

Deprivation of Liberty Safeguards (DoLS)

Factsheet 483LP
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Deprivation of Liberty Safeguards (DoLS) are a set of checks that are part of the Mental Capacity Act 2005, which applies in England and Wales. The DoLS procedure protects a person receiving care whose liberty has been limited by checking that this is appropriate and is in their best interests.

This factsheet is for anyone caring for a person with dementia. It explains what counts as a deprivation of liberty, what the safeguards are, and how to go about getting a deprivation of liberty authorised and reviewed or challenged.

You may have heard that these legal arrangements are going to change – this has been delayed by the coronavirus pandemic. We expect the new arrangements to be introduced by the government in 2022.

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Deprivation of Liberty Safeguards (DoLS)

Deprivation of Liberty Safeguards (DoLS) only apply to people in care homes and hospitals. There is a separate system for people in ‘supported living arrangements’ – where people live and receive care in the community, including their own homes. See ‘Supported living, including the person’s own home’ on page 15. DoLS only apply to people living in England and Wales. There is a similar system in Northern Ireland – more details can be found from the Department of Health for Northern Ireland at www.health-ni.gov.uk/mca

What is a deprivation of liberty?

A deprivation of liberty is when a person has their freedom limited in some way. This is common for a person with dementia receiving care who may have:

- decisions made for them or on their behalf
- limitations on where they are allowed to go
- their routine decided for them.

Eventually, most people with dementia will need a high level of support. Sometimes the person’s freedom is limited to give them the care they need, or to prevent them from harm. For example, a care home or staff in a hospital may stop the person from walking around at night or leaving the building, or give them medications that may affect their behaviour.

Sometimes, taking away a person's freedom in this way is defined in law as a 'deprivation of liberty'. When providing care, staff should make sure it limits a person's freedom as little as possible. Asking whether the following statements apply to the person will help you to think about whether this is a deprivation of liberty:

- The person is **under continuous supervision and control**.
- The person **is not free to leave**.
- The person **lacks capacity to consent** to their care arrangements.

Is the person under continuous supervision and control?

The care that a person receives in a care home or hospital will often involve both supervision and control. Staff will check in on and watch residents or patients. They will decide activities, and they will control things such as meals and bedtimes. This care is usually what the person needs, but it can deprive them of their freedom if they have not consented to it.

If a person is being supervised and controlled on a continuous basis this may count as a deprivation of liberty. This does not necessarily mean 24 hours a day. If there are significant periods of the day where they are being watched and controlled, this could still be classed as a deprivation of liberty.

Is the person free to leave?

If a person is not free to leave the place where they are being cared for, they may be being deprived of their liberty. Even if the person is not physically able to leave by themselves, the question is still the same – if they tried to leave, would they be stopped? If the answer is yes – and they are unable to consent or refuse this and are not free to leave – then they are being deprived of their liberty.

A deprivation of liberty occurs when:

‘The person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements.’

Does the person consent to this care?

The care a person with dementia receives can only deprive them of their liberty if they have not consented (agreed) to it, because they are unable to consent or refuse. If the person has freely chosen and consented to their situation, then they have not given up any of their freedom. A deprivation of liberty only happens when someone lacks the ability to decide for themselves (known as ‘mental capacity’) where they will live and what care they will receive.

Giving consent (or ‘consenting’) means giving permission for something to happen. A person consents if they:

- agree by choice
- have the freedom and mental capacity to make that choice.

In England and Wales, the Mental Capacity Act 2005 says that a person is able to make a decision for themselves, such as giving consent, if they are able to do all of the following:

- understand the information about the decision – in these cases, the options for care and living arrangements
- retain that information long enough to be able to make a decision
- weigh up the information available and understand the consequences of the decision
- communicate the decision by any possible means – such as talking, using sign language or using simple movements such as blinking or squeezing a hand.

