GUARDIANSHIP

Section 7 Mental Health Act 1983

[As amended by]

The Mental Health Act 2007

(Rotherham & Doncaster localities)
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1. **INTRODUCTION**

This document sets out the policy and procedure relating to the use of section 7, (Guardianship) of the Mental Health Act 1983 [as amended by] the Mental Health Act 2007. It is the intention of this policy to provide clear guidance, encourage best practice and promote the rights of the individual subject to a Guardianship application and their nearest relative.

The Mental Health Act 1983 (MHA '83) and the code of practice (COP), chapter 30 gives detailed guidance on Guardianship. It states that the purpose of Guardianship is to:

“Enable patients to receive care outside hospital where it cannot be provided without the use of compulsory powers. Such care may, or may not, include specialist medical treatment for mental disorder.”

Guardianship sits uniquely amongst other sections of the MHA 83, not only because its focus is on enabling individuals to live as independently in the community as possible, but also because the responsible authority in its application is not Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust (RDaSH), but the Local Social Services Authority Partners. In practice this means that the Local Authority is the Guardian and the mental health professional working with the service user is the agent on behalf of the Guardian.

Guardianship can now apply whether or not the person has mental capacity to make decisions about care and treatment. *It is not however a means of avoiding the use of the provisions of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards.*

Guardianship may be particularly appropriate as an alternative to the use of Supervised Community Treatment for a person who has been subject to compulsion under section 3 MHA 83.

**Deprivation Of Liberty**

There is no Guardianship power which permits the Guardian or Local Social Service Authority to deprive a person of their liberty at a specified place of residence. If the person is 18 years or over and lacks capacity to decide where to live it may be necessary to consider:

a) a deprivation of liberty authorisation in respect of the hospital or care home placement, or

b) in respect of other community settings, if the person is 16 years or over, an application to the Court of Protection for a Court of Protection order

Although Guardianship and the Deprivation of Liberty Safeguards can run parallel alongside each other, consideration should be given to whether the Guardianship order remains appropriate, bearing in mind the need to apply the least restrictive option and maximising independence principle (COP 1.2 - .6 and 30.2 - 30.7)

2. **PURPOSE**

This document replaces existing guidance and addresses the requirements of the Mental Health Act Code of Practice 2015, and the Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008 and it is intended to:
- provide guidance to Approved Mental Health Professionals and Responsible Clinicians in their consideration of whether to make a guardianship application, and staff who may be required to contribute to the decision-making with respect to the process or subsequent renewal and/or discharge of guardianship

- Identify the procedure with respect to receipt of applications, renewal and discharge

- Enable those with responsibility associated with guardianship to fulfil those duties in line with the MHA 83, Code of Practice and the associated Regulations

This does not replace a requirement to consult and/or source legal and advisory material including:

- The Mental Health Act 1983 as amended [2007]
- The Mental Health Act Code of Practice 2015
- The Mental Health Act Reference Guide 2015
- Case Law

2.1 Guiding Principles of the Mental Health Act 1983

It is essential that all those undertaking functions under the Act understand the five sets of overarching principles which should always be considered when making decisions in relation to care, support or treatment provided under the Act.

The five overarching principles are:

**Least restrictive option and maximising independence**

Where it is possible to treat a patient safely and lawfully without detaining them under the Act, the patient should not be detained. Wherever possible patients independent should be encouraged and supported with a focus on promoting recovery wherever possible.

**Empowerment and involvement**

Patients should be fully involved in decisions about care, support and treatment. The views of families, carers and others, if appropriate, should be fully considered when taking decisions. Where decisions are taken which are contradictory to the views expressed, professional should explain the reasons for this.

**Respect and dignity**

Patients, their families and carers should be treated with respect and dignity and listened to by professionals.

**Purpose and effectiveness**

Decisions about care and treatment should be appropriate to the patient, with clear therapeutic games, promote recovery and should be performed to current national guidelines and/or current, available best practice guidelines.
Efficiency and equity

Is providers, commissioners and other relevant organisation should work together to ensure that quality of commissioning and provision of mental health care services are of a high quality and are given equal priority to physical health and social care services. All relevant services should work together to facilitate timely safe and supportive discharge from detention.

