<b>LSSA</b>	Local Social Service Authority
<b>CPA Review</b>	Care Programme Approach
<b>CCG</b>	Clinical Commissioning Group
<b>LA</b>	Local Authority
<b>AWOL</b>	Absent Without Leave
<b>RC</b>	Responsible Clinician

## 7 Appendix A

### 7.1 Nearest Relative Agreement

#### RECEPTION INTO GUARDIANSHIP – Section 7 Mental Health Act 1983

I, ....., being the Nearest Relative of .....,  
confirm that ....., Approved Mental Health Professional, has  
discussed Guardianship with me and explained how it will be used to support  
.....

I have been given copies of the Patient Information Leaflets “A-7 Guardianship” and  
“Nearest Relative”.

Whilst ..... is subject to Guardianship, ..... will be  
the responsible professional acting as his/her Guardian on behalf of the Isle of Wight Council  
and ..... will be the Responsible Clinician.

I understand that I have the right to discharge ..... from Guardianship if  
I believe it is no longer appropriate for him/her to be subject to Guardianship. He/she also  
has the right to appeal to Tribunal or the Isle of Wight Council if he/she disagrees with the  
Guardianship and is entitled to the support of an Independent Mental Health Advocate.

I confirm that I have no objection to .....being received into the  
Guardianship of the Isle of Wight Council.

Signed.....

Date.....

Address.....

.....

.....



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**MENTAL HEALTH ACT 1983, Sections 7 & 8****Application for Guardianship**

- 7 (1) A patient who has attained the age of 16 years may be received into guardianship, for the period allowed by the following provisions of this Act, in pursuance of an application (in this Act referred to as “a guardianship application”) made in accordance with this section.
- (2) A guardianship application may be made in respect of a patient on the grounds that:
- (a) he is suffering from mental disorder, being mental illness, severe mental impairment, psychopathic disorder or mental impairment and his mental disorder of a nature or degree which warrants his reception into guardianship under this section: and
  - (b) it is necessary in the interests of the welfare of the patient or for the protection of other persons that the patient should be so received.
- (3) A guardianship application shall be founded on the written recommendation in the prescribed form of two registered medical practitioners, including in each case a statement that in the opinion of the practitioner the conditions set out in subsection (2) above are complied with; and each such recommendation shall include:
- (a) such particulars as may be prescribed of the grounds for that opinion so far as it relates to the conditions set out in paragraph (a) of that subsection; and
  - (b) a statement of the reasons for that opinion so far as it relates to the conditions set out in paragraph (b) of that subsection
- (4) A guardianship application shall state the age of the patient or, if his exact age is not known to the applicant, shall state (if it be the fact) that the patient is believed to have attained the age of 16 years
- (5) The person named as guardian in a guardianship application may be either a local social services authority or any other person (including the applicant himself); but a guardianship shall be of no effect unless it is accepted on behalf of that person by the local social services authority for the area in which he resides, and shall be accompanied by a statement in writing by that person that he is willing to act as guardian

**Effect of guardianship applications etc.**

8. (1) Where a guardianship application, duly made under the provisions of this Part of this Act and forwarded to the local social services authority within the period allowed by subsection (2) below is accepted by that authority, the application shall, subject to regulations made by the Secretary of State, confer on the authority or person named in the application as guardian, to the exclusion of any other person:
- (a) the power to require the patient to reside at a place specified by the authority or person named as guardian;
  - (b) the power to require the patient to attend at places and times so specified for the purpose of medical treatment, occupation, education or training;
  - (c) the power to require access to the patient to be given, at any place where the patient is residing, to any registered medical practitioner, approved social worker or other person so specified.
- (2) The period within which a guardianship application is required for the purposes of this section to be forwarded to the local social services authority is the period of 14 days beginning with the date on which the patient was last examined by a registered medical practitioner before giving a medical recommendation for the purposes of the application.
- (3) A guardianship application which appears to be duly made and to be founded on the necessary medical recommendation may be acted upon without further proof of the signature or qualification of the person by whom the application or any such medical recommendation is made or given, or of any matter of fact or opinion stated in the application.