If they are not able to do one or more of these due to an ‘impairment or disturbance in the functioning of the mind or brain’ – for example, dementia – then they would lack capacity to make that decision at that time.

An important aspect to consider is that a person can have the capacity to make some decisions and not others. Some decisions require them to understand more complex information or weigh up more options than others. For example, a person with dementia may be able to choose between two meal options (fish or stew), but not understand what information is relevant to making a decision about different care and treatment options (such as why the care home front door is locked and they cannot go outside).

Importantly, a diagnosis of dementia does not mean that someone automatically lacks mental capacity. Mental capacity can also change over time. For example, a person with dementia might be able to think more clearly on some days and not others, or at certain times of the day.

For more information about mental capacity in England and Wales see factsheet 460, **Mental Capacity Act 2005**.

What are the Deprivation of Liberty Safeguards (DoLS)?

DoLS are a set of checks that aim to protect the person with dementia. They try to make sure that any care that limits a person's liberty is done in the least restrictive way and is in the person's best interests. For more information about 'best interests' see factsheet 460, **Mental Capacity Act 2005**.

DoLS are a set of checks that try to make sure that a person who is deprived of their liberty is protected. The care must be both appropriate and in the person's best interests.

Many things count as a deprivation of liberty, and so most people with dementia living in care homes and hospitals will receive care that counts as a deprivation of liberty. It is often necessary to provide care in this way. The DoLS procedure means that the person's care arrangements and limits to their freedom are not just put in place, but rather they are assessed, applied for a set period of time and reviewed.

If a care home or hospital plans to deprive a person of their liberty, they must get permission. To do this, they must correctly follow legal processes called the Deprivation of Liberty Safeguards (DoLS).

The safeguards include the following four elements:

■ **Assessment** – An assessment of the care being given to the person with dementia must be done by two professionals who are not involved in the care of the person:

- the 'best interests assessor' – they must be an approved mental health professional, usually a social worker, nurse, occupational therapist, or psychologist, with the necessary training and experience
- the 'mental health assessor' – they must be a medical doctor with experience in mental health.

This assessment is a safeguard as it makes sure that the care being given is in the person's best interests. See page 8 for more information.

- **A representative** – The person who is being cared for should be given a representative. This can be a paid representative or a relative or friend. The assessment will usually identify who would be best for this role. This person is called the ‘relevant person’s representative’. This person is given certain rights and looks out for the person receiving care. The representative can be helped by an advocate called an Independent Mental Capacity Advocate. See page 13 for more information.
- **The right to challenge** – The person with dementia (or their representative) has the right to challenge a deprivation of liberty through the Court of Protection. See page 13 for more information.
- **Reviews** – The deprivation of liberty should be reviewed and checked regularly. See page 14 for more information.

The DoLS assessment

The DoLS assessment is a safeguard as it makes sure that the care being given is in the person’s best interests. An assessment will decide whether the deprivation of liberty is allowed to happen or not. If the assessment decides that it is allowed to happen this is called ‘authorisation’.

If a person with dementia is in a care home or hospital, a DoLS assessment will take place if it is felt that they are being, or will be, deprived of their liberty.

If the person is living in supported living accommodation including their own home, there is a different system for having a deprivation of liberty authorised. See ‘Supported living, including in your own home’ on page 15.

Who can ask for an assessment?

Usually, the care provider (the care home manager or hospital administrator) will ask for a DoLS assessment. In England, they request the assessment from the local authority (the social services department). In Wales, they ask the local authority to do the assessment of care home residents, but for hospital patients they will ask the local health board.

If you feel that someone is being deprived of their liberty, you should speak to the person in charge of their care. In hospital this may be a doctor, nurse or administrator, and in care homes it will be the care home manager.

The first step is to talk about whether changes can be made to the way care is provided so that the person's freedom is not limited. However, if the person in charge of their care believes that limiting the person's freedom is necessary to keep them safe, they must apply for a deprivation of liberty authorisation.