2.2 Definitions/Explanation of Terms Used

Legal Context

Section 7 – 10 of the MHA 83, sets out the legal framework for applications for guardianship, its effects, regulations and transfer of Guardian

Section 18(3) gives the power to take a person subject to guardianship into custody where they are Absent Without Leave (AWOL)

Section 18(7) gives power to take persons subject to guardianship to a place where they reside

Section 19 sets out the regulations for the transfer of a person into Guardianship from detention in hospital under the Act

Section 20 sets out the framework for the renewal or expiry of Guardianship

Section 21, 21A and 21B considers the arrangements for persons who are absent without leave (AWOL) from the place where they are required to reside

Section 23 sets out the process for the discharge of a person from Guardianship

The Mental Health (Hospital, Guardianship and Treatment) (England) regulations 2008 sets out the requirements for the procedure and acceptance of Guardianship applications (5), transfer from hospital to Guardianship (7), transfer from Guardianship to Guardianship or Hospital (8), transfer from England to Wales and Wales to England (10), conveyance to hospital or transfer from Guardianship (11), renewal of authority for Guardianship (13), Absence from leave for more than 28 days (14), and removal to England where a person is received into Guardianship (15).

3. SCOPE

This policy is relevant for all Approved Mental Health Professionals; Responsible Clinicians, who may be required to assess an individual under section 7 of the Mental Health Act. It also applies to qualified and registered staff of Rotherham Metropolitan Borough Council and Doncaster Metropolitan Borough Council; who may be required to act as a Guardian on behalf of the Local Social Services Authority or fulfil the Local Social Services Authority’s duties towards a private Guardian; for example staff who could be required to consider applications for guardianship and delivery of services related to guardianship, including Mental Health Act administrators who process the documentation.
4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

Local Social Services Authorities

The Director of Adult Social Services will act as the named Guardian, whenever, the local authority takes on this responsibility.

AMHP Leads

The AMHP Leads are accountable for the provision and review of this policy, ensuring that all Approved Mental Health Professionals are informed of the policy and receive sufficient training and support to undertake their role.

Individual Responsibility

It is each Approved Mental Health Professional and Responsible Clinicians responsibility to ensure that they are familiar with the contents of this policy.

Care Coordinator

It shall be the responsibility of the care coordinator to ensure statutory procedures are followed, including, in consultation with others, the arrangements for regular reviews and discharge of Guardianship when appropriate. The care plan should include arrangements and timescales for visiting the person subject to guardianship.

Note: no transfer onto a Guardianship order will be agreed until a care coordinator has been allocated and satisfactory arrangements have been made for the person’s community care

Individual Managers

It is the responsibility of individual managers to ensure that all care coordinators within their teams are familiar with this policy and where appropriate seek training for them.

Mental Health Act Office

It shall be the responsibility of the Mental Health Act office in each locality to receive the completed Guardianship documentation and update and maintain the Guardianship Register on behalf of the Local Social Service Authority.

5. PROCEDURE/IMPLEMENTATION

Guardianship provides an authoritative framework for working with a person, with the minimum of constraints, to achieve an independent life as possible within the community. Where Guardianship is used, it should be part of the person’s overall care plan (COP 30.4).

Guardianship must not be used to impose restrictions that amount to a deprivation of liberty (COP 30.5).

Guardianship does not give anyone the right to treat a person without their permission or to consent to treatment on their behalf (COP 30.6).

Note: while the reception of a patient into guardianship does not affect the
continued authority of an attorney or deputy appointed under the Mental Capacity Act (MCA), such attorneys and deputies will not be able to take decisions about where a guardianship patient is to reside, or take any other decision which conflicts with decisions made by the guardian. (COP 30.7)

5.1 Procedure for Guardianship Applications

This procedure focuses specifically on the Approved Mental Health Professionals role in the application under Guardianship, please note a Guardianship application can also be completed by the persons' Nearest Relative.

As with any other application under the MHA 83, both the Approved Mental Health Professional and the Responsible Clinician should consider whether the objectives of the proposed Guardianship application could be achieved in another, less restrictive way, for example under the MCA Deprivation of Liberty Safeguards.

Any decision to undertake an assessment of a person under Guardianship should ensure that an Approved Mental Health Professional is included, as early as possible in the multidisciplinary case discussion relating to the possible use of Guardianship.

