

Deprivation of Liberty Safeguards

Annual Monitoring Report for
Health and Social Care 2024–2025



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Introduction

This is the annual monitoring report by Care Inspectorate Wales (CIW) and Healthcare Inspectorate Wales (HIW), on the implementation of Deprivation of Liberty Safeguards (DoLS) in Wales. The report is produced on behalf of Welsh Ministers. The report covers the period 1 April 2024 until 31 March 2025.

The Deprivation of Liberty Safeguards (DoLS) provide a legal framework under the Mental Capacity Act 2005 to protect individuals who lack capacity and are deprived of liberty in care homes or hospitals. Introduced in 2009 and expanded by the Cheshire West ruling March 2014¹, DoLS aim to ensure such arrangements are lawful and in the person's best interests.

In 2014, the House of Lords published a scrutiny report² on the Mental Capacity Act (MCA), concluding that the Deprivation of Liberty Safeguards (DoLS) were “not fit for purpose” and should be replaced. The Liberty Protection Safeguards (LPS), introduced under the Mental Capacity (Amendment) Act 2019, were intended to replace DoLS by 2022.

However, the implementation of LPS was delayed until recently when it was announced that a consultation on the LPS will be launched in the first half of 2026. The consultation will be jointly run by the Ministry of Justice and Department of Health and Social Care.

1 See [www.mentalhealthlaw.co.uk/Cheshire_West_and_Chester_Council_v_P_\(2014\)_UKSC_19,__\(2014\)_MHLO_16](http://www.mentalhealthlaw.co.uk/Cheshire_West_and_Chester_Council_v_P_(2014)_UKSC_19,__(2014)_MHLO_16)

2 See www.publications.parliament.uk/pa/ld201314/ldselect/ldmentalcap/139/13902.htm

Key findings

- There was a 10% (1,165) increase in the number of applications received by local authorities during 2024–2025, whilst there was a 23% (1,739) increase in the number of applications to health boards during 2024–2025.
- **Persistent delays in allocating, assessing, and authorising DoLS applications continue to leave many individuals in Wales unlawfully deprived of their liberty, without legal safeguards or recourse. Without urgent reform, these systemic failures are likely to persist, denying vulnerable people the protections they are entitled to.**
- There was a 15% (862) increase in the number of applications assessed by local authorities in Wales whilst 3,048 applications were assessed by health boards, which is an increase on previous years.
- **The length of time taken by local authorities and health boards to assess the applications must improve, as many applications are not assessed within statutory timeframes.**
- Many urgent authorisations continue to expire before the required DoLS assessments can be undertaken. Some local authorities should review their current procedures for urgent authorisation with managing authorities.
- Many local authorities continue to face challenges in allocating the volume of requests received for further authorisations. This increases the risk of people being deprived of their liberty without the continued protection of the safeguards. **All supervisory bodies must ensure people's rights are protected and assessments for all applications are undertaken within stipulated number of days as set out in Code of Practice.**
- The use of conditions by local authorities and health boards varies, with some regions using them more than others. Supervisory Bodies should continue to ensure conditions are used where necessary and are focussed on improving outcomes for people including reducing or removing the deprivation.
- Most people continue to be supported and represented in matters relating to their deprivation of liberty. **This is positive practice.**
- Ethnicity recording remains inadequate and **must** be addressed, as currently 22% of local authority and 11% of health board applications are not recording the ethnicity of the applicant. Without consistent and complete ethnicity data, it is not possible to assess whether certain groups are disproportionately affected or disadvantaged.

1. Application numbers

Number of applications

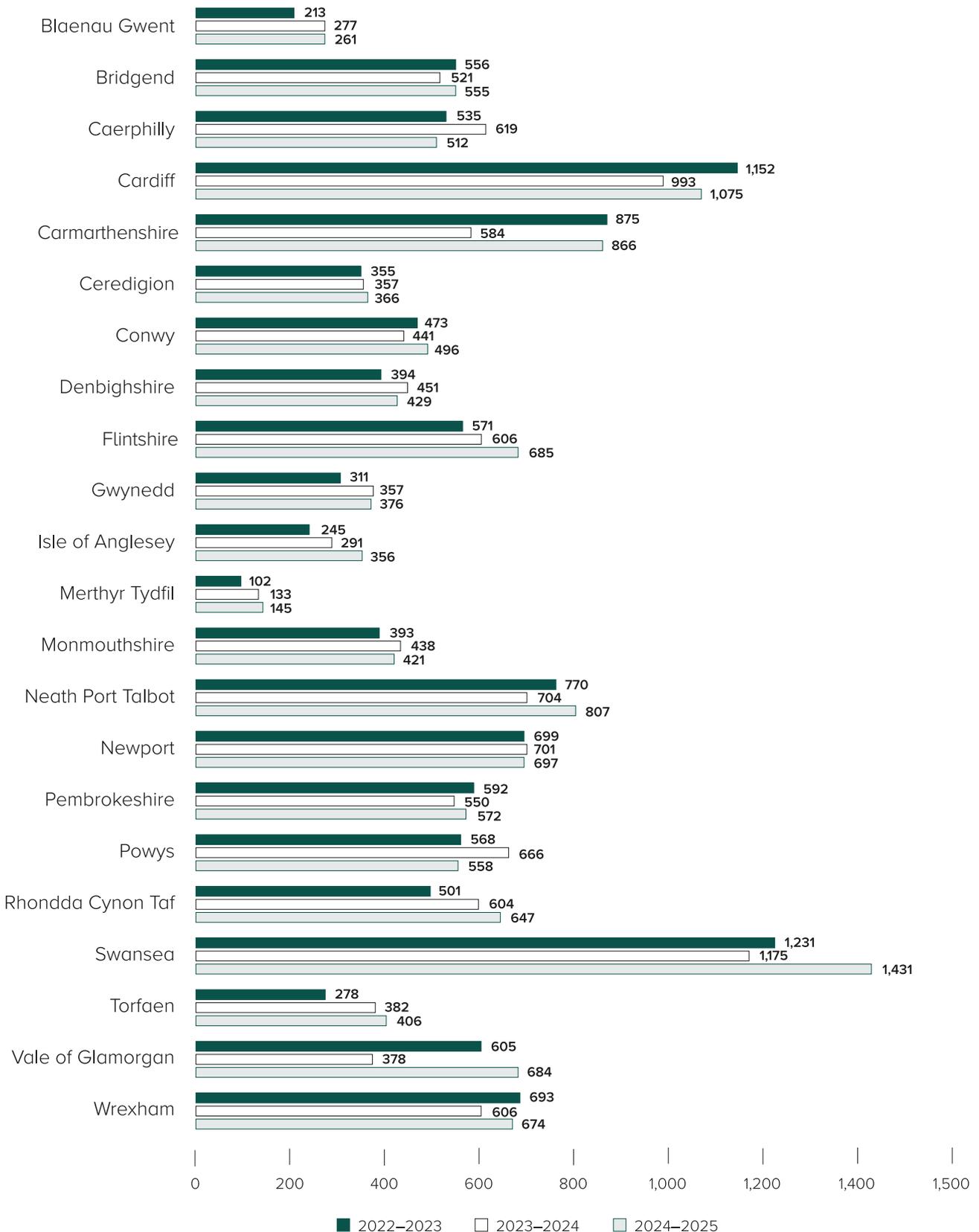
A total of 13,019 applications were received by local authorities in 2024–2025. This is an increase of 10% (1,165) when compared with the previous year (11,854).