If they have not got an authorisation, and they do not think that an authorisation is necessary, you should talk to the local authority (or local health board for hospitals in Wales). You should ask them to look into the person's care arrangements and carry out an assessment, if necessary. There are template letters at the end of this factsheet that you can use.

Who carries out the assessment?

DoLS assessments are carried out by at least two professionals. Neither assessor should be involved in the person's care or in making any other decisions about it.

They are:

- the best interests assessor
- the mental health assessor.

They are appointed by the local authority (or health board), who make sure that they have had the correct level of training and experience.

Usually, the best interests assessor is a qualified social worker, nurse, occupational therapist or chartered psychologist. The mental health assessor must be a doctor (often a psychiatrist) who is able to assess whether a person has a 'mental disorder' (the term used in law to describe a set of mental health conditions, including dementia) and how a deprivation of liberty will affect their mental health.

What does the assessment involve?

There are six parts to the assessment. The assessors will decide whether the person and the care that they receive meet the 'criteria for authorisation' (the conditions that allow a person to be deprived of their liberty). The six parts are:

- 1 **Age** – the person must be aged 18 years or over.
- 2 **Mental health** – the person must have a 'mental disorder' (this includes dementia).
- 3 **Mental capacity** – the must person lack 'capacity' (the ability) to make their own decisions about treatment or care in the place that is applying for the authorisation.
- 4 **Best interests** – is a deprivation of liberty taking place? If so, it must be:
 - in the person's best interests
 - needed to keep the person safe from harm
 - a reasonable response to the likelihood of the person suffering harm (including whether there are any less restrictive options and if they are more appropriate).
- 5 **Eligibility** – the person cannot be already liable to detention under the Mental Health Act 1983, or meet the requirements for detention under this Act. If they are, the Mental Health Act should apply and not DoLS (for more information see factsheet 459, **The Mental Health Act 1983**).
- 6 **No refusals** – the authorisation cannot contradict or conflict with any advance decision the person has made refusing treatment, or with any decisions made by, for example, a court-appointed deputy or someone with Lasting power of attorney.

If the person and the care they receive meet all the criteria, the assessors will report that the deprivation of liberty should be authorised by the local authority or health board.

Usually these assessments happen face-to-face, with the assessors meeting the person with dementia. Due to the coronavirus pandemic, assessments may be carried out virtually (online). Assessors will look at the person's medical and care records as well having video or telephone calls to assess the person. If a face-to-face assessment is not possible, and if the deprivation of liberty is authorised, the review date may sooner than it would have been if the assessment had been carried out face-to-face.

What if the assessors do not allow a deprivation of liberty?

If the assessors decide that the person or the proposed care doesn't meet the criteria, they will tell the local authority (or local health board) the reasons for their decision. The deprivation of liberty would then not be authorised, and it should not happen. What happens next will depend on the reasons why the criteria were not met.

For example, if the assessment showed that the person has capacity to consent to and make the decision about their care and where they will live, they should be supported to make their own decision. This decision must be followed.

If an assessment failed because it was decided that there are less restrictive options, these options should then be introduced. For example, the care home proposes to lock a person's bedroom door at night to stop them from walking round the care home and into other residents' rooms. An assessment decides that this is not allowed as there are less restrictive options, such as:

- making it possible for the person to stay up later
- having staff on hand to talk to them and encourage them to not enter other people's bedrooms
- having an alarm or monitoring system that alerts staff to them leaving their room.

Urgent DoLS

In an emergency, or in situations where there is no time to go through the assessment process, the hospital or care home management can grant themselves an urgent DoLS authorisation. This is valid for seven days, but they must also apply for the normal DoLS assessment and authorisation at the same time. If the assessment has not been carried out in the following seven days and the deprivation of liberty is still needed, the urgent DoLS authorisation can be extended for a further seven days.

Before an urgent DoLS authorisation is given, steps should be taken to talk to a person's carers and family members about what they think.