In addition to the above, the Approved Mental Health Professional MUST CONSULT with the:

- AMHP Lead before the assessment is started to ensure that Guardianship is appropriate and that where an application under Guardianship is made, that the Local Social Services Authority will receive the person into Guardianship

- Nearest Relative and inform them of their rights. This formal consultation has two objectives:
  a) to provide and gather information to assist in the decision-making process, and
  b) to ensure that the Nearest Relative is provided with the necessary information on which they can decide whether or not they wish to object to the application being made

If the Nearest Relative objects to the Guardianship application then the application cannot proceed. In these circumstances and where appropriate the Approved Mental Health Professional may have to consider if there is sufficient evidence to support an application to the Court to displace the Nearest Relative (s.29 MHA 83).

Where an application under Guardianship is made by an Approved Mental Health Professional it must:

- record that the Nearest Relative does not object to the application
- record that they have been informed of their rights
- be accompanied by two written medical recommendations in the prescribed form, which in each case should state that, in the opinion of the assessing doctor, the statutory conditions are met, and
- provide a comprehensive care plan, which is based on the multidisciplinary discussion and in accordance with the care programme approach (or its equivalent) (COP 30.20) provide a Guardianship report (Appendix 3)
5.2 The Care Plan

The care plan should identify the services needed and who will provide them. It should also indicate which of the powers under the Act are necessary to achieve the plan. **If none of the powers are required then Guardianship should not be used** *(COP 30.21)*

The key elements of the plan are likely to be:

- suitable accommodation to help meet the patient’s needs
- access to day care, education and training facilities, as appropriate
- effective cooperation and communication between all persons concerned in implementing the care plan
- (if there is to be a private Guardian) support from the local authority for the Guardian (COP 30.22)

5.3 Reception into Guardianship

On completion of the statutory documentation identified above, the Approved Mental Health Professional **must** take the application; medical recommendations and associated documentation in the first instance to the Mental Health Act office for scrutiny (see Appendix 1).

Following this an appointment should be made with the Director of Adult Social Services or Nominated Deputy, who will together with the Approved Mental Health Professional, review the application and the care plan. Once satisfied that the paperwork is correct the Director of Adult Social Services or Nominated Deputy will formally receive the person into guardianship on behalf of the Local Social Service Authority.

The Approved Mental Health Professional will ensure that the person is reminded of their right to appeal and how to access the Independent Mental Health Advocate service.

5.4 Completed Documentation

Once the Guardianship application is received by the Local Social Services Authority and if it is accepted the Local Authority must record its acceptance on Form G5, which must then be attached to the application.

The Approved Mental Health Professional will ensure that all of the original documents (statutory forms and related paperwork) are taken to the Mental Health Act office who have the delegated responsibility for the maintenance of the statutory documentation and the Guardianship Register.

The Mental Health Act administrator will also prepare and distribute standard letters which:

- advise the patient of their rights under Guardianship, its duration, specific requirements, and the name of the person acting as the Guardian
- inform the Nearest Relative that the application has been accepted and informed them of their legal rights
- inform the CPA care coordinator, allocated social worker and Responsible Clinician that the Guardianship application has been receipted by the Local
Social Services Authority

The Mental Health Act administrators will also ensure that the Guardianship renewal reminder system is maintained.

5.5 Appeal to First Tier Mental Health Tribunal

Whenever a person has been accepted into Guardianship they will be informed of their rights to appeal. Where the person wishes to appeal against their detention, they must notify the Mental Health Act Office administrator who will process the application on the behalf of the Local Social Service Authority and coordinate the tribunal hearing.

5.6 Renewal of Guardianship

A Guardianship order lasts for up to six months, renewable for up to further six month periods and then every 12 months. These periods run from when a person is first received into Guardianship or where a person is transferred into Guardianship under s. 19 MHA 83.

The Mental Health Act administrator will issue a reminder to the Responsible Clinician and the Approved Mental Health Professional 2 months prior to the expiry of the Guardianship order.