Fifteen of the twenty-two local authorities reported an increase in the number of DoLS applications received. The Vale of Glamorgan reported the highest increase of 81%, followed by an increase of 48% in Carmarthenshire. Swansea continues to receive the most applications (1,431) and saw an increase on the previous year (1,175). During the previous year's report, the largest increase was 37%. Local authorities experiencing significant

increases should reflect on the underlying factors contributing to this rise and consider whether current practice, resource allocation, or operational processes require review. Identifying and sharing effective approaches to managing increased demand may support service improvement and promote consistency across Wales.

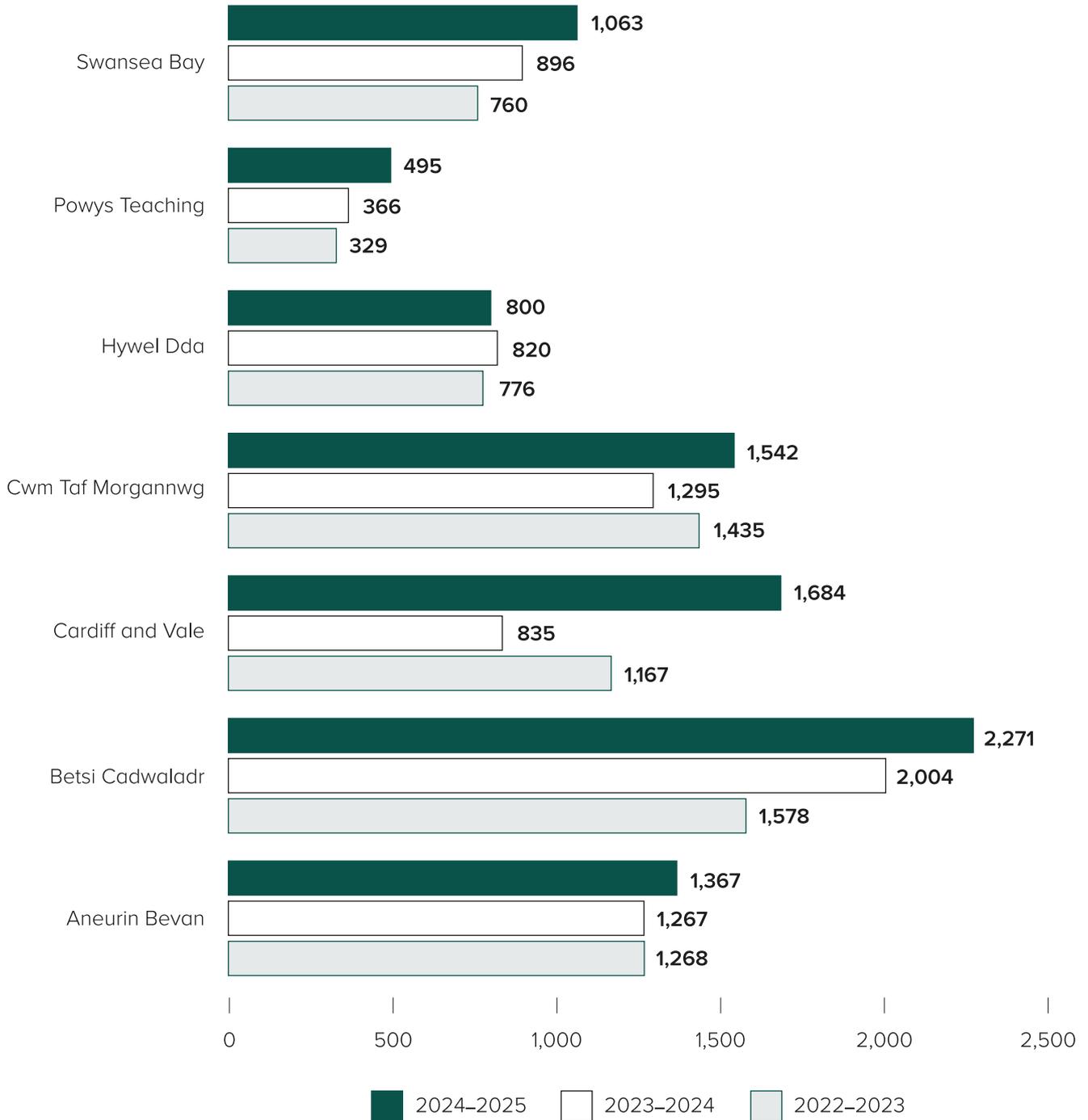
Both Caerphilly and Powys reported the highest decrease in the number of applications received during 2024–2025 compared to the previous year: Caerphilly had 17% fewer applications (107 fewer), and Powys had 16% fewer applications (108 fewer). See Figure 1.1.

Figure 1.1. The number of DoLS applications received by each local authority from 2022–2025



A total of 9,222 DoLS applications were received by health boards in 2024–2025. This represents a 23% (1739) increase compared to the number of applications received in the previous year.

Figure 1.2. The number of DoLS applications received by each health board from 2022–2025



Number of DoLS applications per 100,000 adult population

In 2023, Wales had an estimated population of 3.16 million, with 2.54 million adults over the age of 18³. This means that on average, there were 512 applications to local authorities and 362 to health boards for every 100,000 adults in Wales.

As in previous years, DoLS rates vary widely across local authorities. This variation reflects differences in local demography, knowledge and understanding of DoLS across the sector.

Relative to population size, the local authorities of Swansea (716), Neath Port Talbot (702) and Vale of Glamorgan (641) had the highest numbers of applications per 100,000. Whilst Merthyr Tydfil (314), Rhondda Cynon Taf (337), Cardiff (349) report the lowest DoLS rates, with these rates continuing to be below the Welsh average. See Table 1.1.