The definition of what counts as a deprivation of liberty is wide, and so most people with dementia living in care homes and hospitals will receive care that falls under the definition. It is usually necessary to provide care that in some way limits a person's freedom.

Once a deprivation of liberty is approved

If a deprivation of liberty has been allowed by the local authority or local health board, this is called 'authorisation'. The person with dementia is said to be 'under DoLS'. Even after authorisation, there are still important safeguards to make sure that they are protected.

The 'relevant person's representative'

If a person's care is approved following a DoLS assessment, they must have a representative appointed. This person is known as the 'relevant person's representative'. The local authority or health board will usually talk to and mention this representative (often a family member, friend or other carer) during the best interests assessment.

The local authority or health board must choose a paid representative if the person with dementia doesn't have an available or suitable relative or friend able to take on this role. This paid representative will be trained and experienced and will act for the person. They might work for a local advocacy organisation.

A representative's role is to stay in contact with the person with dementia. They should check if the person's care arrangements change, be given access to documents about decisions, and ask for a review of an assessment decision, if necessary. The representative can also appeal against the DoLS authorisation, and should do so where the person under DoLS disagrees with it, even if they themselves do not.

The representative should be kept informed about the person's care and treatment and any changes to it. The local authority or local health board should work together with the care home or hospital to make sure that both the person and their representative understand the DoLS process and know their rights.

If a representative needs support, they can ask to talk to an independent mental capacity advocate (IMCA). The local authority can signpost the representative to the local IMCA service.

Due to the coronavirus pandemic, it may not be easy or even possible to visit someone in a care home or hospital. The person's representative should speak to the care home or hospital staff. The representative carries out an important safeguard for the person with dementia, and this should be allowed to continue. The care home or hospital should enable video or telephone calls if the representative is not allowed to visit.

How long is the DoLS authorisation allowed for?

A DoLS authorisation should be for as short a time as possible, and only up to a maximum of 12 months. Each DoLS authorisation will mention its end date. However, during this time both the care provider and local authority (or health board) should:

- make regular checks to see if the authorisation is still needed
- remove the authorisation when it is no longer needed
- provide the person's representative with information about their care and treatment.

Reviews

A review of a deprivation of liberty authorisation is a formal process to decide whether the care that deprives someone of their liberty is still needed. This can take place at any time and doesn't have to be at the end of the authorised period. It is up to the care home or hospital to make regular checks to see if the authorisation is still needed, and they must let the local authority or local health board know if circumstances change.

This means that a review should take place if there is a change in circumstances, and also if it is felt that the criteria are no longer met. If the deprivation is no longer in someone's best interests, or if it is not managed in the least restrictive way, then this should be looked at again in a review. The person under the authorisation, their representative or IMCA, can request a review if the situation has changed. The local authority or local health board is responsible for carrying out the review and must make sure that everyone is kept up to date and involved during the review.

For an example of a review see 'Asking for a review' on page 17.

Supported living, including the person's own home

Supported living is a general term that refers to people living and receiving care in the community. This can mean someone who lives in their own home or in rented accommodation (including extra care housing), and receives care and support directly from, or organised by, their local authority. For many people with dementia, supported living is an effective way of balancing and controlling their care needs.

A person with dementia who is living in supported living can still be deprived of their liberty. This will usually only apply to people who receive a lot of care and support, as they must be under 'continuous supervision and control' (see 'Is a person under continuous supervision and control?' on page 4).

If a person is living in supported living, a deprivation of liberty will still need to be authorised. The point of the authorisation is the same as in a care home or hospital, and the same criteria apply (see 'What does the assessment involve?' on page 10). However, the process is slightly different.

In order to authorise a deprivation of liberty, the local authority will need to take the case to the Court of Protection, rather than authorise the deprivation of liberty themselves. If you feel that you or someone you know is in this position, you can ask the local authority to seek authorisation. You can use Template letter 4 – see 'Template letters' on page 20. You may also find it helpful to speak to the Court of Protection for further guidance and information (see 'Other useful organisations' on page 19).