Guardianship renewal should be considered as part of the care planning process. A multidisciplinary meeting should be convened by the care coordinator. The objective of the review is to reassess the purpose of the Guardianship order and all professionals involved in the person’s care should be present at the review including the Responsible Clinician. The patient subject to Guardianship and the Nearest Relative should also be invited. If renewal is considered appropriate the Approved Mental Health Professional in partnership with the care coordinator must provide a renewal report and a revised care plan. This report should include:

- the original reason for the application and the requirements
- how the requirements have been implemented over the last period of the Guardianship order
- the effect on the patient and their views
- the views of the Nearest Relative and relevant others
- update on the patient’s mental health and assessment of needs including risk assessment
- current circumstances
- proposed conditions for renewal which meet the criteria for guardianship
- reasons why the guardianship order should continue and is necessary

Where the Responsible Clinician or the Nominated Medical Attendant (in the case of a private Guardian) are of the opinion that the conditions continue to be met, they must submit a report to that effect, using Form G9 to the Local Social Services Authority or the Private Guardian. The Local Authority must then record the receipt of the report in Part 2 of the same Form G9. The effect of this report is to renew the authority for guardianship.

The Local Social Service Authority must record the receipt of the report.

Where the Guardianship order is renewed and following receipt the Approved Mental Health Professional should ensure that the documentation is received by the
Mental Health Act office administrator.

The Approved Mental Health Professional will ensure that the person is reminded of their right to appeal and how to access the Independent Mental Health Advocate service.

5.7 Discharge From Guardianship

Discharge from Guardianship should always be considered as part of the care planning process, allowing a Guardianship order to lapse is not good practice.

Where it is established that Guardianship is no longer necessary:

The Responsible Clinician must make a written order of discharge and send a copy of this to the Guardian (Local Social Service Authority for Private Guardian). The Guardianship order will end on the date that the Responsible Clinician signs the discharge form; (appendix 2) or

The Local Social Service Authority can make a written order of discharge. However, this decision cannot be taken by an individual officer, it must be a majority decision by a committee or subcommittee set up for the purpose.

The nearest relative can also put a written request before the Local Social Service Authority for the discharge of the person. Such a decision by the Nearest Relative is absolute and cannot be barred. However, where there are concerns that the Nearest Relative is placing the person or others at risk, this request could be used as evidence to support the displacement of the Nearest Relative.

*Note: a nominated medical attendant for a Guardianship order, where the Guardian is not the Local Social Service Authority is not authorised to discharge Guardianship; nor does the private Guardian have that authority.*

5.8 Absent Without Leave [section 18 MHA 83]

If a person who is subject to Guardianship becomes absent without leave from the place where they are required to reside, they may be “taken into custody” and returned to that place by any officer of the staff of a Local Social Service Authority; any constable (police officer) or by any person authorised in writing by the Local Social Service Authority.

When consideration is given to the means of transport required to return a person to their required residence please refer to the Police Assistance and Conveyance Policy.

Where access is denied to a person who is absent without leave consideration may need to be given to the need to apply for a warrant under section 135(2) (please refer to the section 135 policy).

If the person returns or is returned after being absent for more than 28 days, but still within the duration of the guardianship order the Responsible Clinician must examine the person within seven days of the “return” day and complete the appropriate documentation. If this examination takes place within two months of the expiry of the Guardianship order, the Responsible Clinician must state whether their report constitutes a request for a renewal of Guardianship.
If the person does not return or is not returned under section 18 of the Mental Health Act before the expiry of the current Guardianship order, the Guardianship order cannot be renewed.

5.9 **Section 19 Transfers From Hospital To Guardianship**

Authorisation for the transfer of a person who is in hospital into Guardianship needs the agreement of the Local Social Service Authority prior to the transfer. Therefore, **consultation with the AMHP Lead must take place before the section 19 transfer is completed.**

Where a person is being considered for a section 19 transfer on to Guardianship there is a requirement that they must be currently detained in hospital under section 2 or section 3 of the Mental Health Act. Section 19 transfers do not require a Guardianship application completed by the Approved Mental Health Professional, nor are new medical recommendations required.

**Note:** that a transfer from section 3 into Guardianship will not be accepted if the order has less than two months to run. In these circumstances a new assessment by an Approved Mental Health Professional and 2 doctors (one of whom must be section 12(2) approved) should be undertaken.

A report detailing the identification of the mental disorder, the reasons why Guardianship is necessary and appropriate, and a detailed care plan should also be completed.