Table 1.1. The total adult population and number of DoLS applications received by each local authority and the number of applications per 100,000 adult population in 2024–2025

| | Total 18+ Population | Number of DoLS applications | DoLS applications per 100,000 |
|------------------|----------------------|-----------------------------|-------------------------------|
| Blaenau Gwent | 54,032 | 261 | 483.0 |
| Bridgend | 117,802 | 555 | 471.1 |
| Caerphilly | 140,377 | 512 | 364.7 |
| Cardiff | 307,789 | 1,075 | 349.3 |
| Carmarthenshire | 153,399 | 866 | 564.5 |
| Ceredigion | 61,618 | 366 | 594.0 |
| Conwy | 93,937 | 496 | 528.0 |
| Denbighshire | 77,877 | 429 | 550.9 |
| Flintshire | 124,995 | 685 | 548.0 |
| Gwynedd | 97,490 | 376 | 385.7 |
| Isle of Anglesey | 56,220 | 356 | 633.2 |
| Merthyr Tydfil | 46,137 | 145 | 314.3 |
| Monmouthshire | 77,533 | 421 | 543.0 |

3 See [National level population estimates by year, age and UK country \(gov.wales\)](https://gov.wales/national-level-population-estimates-by-year-age-and-uk-country)

| | Total 18+ Population | Number of DoLS applications | DoLS applications per 100,000 |
|------------------------------|----------------------|-----------------------------|-------------------------------|
| Neath Port Talbot | 114,906 | 807 | 702.3 |
| Newport | 126,592 | 697 | 550.6 |
| Pembrokeshire | 101,521 | 572 | 563.4 |
| Powys | 111,015 | 558 | 502.6 |
| Rhondda Cynon Taf | 192,277 | 647 | 336.5 |
| Swansea | 199,795 | 1,431 | 716.2 |
| Torfaen | 73,991 | 406 | 548.7 |
| Vale of Glamorgan | 106,750 | 684 | 640.7 |
| Wrexham | 108,383 | 674 | 621.9 |
| All local authorities | 2,544,436 | 13,019 | 511.7 |

Table 1.2. The total adult population and number of DoLS applications received by each health board and the number of applications per 100,000 adult population in 2024–2025

| | Total 18+ Population | Number of DoLS applications | DoLS applications per 100,000 |
|--------------------------|-----------------------------|------------------------------------|--------------------------------------|
| Aneurin Bevan | 472,525 | 1367 | 289.2 |
| Betsi Cadwaladr | 558,902 | 2271 | 406.3 |
| Cardiff and Vale | 414,539 | 1684 | 406.7 |
| Cwm Taf Morgannwg | 356,216 | 1542 | 432.8 |
| Hywel Dda | 316,538 | 800 | 252.7 |
| Powys Teaching | 111,015 | 495 | 265.3 |
| Swansea Bay | 314,701 | 1063 | 337.7 |
| All health boards | 2,544,436 | 9,222 | 362 |

Applications submitted by third party organisations

If the person, any relative, friend or carer, or any third party, believes a person is being deprived of their liberty without the managing authority having applied for authorisation, they should bring this to the attention of the managing authority. If the managing authority does not apply for authorisation, the concerned person can ask the Supervisory Body to decide if there is an unauthorised deprivation of liberty.

Of the 13,019 applications submitted to local authorities during 2024–2025, 9 were submitted by a third party. The applications were made to 4 local authorities, Isle of Anglesey (1), Ceredigion (2), Conwy (4) and Neath Port Talbot (2); with 1 submitted by a paid representative and 8 by professionals or advocates. three of these authorities – Isle of Anglesey, Ceredigion, and Conwy – also received third-party applications.

This presented a slight decrease in third-party submissions to local authorities compared to the previous year application numbers.

Of the 9,222 applications submitted to health boards, none of the applications were submitted by third parties.

Applications made by managing authorities from outside Wales

Some people from Wales receive their care and support or treatment in a care home or hospital outside of Wales. When the application is received from a managing authority outside of Wales, and the care and support or treatments have been arranged by a Welsh local authority or health board, then the DoLS assessments remain the responsibility of the Welsh Supervisory Bodies.

In 2024–2025, 2% (292) of DoLS applications to local authorities came from outside Wales, which is similar to the previous year. These applications were made by managing authorities in England to 21 local authorities across Wales. Powys continues to receive the most (16%, or 87 applications), followed by Flintshire (7%, or 47 applications).

During 2024–2025, 5% (476) of DoLS applications were made to health boards by managing authorities from outside Wales. These applications were made by managing authorities in England to four health boards across Wales.

Powys Teaching health board received the most applications (55%, or 262 applications) whilst Betsi Cadwaladr University health board received (44%, or 212 applications).

2. Type of applications

Standard applications

Around half the applications received by local authorities continue to be for standard authorisation. In 2024–2025, 44% (5,685) of the 13,019 applications were standard, which is a small decrease on the previous year's figure of 47%⁴.

As in previous years, Gwynedd reported the highest percentage of standard applications at 79% (298). See Table 2.1.

For health boards, only 5% (431) of applications to health boards were standard applications. This is a slight reduction compared to the percentage of standard applications seen in 2023–24.

Standard following urgent applications

Across local authorities, 16% (2,035) of applications made in 2024–2025 were via the urgent route, which is slightly lower than the 19% reported the previous year. Monmouthshire reported that 57% (242) of its applications were urgent. The supervisory bodies with the lowest numbers of urgent applications were Wrexham 0% (0) and Gwynedd 1% (2). See Table 2.1.

Of the 9,222 applications made to health boards in 2024–2025, 8,397 were via the urgent route (91% of all applications).

Further applications

The remaining 41% (5,299) of applications submitted to local authorities in 2024–2025 were for further applications; this is higher than the 34% last year. Gwynedd reported 20% (76) further applications, where in previous years they had none. The highest proportion of further applications were reported by Anglesey 58% (208), Bridgend 54% (302) and Neath Port Talbot 54% (434). See Table 2.1.

For health boards, the remaining 4% (394) of applications submitted were further applications. A breakdown of the application types is shown in Table 2.2.

⁴ In previous years Wrexham reported no applications for standard authorisations from managing authorities. A change in system procedures means that for 2024–2025 Wrexham is now reporting on standard DoLs applications and has no standard following urgent applications.

Table 2.1. The percentage of different application types for each local authority in 2024–2025

| (Number of applications) | Standard | Urgent | Further |
|---------------------------------|-----------------|---------------|----------------|
| Blaenau Gwent (261) | 32% | 30% | 38% |
| Bridgend (555) | 42% | 4% | 54% |
| Caerphilly (512) | 22% | 49% | 29% |
| Cardiff (1,075) | 52% | 14% | 34% |
| Carmarthenshire (866) | 52% | 5% | 44% |
| Ceredigion (366) | 44% | 4% | 52% |
| Conwy (496) | 35% | 29% | 36% |
| Denbighshire (429) | 48% | 7% | 44% |
| Flintshire (685) | 50% | 9% | 41% |
| Gwynedd (376) | 79% | 1% | 20% |
| Isle of Anglesey (356) | 28% | 13% | 58% |
| Merthyr Tydfil (145) | 53% | 17% | 30% |
| Monmouthshire (421) | 20% | 57% | 23% |
| Neath Port Talbot (807) | 43% | 4% | 54% |
| Newport (697) | 24% | 28% | 48% |
| Pembrokeshire (572) | 42% | 10% | 48% |
| Powys (558) | 34% | 43% | 23% |
| Rhondda Cynon Taf (647) | 65% | 11% | 24% |
| Swansea (1,431) | 52% | 4% | 44% |
| Torfaen (406) | 17% | 52% | 31% |

| (Number of applications) | Standard | Urgent | Further |
|---------------------------------|--------------|--------------|--------------|
| Vale of Glamorgan (684) | 48% | 10% | 42% |
| Wrexham (674) | 47% | 0% | 53% |
| All local authorities | 44% | 16% | 41% |
| (Number of applications) | 5,685 | 2,035 | 5,299 |