Examples

The following examples show situations where DoLS could be put in place, reviewed and challenged.

Deprivation of Liberty Safeguards and moving into a care home

Brenda lives at home with her husband. Since being diagnosed with Alzheimer's disease, Brenda has found that she needs more care and support at home. As time goes by, and her dementia gets worse, she becomes unable to make her own decisions about her care and where she will receive that care.

Her husband feels that she now needs more care and support than he can offer and that she may need full-time care in a care home. He arranges for the local authority to assess her care needs, and the social worker agrees that she needs full-time care.

The next step is to arrange the move into a care home, and the social worker explains that there will be a Deprivation of Liberty Safeguards assessment. This is needed as Brenda lacks capacity to make the choice to move into a care home, and so by moving there she may be deprived of her liberty. This is because her care needs mean that she may be under continuous supervision and control by staff, and she will not be allowed to leave the care home.

Two assessors call to assess Brenda and the proposed care she will receive. As part of this process, they speak to her husband about his feelings on the proposed care. They agree that depriving Brenda of her freedom in this way is the right thing to do for her, and so this deprivation of liberty is authorised by the local authority. Brenda then moves to the care home, and her husband is appointed as her representative.

Asking for a review

Susan's dad, Mitch, has been in a care home for just over five months. He moved into the care home after a fall at home, when he broke his leg and there were further complications. Due to his vascular dementia, he lacked capacity to consent to his care. It was felt that the care home was the best place for him following discharge from hospital, as it could provide him with full-time care and support.

Mitch kept trying to get up and walk about, so staff used various distraction techniques, as well as installing bedrails following the advice of the physiotherapist, to prevent him from trying to walk on his broken leg and causing more complications. As this was depriving him of his liberty, a DoLS assessment was carried out and the deprivation of liberty was authorised.

The review date on the order was set at 12 months, however after five months Susan decides that the authorisation should be looked at because her dad is now able to put some weight back on his leg and other problems have been resolved. As a result, she feels the bedrails are no longer needed and he is being caused unnecessary distress. She speaks to staff at the care home, who tell her that because the DoLS order is valid for a full year, they are allowed to continue to use the rails and to stop him from moving about or leaving the care home.

Susan is her dad's representative, so she is able to ask the local authority for a review. They agree to carry out a review, and as a result, her dad's care is changed. Though he is still under a DoLS order because he is supervised by staff and is not allowed to leave the care home, changes have been made to his care. The bedrails are removed and he has been given more freedom to walk about the care home and the gardens with some help from a walking frame. After a few more weeks, Mitch is able to move back to live with Susan as she has always wanted.

Appealing against a DoLS authorisation

Fatima's partner, Mary is rushed into hospital following a fall. Staff at the hospital are concerned that Mary's medical records show that she has recently lost weight and has some pressure sores. They feel this is the result of her memory problems caused by dementia and the difficulty in getting enough care at home. They suggest that when she is discharged, she moves into a care home.

Fatima doesn't agree with the decision and makes this clear when informed of the discharge plans. However, she is not able to show how she could help Mary get the care she needs. Mary does not have the capacity to make the decision about moving into a care home but makes it clear that she does not want this to happen. Despite the fact that both Fatima and her partner are against the idea, it is decided that she should be discharged into a local care home.

At the care home, a DoLS assessment is carried out because Mary's care means that she is under continuous supervision and control by staff – they decide on her daily activities and routine, keep an eye on her and provide her with all her care and support. It is clear that if she was to try to leave, they would stop her.

Fatima is appointed as her partner's representative, and she visits her a couple of times each week. Mary tells her during these visits that she wishes to return home, and Fatima wonders what she can do. She speaks to staff at the care home who tell her that due to the DoLS authorisation her partner cannot return home. Fatima feels that the care Mary receives is disproportionate. She has now arranged to have home care workers to help her, and hopes Mary could return home with this better support.