- (4) If within the period of 14 days beginning with the day on which a guardianship application has been accepted by the local social services authority the application, or any medical recommendation given for the purposes of the application, is found to be in any respect incorrect or defective, the application or recommendation may, within that period and with the consent of that authority, be amended by the person by whom it was signed; and upon such amendment being made the application or recommendation shall have effect and shall be deemed to have has effect as if it had been originally made as so amended.
- (5) Where a patient is received into guardianship in pursuance of a guardianship application, any previous application under this Part of this Act by virtue of which he was subject to guardianship or liable to be detained in a hospital shall cease to have effect.

If you have difficulty understanding this document, please contact us on 01983 821000 and we will do our best to help you.

#### Arabic

إذا كان لديك صعوبة في فهم هذه الوثيقة، الرجاء الاتصال بنا على هاتف رقم 01983 821000 وسوف نبذل قصارى جهدنا لمساعدتك.

#### Hindi

यदि आपको इस दस्तावेज़ को समझने में कठिनाई पेश आ रही है तो, कृपया हमारे साथ 01983 821000 पर सम्पर्क करें और हम आपकी सहायता करने का पूरा प्रयास करेंगे।

#### Punjabi

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਦਸਤਾਵੇਜ਼ ਸਮਝਣ ਵਿਚ ਮੁਸ਼ਕਲ ਪੇਸ਼ ਆ ਰਹੀ ਹੈ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ 01983 821000 'ਤੇ ਸੰਪਰਕ ਕਰੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰਨ ਦੀ ਪੂਰੀ ਕੋਸ਼ਿਸ਼ ਕਰਾਂਗੇ।

#### Urdu

اگر آپ کو اس دستاویز کو سمجھنے میں مشکلات کا سامنا ہو تو برائے مہربانی ہم سے اس نمبر پر رابطہ کیجئے 01983 821000 اور ہم آپ کی مدد کرنے کے لیے ہر ممکن کوشش کریں گے۔

#### Chinese

如果您对此份文件难以理解，请致电01983821000与我们联系。我们将力尽所能帮助您。

#### Bengali

এই তথ্য বুঝতে না পারলে অনুগ্রহ করে আমাদেরকে 01983 821000 নাম্বারে ফোন করবেন। আমরা আপনাকে যথাসাধ্য সাহায্য করবো।

#### Polish

Jeśli mają Państwo trudności w zrozumieniu niniejszego dokumentu, prosimy o kontakt z nami pod numerem 01983 821000 – dołożymy wszelkich starań, by Państwu pomóc.

#### French

Si vous avez des difficultés à comprendre ce document, veuillez nous appeler au 01983 821000 et nous ferons de notre mieux pour vous aider.

#### Italian

Per ulteriori chiarimenti su questo documento, Vi preghiamo di contattarci per telefono al numero 01983 821000 dove riceverete la nostra migliore attenzione.

#### German

Sollte es Ihnen Schwierigkeiten bereiten, dieses Dokument zu verstehen, rufen Sie uns bitte an unter 01983 821000, und wir werden unser Bestes tun, um Ihnen zu helfen.

#### Hungarian

Ha nehézséget okoz e dokumentum értelmezése, kérjük, forduljon hozzánk a 01983 821000 számon, és minden tőlünk telhető megteszünk, hogy segítsünk.

#### Spanish

Si tiene dificultad para entender este documento, por favor póngase en contacto con nosotros llamando al número 01983 821000 y haremos todo lo posible para ayudarle.

#### Romanian

Dacă aveți dificultăți în înțelegerea acestui document, vă rugăm să ne contactați la numărul 01983 821000 și vom face tot ceea ce putem să vă ajutăm.