Table 2.2. The percentage of different application types for each health board in 2024–2025

| (Number of applications) | Standard | Urgent | Further |
|---------------------------------|------------|-------------|------------|
| Aneurin Bevan | 1% | 14% | 0% |
| Betsi Cadwaladr | 0% | 23% | 1% |
| Cwm Taf Morgannwg | 2% | 14% | 1% |
| Hywel Dda | 0% | 8% | 0% |
| Powys Teaching | 0% | 5% | 0% |
| Swansea Bay | 1% | 10% | 1% |
| Cardiff and Vale | 0% | 18% | 0% |
| All health boards | 5% | 91% | 4% |
| (Number of applications) | 431 | 8397 | 394 |

3. Timeframe for allocation to assessment

Applications unallocated⁵

Of the 13,019 applications received by local authorities, 30% (3,960) were still unallocated on 1st April 2025, this is an improvement on figures in previous years of 34% (2024) and 38% (2023). Neath Port Talbot and Wrexham reported no applications unallocated at the end of the financial year this **is positive practice**.

Many of the local authority Supervisory Bodies are using screening tools to support prioritisation of urgent and high-risk cases. However, a minority of local authorities were unable to allocate over 60% of the applications they received during 2024–2025; this includes Merthyr Tydfil and Rhondda Cynon Taf (despite having low numbers of applications). Timely processing of applications is an important aspect of ensuring people are not experiencing delays in their application being allocated to an assessor. This results in delayed assessments and authorisations, potentially prolonging unlawful deprivation. See Table 3.1.

Of the 9,222 applications submitted to health boards, 11% (1001) applications were noted as unallocated as of the 1st April 2025, a reduction on the previous year's figure.

Applications withdrawn

In 2024–2025, 18% (2,303) of the applications received by local authorities were withdrawn before they could be assessed – this is an increase on last year's 13% (1,495). The main reasons given are that the person has moved care home, returned home, or died. When people move to another care home a new application must be made if still required. These people may have been deprived of their liberty without the appropriate safeguards being in place. See Table 3.1.

⁵ Unallocated applications are referred to as 'In Progress' in the current DoLS data collection form.

Table 3.1. The proportion of applications withdrawn or unallocated per local authority in 2024–2025

| (Number of applications) | Withdrawn | Unallocated |
|---------------------------------|------------------|--------------------|
| Blaenau Gwent (134) | 22% | 30% |
| Bridgend (114) | 14% | 7% |
| Caerphilly (365) | 27% | 45% |
| Cardiff (673) | 17% | 46% |
| Carmarthenshire (379) | 29% | 15% |
| Ceredigion (133) | 17% | 19% |
| Conwy (329) | 23% | 43% |
| Denbighshire (270) | 18% | 45% |
| Flintshire (411) | 28% | 32% |
| Gwynedd (198) | 18% | 35% |
| Isle of Anglesey (38) | 8% | 3% |
| Merthyr Tydfil (136) | 20% | 74% |
| Monmouthshire (318) | 37% | 39% |
| Neath Port Talbot (51) | 6% | 0% |
| Newport (193) | 19% | 9% |
| Pembrokeshire (274) | 11% | 37% |
| Powys (371) | 16% | 50% |
| Rhondda Cynon Taf (555) | 15% | 71% |
| Swansea (514) | 12% | 24% |
| Torfaen (282) | 27% | 42% |

| (Number of applications) | Withdrawn | Unallocated |
|---------------------------------|--------------|--------------|
| Vale of Glamorgan (486) | 19% | 52% |
| Wrexham (39) | 6% | 0% |
| All local authorities | 18% | 30% |
| (Number of applications) | 2,303 | 3,960 |

In 2024–2025, 62% (5,748) of the applications made to health boards were withdrawn before they could be assessed. The main reasons given are the person was discharged or died.

Table 3.2. The proportion of applications withdrawn or in progress per health board in 2024–2025

| (Number of applications) | Withdrawn | Unallocated |
|---------------------------------|--------------|--------------|
| Aneurin Bevan (1146) | 84% | 5% |
| Betsi Cadwaladr (1526) | 67% | 8% |
| Cardiff and Vale (810) | 48% | 36% |
| Cwm Taf Morgannwg (794) | 51% | 7% |
| Hywel Dda (507) | 63% | 1% |
| Powys Teaching (293) | 59% | 7% |
| Swansea Bay (672) | 63% | 1% |
| All health boards | 62% | 11% |
| (Number of applications) | 5,748 | 1,001 |

Length of time to allocate for assessment⁶

Of the 7,587 local authority applications allocated for assessment, 25% (1,865) were allocated within 7 days, which is similar to last year. However, more applications took longer than 28 days to be allocated, 44%, or 3,374 compared to 38% or 2,456 applications in 2023–24. See Table 3.3.

When considering length of time taken by local authorities to allocate for assessment by application type, applications for standard authorisations have the longest waiting times. Of the 2,911 standard applications, 58% (1,679)

took more than one month to allocate. Of the 684, standard following urgent applications, 52% (355) waited more than 14 days to be allocated. Whilst for the 3,992 further applications, 35% (1,402) waited more than one month to be allocated. See Table 3.3.

In 2024–2025, 3048 health boards applications were allocated for assessment. This represents 33% (3048 of 9122) of all DoLS applications submitted. Only 30% (906) were allocated within 7 days.

Table 3.3. The length of time taken to allocate all DoLS applications for assessment by application type and local authority in 2024–2025

| | 1–7 days | 8–14 days | 15–28 days | 1–3 months | 3–6 months | Over 6 months |
|----------------------------------|----------|-----------|------------|------------|------------|---------------|
| Standard | | | | | | |
| All local authorities | 14% | 10% | 19% | 38% | 15% | 4% |
| Number of applications | 393 | 299 | 540 | 1,115 | 441 | 123 |
| Standard following urgent | | | | | | |
| All local authorities | 39% | 10% | 9% | 24% | 13% | 5% |
| Number of applications | 264 | 65 | 62 | 164 | 92 | 37 |
| Further | | | | | | |
| All local authorities | 30% | 16% | 19% | 26% | 7% | 2% |
| Number of applications | 1,208 | 639 | 743 | 1,047 | 286 | 69 |
| All applications | | | | | | |
| All local authorities | 25% | 13% | 18% | 31% | 11% | 3% |
| Number of Applications | 1,865 | 1,003 | 1,345 | 2,326 | 819 | 229 |

⁶ When reporting on Deprivation of Liberty Safeguards (DoLS) assessment timescales, it is important to note that not all local authorities or health boards record the specific dates required to calculate assessment duration. As a result, the figures presented should be interpreted as illustrative rather than definitive.