Fatima gets some help from the local independent mental capacity advocate (IMCA) who helps her appeal against the DoLS authorisation. As a result, it is decided that Mary can return home as long as the right level of care and support is provided for her. So her support plan includes, for example, assistance with skin care and with eating and drinking. Fatima is given help to get the home care workers ready to come in to help Mary as soon as she is ready to leave the care home.

Other useful organisations

Court of Protection

0300 456 4600 (9am–5pm Monday–Friday)
courtofprotectionenquiries@justice.gov.uk
www.gov.uk/court-of-protection

The Court of Protection is the specialist court for all matters relating to people who may lack capacity to make specific decisions.

Department of Health and Social Care

www.gov.uk/dhsc

The Department of Health and Social Care is responsible for health, social care and the National Health Service (NHS). Information about all aspects of the Mental Capacity Act and Deprivation of Liberty Safeguards are on its website.

Social Care Institute for Excellence (SCIE)

020 7766 7400
info@scie.org.uk
www.scie.org.uk

SCIE's purpose is to improve health and social care services by sharing knowledge and good practice. Its website contains lots of information about DoLS.

Social Care Wales

info@socialcare.wales
www.socialcare.wales
<https://socialcare.wales/service-improvement/the-mental-capacity-act-and-deprivation-of-liberty-safeguards-dols>

Social Care Wales aims to lead and support improvement in social care. Its website contains lots of information about DoLS in Wales.

Template letters

These template letters might be helpful if you are thinking about getting in touch with a care provider, local authority or local health board about a deprivation of liberty.

Template letter 1 – To the care home or hospital, asking that they issue an urgent deprivation of liberty authorisation, and apply for a standard deprivation of liberty authorisation. This might be helpful if there is an emergency or there is not time to wait for an assessment.

Template letter 2 – To the local authority (or local health board), asking that they investigate a possible unauthorised deprivation of liberty. This might be helpful if someone suspects that someone is having their freedom limited and the care setting has not got authorisation to do this.

Template letter 3 – To the local authority (or local health board) from the relevant person's representative asking for a review of a standard deprivation of liberty authorisation. This might be helpful if the circumstances have changed and the deprivation of liberty may no longer be needed.

Template letter 4 – To the local authority (or local health board) asking that they investigate a possible unauthorised deprivation of liberty in supported living accommodation (including the person's own home). This might be helpful if someone suspects that someone is having their freedom limited in supported living, and that staff do not have authorisation to do this.

Template letter 1

To the care home or hospital, requesting that they issue an urgent DoLS authorisation and apply for a standard DoLS authorisation.

[Sender's address]

[Telephone number]

[Name of manager]

[Address of care home or hospital]

[Date]

Dear [Name of manager]

Re: [name of person/resident] living at [name and address of care home/hospital]

I am writing to you about the above named person who is my [relationship to you], about their stay in your [care home/hospital].

[Name of person/resident] has dementia and I am concerned that they do not have the mental capacity to be able to make a decision about the care or treatment they are receiving at your [care home/hospital].

I believe that [name of person/resident]'s activities are so restricted that it is a deprivation of their liberty. My reasons for believing this are [explain your reasons].

Because of this, I am asking that you grant an urgent deprivation of liberty authorisation. I also want you to ask for a standard deprivation of liberty authorisation from the supervisory body (local authority or health board) under the Deprivation of Liberty Safeguards, in line with the Mental Capacity Act 2005.

If you do not request a standard authorisation from the supervisory body within a reasonable period of time, I will ask the supervisory body to investigate. I will ask them to see if the way you are treating [name of person/resident] is an unauthorised deprivation of liberty.

I look forward to hearing from you.