The Local Social Service Authority must also receive the person into Guardianship (process identified above at paragraph 5.3)

Any Guardianship order under section 19 will cease (unless reviewed) at the end of the period of compulsory detention, which would have been applicable had the person continued to be subject to either section 2 or section 3 of the Mental Health Act 1983.

5.10 **Guardianship Order Under 37**

Where any member of staff is made aware that a Court is considering section 37 Guardianship as possible Court disposal, the AMHP Lead or nominated deputy should be advised immediately.

The AMHP Lead will discuss the case with the relevant Team Manager and the Approved Mental Health Professional and agree a plan to bring sufficient information together to enable the Local Social Service Authority to make a decision regarding accepting the Guardianship order. This information should include any psychiatric assessment reports prepared for the Court.

The Approved Mental Health Professional will attend the Court hearing and present the Local Authority’s response.

**Note:** the same considerations apply for the acceptance of a person into Guardianship under section 37, as apply to Guardianship under section 7 of the Mental Health Act. If none of the powers provided for within Guardianship are required then the proposed Guardianship under section 37 will not be accepted.

The main difference between applications for guardianship under section 7 and
section 37 of the Mental Health Act is that the nearest relative may not discharge patients from guardianship under section 37. Nearest relative does have rights to apply to the tribunal instead.

5.11 Duties of the Guardian

Where the Local Social Service Authority is the Guardian in practice these duties will be delegated to an allocated worker, who is usually the care coordinator or an Approved Mental Health Professional and their duties are to:

- Monitor, coordinate and review the requirements of the Guardianship and the CPA care plan
- Visit at least once every three months (good practice indicates more frequent visits)
- Ensure that medical examinations take place according to the Guardianship Regulations, including ensuring that the Responsible Clinician examines the service user subject to Guardianship during the two months before that authority expires
- Hold a regular review at least once during each period of Guardianship and ensure detailed records of all actions taken relating to the person subject to Guardianship are maintained.
- Where the care coordinator is not an Approved Mental Health Professional they should ensure that arrangements are made for an Approved Mental Health Professional to be present at the review.

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<td>Approved Mental Health Professionals</td>
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6. TRAINING IMPLICATIONS

The Training Needs Analysis (TNA) for this policy can be found in the Training Needs Analysis document which is part of the Trust’s Mandatory Risk Management Training Policy located under policy section of the Trust website.

7. MONITORING ARRANGEMENTS
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<tr>
<th>Area for Monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Reported to</th>
<th>Frequency</th>
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<tr>
<td>Compliance with content of policy</td>
<td>Through AMHP report</td>
<td>AMHP Lead / Local Authority signatory</td>
<td>Mental Health Legislation Sub Committee/Local Authority</td>
<td>As required</td>
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<td>Any incidents which identify issues or concerns relating to the implementation of this policy</td>
<td>Issues or concerns will be reviewed and recommendations will be made</td>
<td>AMHP Lead / MHA manager</td>
<td>Mental Health Legislation Sub Committee/Local Authority</td>
<td>As required</td>
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8. **EQUALITY IMPACT ASSESSMENT SCREENING**

The completed Equality Impact Assessment for this Policy has been published on this policy’s webpage on the Trust website.

8.1 **Privacy, Dignity and Respect**

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi’s review of the NHS, identifies the need to organise care around the individual, ‘not just clinically but in terms of dignity and respect’.

As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).

8.2 **Mental Capacity Act**

Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individual’s capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individual’s informed consent, or the powers included in a legal framework, or by order of the Court.

Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act. For this reason all procedural documents will be considered, if relevant, to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.

9. **LINKS TO ANY ASSOCIATED DOCUMENTS**

None
10 REFERENCES

- The Mental Health Act Manual, Richard Jones, 19th edition
- The Mental Health Act Code of Practice 2015
- The Mental Health Act Reference Guide 2015
- The Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008 No 11846.
- The Mental Capacity Act, 2005
- The Mental Capacity Act Deprivation Of Liberty Safeguards.