Table 3.4. The length of time taken to allocate all DoLS applications for assessment by application type and health board in 2024–2025

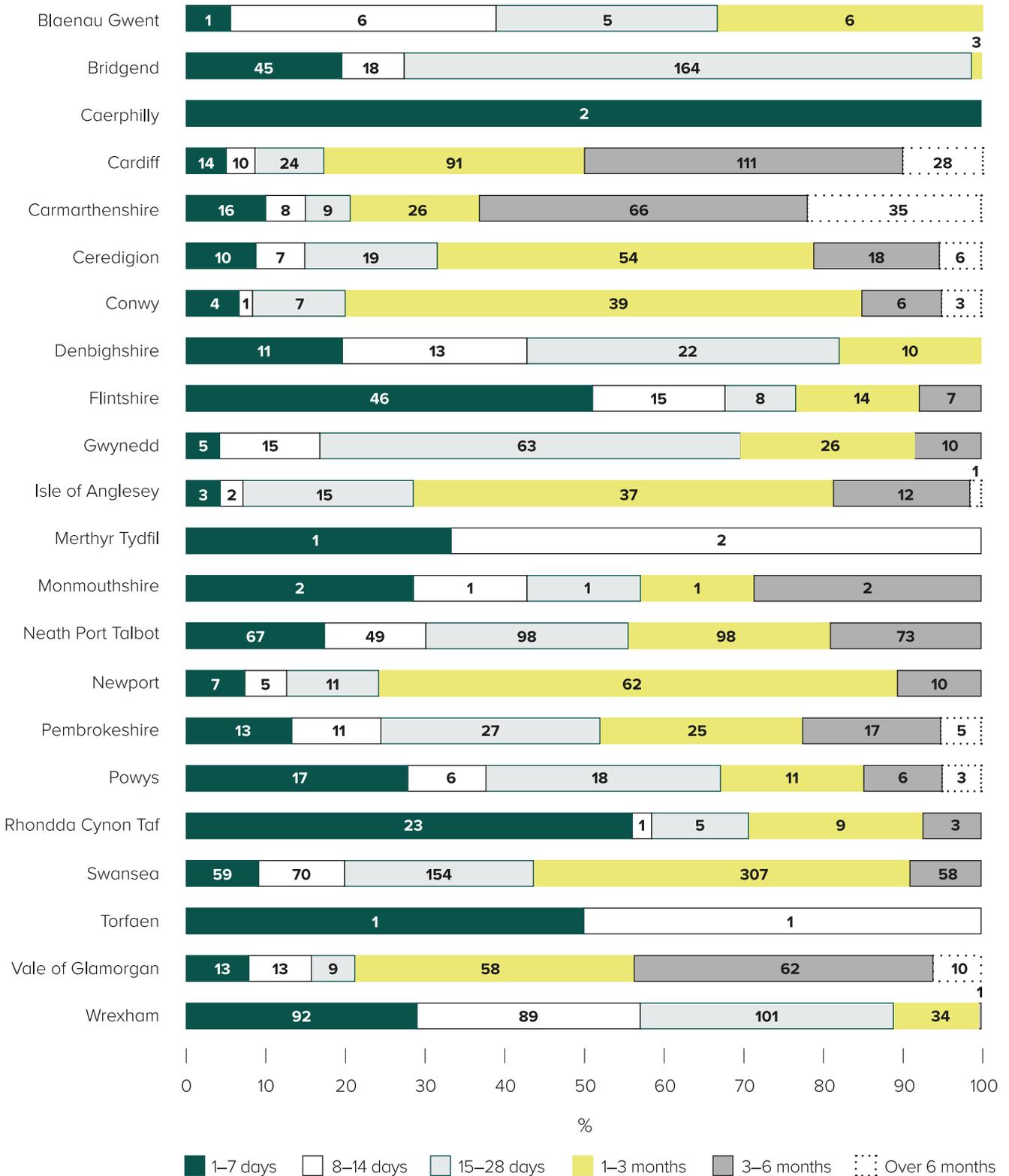
| | 1–7 days | 8–14 days | 15–28 days | 1–3 months | 3–6 months | Over 6 months |
|----------------------------------|----------|-----------|------------|------------|------------|---------------|
| Standard | | | | | | |
| All health boards | 30% | 18% | 20% | 32% | 0% | 0% |
| Number of applications | 54 | 33 | 37 | 59 | 0 | 0 |
| Standard following urgent | | | | | | |
| All health boards | 25% | 17% | 22% | 35% | 1% | 0% |
| Number of applications | 647 | 448 | 554 | 896 | 18 | 0 |
| Further | | | | | | |
| All health boards | 68% | 19% | 7% | 6% | 0% | 0% |
| Number of applications | 205 | 56 | 21 | 19 | 1 | 0 |
| All applications | | | | | | |
| All health boards | 30% | 18% | 20% | 32% | 1% | 0% |
| Number of applications | 906 | 537 | 612 | 974 | 19 | 3,048 |

Length of time to allocate standard assessments

There is considerable variation between local authorities when allocating standard applications. For 2024–2025, Wrexham reported the highest proportion of 89% (282) allocated

to an assessor within 28 days. In comparison 4% (123) of all standard applications to local authorities took more than 6 months to be allocated to an assessor. See Figure 3.1.