Yours faithfully

[Your signature]

[Your full name]

Template letter 2

To the supervisory body (local authority in England and for care homes in Wales, and local health board for hospital in Wales), requesting that they investigate a possible unauthorised deprivation of liberty.

[Sender's address]

[Telephone number]

[Name and address of local authority (or health board)]

[Date]

To whom it may concern,

Re: [name of resident] living in [name and address of care home/hospital]

I am writing to you about the above named person who is my [relationship to you], specifically about their care and treatment in [the care home/hospital] they are staying in.

I [wrote/spoke] to [name of the care home/hospital manager] about [name of person] on the [date]. I let them know that [name of person] does not have the mental capacity to make decisions about their care or treatment and that they are being deprived of their liberty.

I believe they are being deprived of their liberty for the following reasons: [explain why].

In my [letter/email/phone call] I asked [name of the care home manager/hospital manager] to issue a deprivation of liberty urgent authorisation for my [relationship to you]. I also told them to apply to you for a standard authorisation under the Mental Capacity Act 2005.

As far as I am aware this has not happened. I am therefore writing, in line with the Mental Capacity Act, to ask that you investigate to see if [name of person]'s deprivation of liberty at [name of care home or hospital] is unauthorised.

Thank you for your consideration and I look forward to hearing from you.

Yours faithfully

[Your signature]

[Your full name]

Template letter 3

To the supervisory body, from the relevant person's representative, requesting a review of a standard authorisation for Deprivation of Liberty Safeguards.

[Sender's address]

[Telephone number]

[Name and address of local authority (or health board)]

[Date]

To whom it may concern,

Re: [name of person/resident] residing at [name and address of care home/hospital]

I am writing to you about the above named person, who is under a standard Deprivation of Liberty Safeguards order at the [care home/hospital] named above. I am the relevant person's representative.

I do not believe that [name of person] meets the criteria that allow them to be limited under the Deprivation of Liberty Safeguards, for the following reasons.

[Give a brief description of your reasons]

In my view, the conditions attached to the standard authorisation should be relaxed. I am therefore writing to request a review of the standard authorisation as is permitted under Part 8 of Schedule A1 to the Mental Capacity Act 2005.

I look forward to hearing from you.

Yours faithfully

[Your signature]

[Your full name]

Template letter 4

To the local authority requesting they investigate a possible deprivation of liberty in supported living.

[Sender's address]

[Telephone number]

[Name and address of local authority]

[Date]

To whom it may concern,

Re: [name of person/resident] residing in [name of supported living]

I am writing about the above named who is my [relationship to you], specifically about their care and treatment in [name of supported living] they are staying in.

I believe they are being deprived of their liberty for the following reasons: [explain why].

I am writing to you, in line with the Mental Capacity Act, to ask that you investigate to see if [name of person]'s deprivation of liberty at [name of care home/hospital] is unauthorised.

Thank you for your consideration and I look forward to hearing from you.

Yours faithfully

[Your signature]

[Your full name]

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Factsheet 483LP

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Next review due: May 2024

Our information is based on evidence and need, and is regularly updated using quality-controlled processes. It is reviewed by experts in health and social care and people affected by dementia.

Reviewed by: Professor Jill Manthorpe, Professor of Social Work, King's College London and Toby Williamson, Independent Health and Social Care Consultant, Toby Williamson Consultancy

This factsheet has also been reviewed by people affected by dementia.

To give feedback on this factsheet, or for a list of sources, please email publications@alzheimers.org.uk

People affected by dementia need our support more than ever. With your help we can continue to provide the vital services, information and advice they need.

To make a single or monthly donation, please call us on **0330 333 0804** or go to alzheimers.org.uk/donate

Alzheimer's Society is the UK's leading dementia charity. We provide information and support, improve care, fund research, and create lasting change for people affected by dementia.

For support and advice, call us on **0333 150 3456** or visit alzheimers.org.uk



Alzheimer's Society operates in England, Wales and Northern Ireland. Registered charity number 296645.