11 APPENDICES

Appendix 1 – Guidance for the Scrutiny of Guardianship by the MHA Office
Appendix 2 – Template – Notification of Discharge of Guardianship
Appendix 3 – Template – AMHP Guardianship Report
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<th>YES</th>
<th>NO</th>
<th>Comments</th>
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</table>
| 1 | Is this a Guardianship Renewal – Form G9  
*if yes, please continue to include point 7  
*if no, please begin at point 3 |   |   |   |
| 2 | What date is the Guardianship due to expire: |   |   | Date: |
| 3 | Is there a comprehensive written AMHP report attached? |   |   |   |
| 4 | Is there an up to date Care Plan attached? |   |   | Date of Care plan: |
| 5 | Is there an up to date Risk Assessment attached which clearly identifies which of the provisions apply for the Guardianship? |   |   | Date of Risk Assessment: |
| 6 | Is the documentation signed and dated? |   |   |   |
| 7 | Confirm who has signed and dated the paperwork – is it the RC or a Nominated Medical Attendant? |   |   | RC – Y/N  
Medical Attendant – Y/N |
| 8 | Confirm which forms been completed for the new Guardianship below |   |   |   |
|   | Form G1 – application by Nearest Relative |   |   |   |
|   | Form G2 – application by AMHP |   |   |   |
|   | Confirm that the AMHP Application or the Nearest Relative Application has been completed within 14 days of the first Medical Recommendation |   |   |   |
|   | Form G3 – Joint Medical Recommendation |   |   |   |
|   | Form G4 – Single medical Recommendation (requires x2 – reasons for the reception into Guardianship must be the same) |   |   |   |
|   | Confirm that the Medical Recommendations x 2 are no more than 5 clear days apart.  
** this is the date of the examination not the date of the forms |   |   |   |
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<th>YES</th>
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<td>9</td>
<td>Confirm if One Doctor is Section 12(2) approved</td>
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<td>10</td>
<td>Confirm if the 2nd Doctor is the patients GP **If not another Section 12(2) Doctor is required</td>
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<td>11</td>
<td>Is the 2nd Doctor Section 12(2) Approved?</td>
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<td>Does the 2nd Doctor know the patient?</td>
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<td>If the 2nd Doctor does not know the patient is there an explanation why not?</td>
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<td>14</td>
<td>Form G6 – transfer from Hospital into Guardianship</td>
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<td>15</td>
<td><strong>Confirm the demographics below</strong> –</td>
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<td>Is the Patients name the same on all of the paperwork?</td>
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<td>Is the postcode the same on all of the paperwork?</td>
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Scrutinised by:
Job Title:
Date:
NOTIFICATION TO LOCAL SOCIAL SERVICES AUTHORITY OF DISCHARGE OF
GUARDIANSHIP ORDER

Re: [Patients Name and Address]

I hereby notify [name of local authority] that following a review of [patient’s name] care it has been established that Guardianship is no longer required on the grounds that

[Please detail here the basis for the decision to discharge Guardianship]

Yours sincerely

Signature

Designation
**GUARDIANSHIP APPLICATION**

**APPROVED MENTAL HEALTH PROFESSION REPORT**

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<tr>
<th>Patient’s Name:</th>
<th>Date of Birth:</th>
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<th>Address:</th>
<th>Legal Status:</th>
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<tr>
<th>Nearest Relative:</th>
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<th>Responsible Clinician:</th>
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<th>Care Co-ordinator:</th>
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<th>Approved Mental Health Professional:</th>
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1. **Background Information**

2. **Circumstances Surrounding Referral For Guardianship**

3. **Discussion with Patient:**

4. **Discussion with Nearest Relative** *(including confirmation that they do not object to the Guardianship application and that they are aware of their rights)*

5. **Discussion with Assessing Doctor/s:**

6. **Discussion with Professionals (including Care co-ordinator)**
7. Risks Identified:

8. Requirements of Guardianship:

i. Requirement to reside at XXXXXXX. This requirement will provide XXXXXXX
ii. Requirement to allow access to XXXXXXXX
iii. Requirement to attend XXXXXXX

[Patient’s Name] is suffering from a mental disorder of a nature or degree which warrants his/her reception into guardianship under section 7 of the Mental Health Act 1983. It is my opinion that the application is necessary in the interests of the welfare of [patient name] and/or for the protection of other persons, that the patient should be so received.

Signature ……………………………………… Date …………………………………………..

Print Name ………………………………………………………