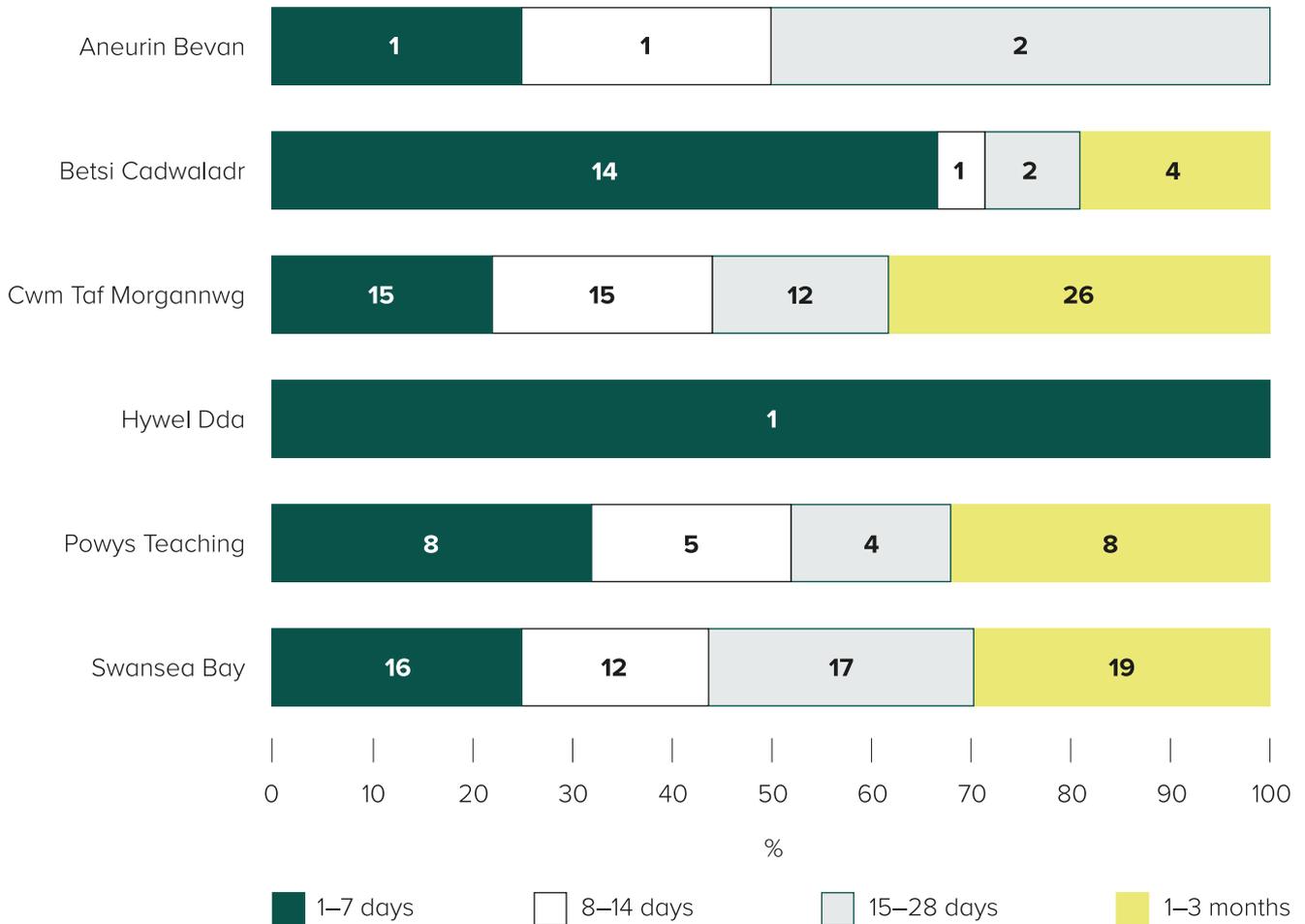
Figure 3.1. The length of time to allocate standard DoLS applications for assessment by local authority in 2024–2025



There is also variation between health boards when allocating standard applications.

For 2024–2025, Cwm Taf Morgannwg and Swansea Bay University health board reported the highest proportion of applications allocated to an assessor within 28 days. However, 32% (59) of all allocated applications (183) took over 28 days. See Figure 3.2.

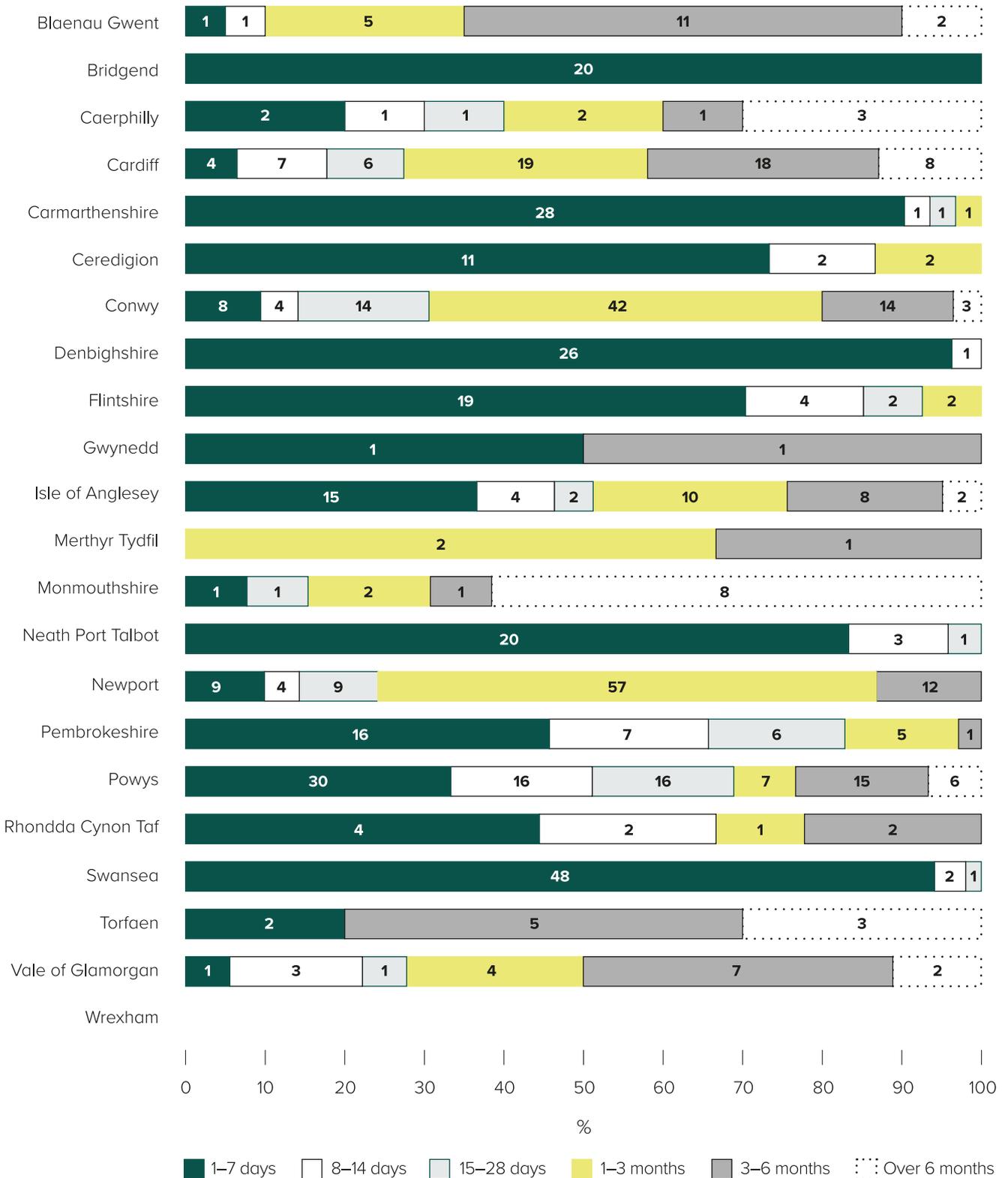
Figure 3.2. The length of time taken to allocate standard DoLS applications for assessment in 2024–2025, by health board



Length of time to allocate standard following urgent assessments

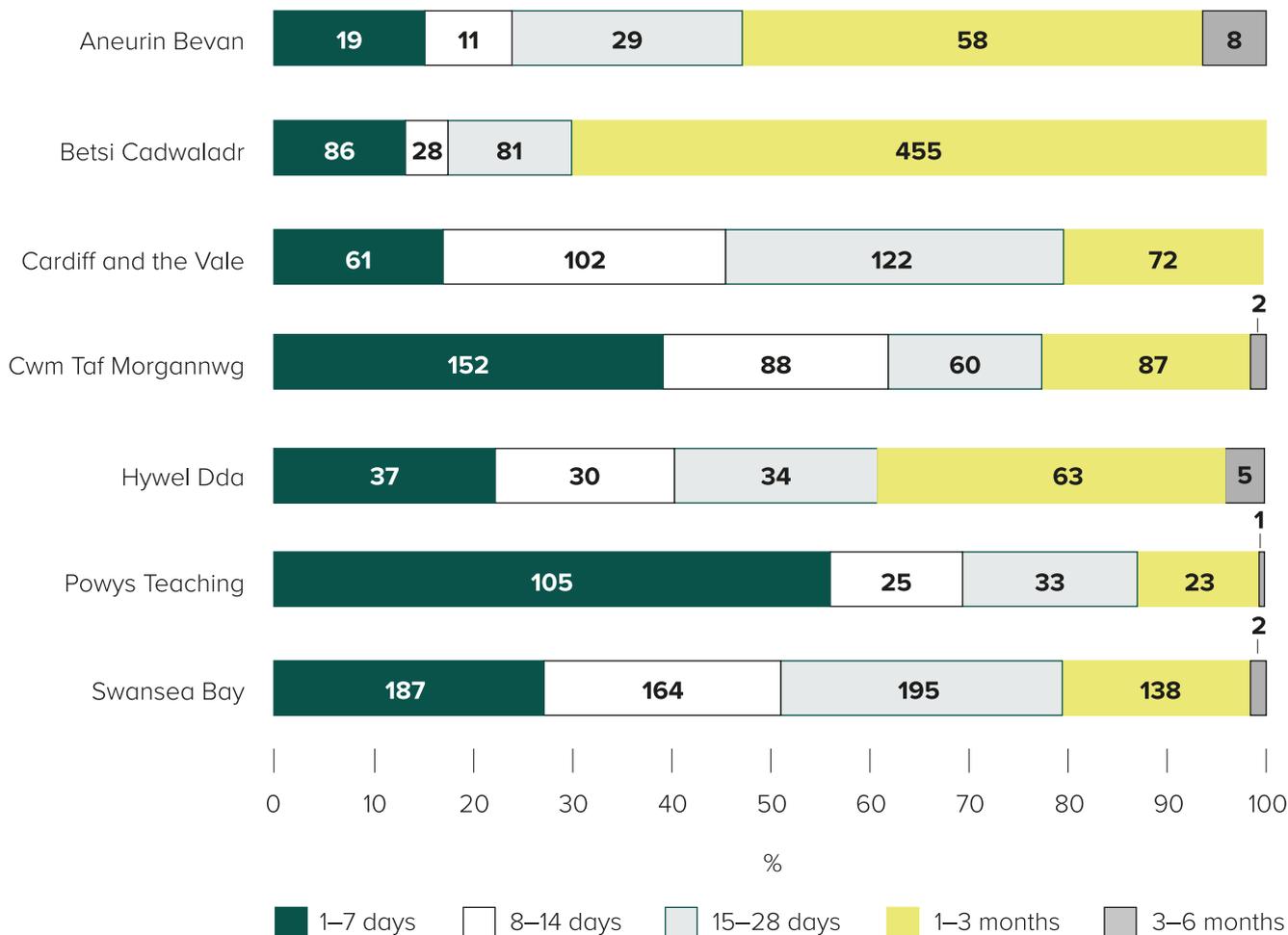
Five local authorities were able to allocate over 95% of their standard following urgent applications within 14 days, with Bridgend (20), Denbighshire (27) and Merthyr (3) achieving 100% with 98% (50) by Swansea and 96% (23) by Neath Port Talbot. **This is positive practice.** See Figure 3.3.

Figure 3.3. The length of time to allocate standard following urgent DoLS applications for assessment by local authority in 2024–2025



For health boards, of the 2,563 standard following urgent applications allocated for assessment, Betsi Cadwaladr reported the highest proportion of standard following urgent applications that took over 28 days, with 70% of the standard following urgent applications to the health board being allocated over 28 days from the start of the application. Of the 2,563 standard following urgent applications allocated, 914 (36%) took more than one month to allocate. See Figure 3.4.

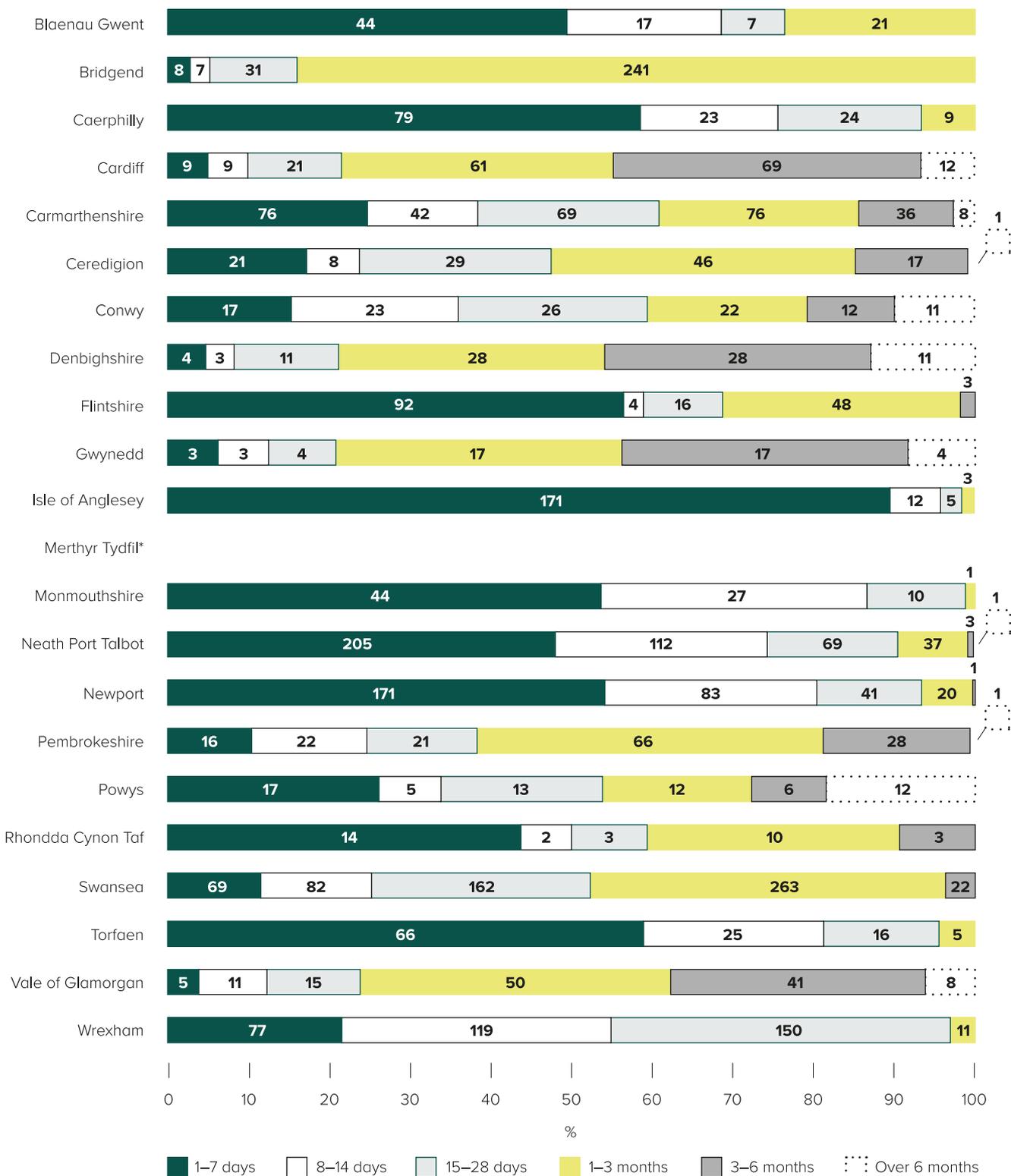
Figure 3.4. The length of time taken to allocate standard following urgent DoLS applications for assessment in 2024–2025 by health board



Length of time to allocate for further assessments

The majority of local authorities performed better at allocating further applications within 28 days than standard ones. Monmouthshire allocated 99% (81) of its further applications within this time, followed by Anglesey at 98% (188), Wrexham at 97% (346) and Torfaen at 96% (107) **This is positive practice.** In contrast, 18% (12) of Powys applications for a further authorisation waited over 6 months for allocation. See Figure 3.5

Figure 3.5. The length of time to allocate further DoLS applications for assessment by local authority in 2024–2025.

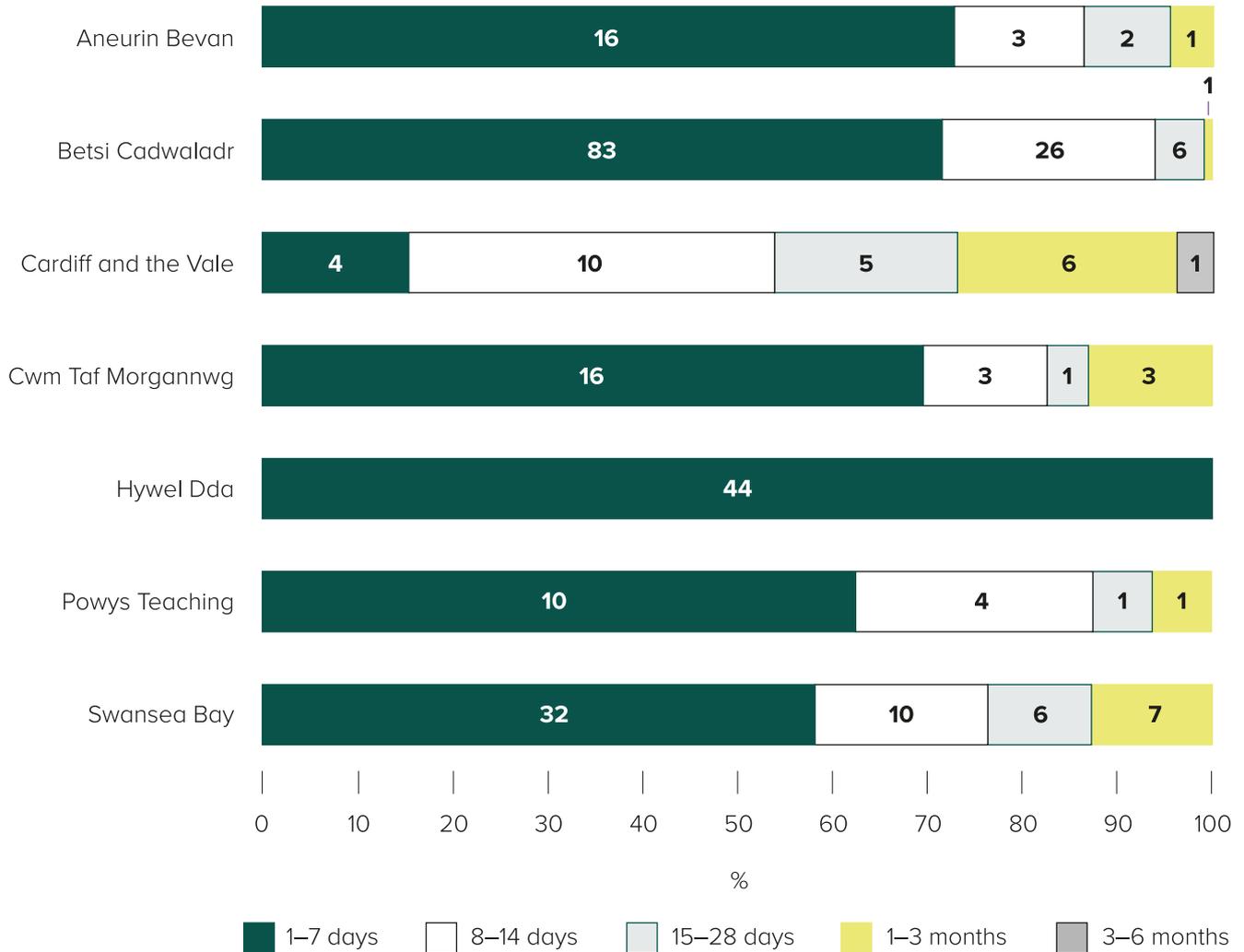


* Merthyr Tydfil did not provide the dates for further applications allocated to an assessor; therefore, their data could not be included in Figure 3.5.

For health boards, of the 302 further applications allocated for assessment, 7% took more than 28 days to be allocated.

The majority of health boards (68%) took 1–7 days to process further applications for assessment with the exception of Hywel Dda, who reported 100% of further applications allocated for assessment on the same day. See Figure 3.6.

Figure 3.6. The length of time taken to allocate further DoLS applications for assessment in 2024–2025, by health board



4. Completion of assessments

By comparing the date the DoLS application was allocated to an assessor with the date of the decision (authorisation granted or refused), we can determine that 50% (6,502) of all applications to local authorities underwent an assessment during 2024–2025. Whilst we are aware that many local authorities have increased their capacity to complete assessments and have a pool of best interest assessors working alongside a dedicated team, the number of DoLS assessments completed during 2024–2025 is slightly higher than the 48% (5,640) of applications that underwent assessment in 2023–24. From our ongoing monitoring we know many local authorities in Wales are also making timely applications to the Court of Protection and are proactive in identifying situations where a person who lacks mental capacity to consent to the arrangements made for care and support and deprived of their liberty in community settings.

In 2024–2025, local authorities completed assessments on 86% (6,502 of 7,587) of applications allocated. However, only 46% (3,007) of these were completed within the required timeframes – a slight improvement on last year’s 39%.

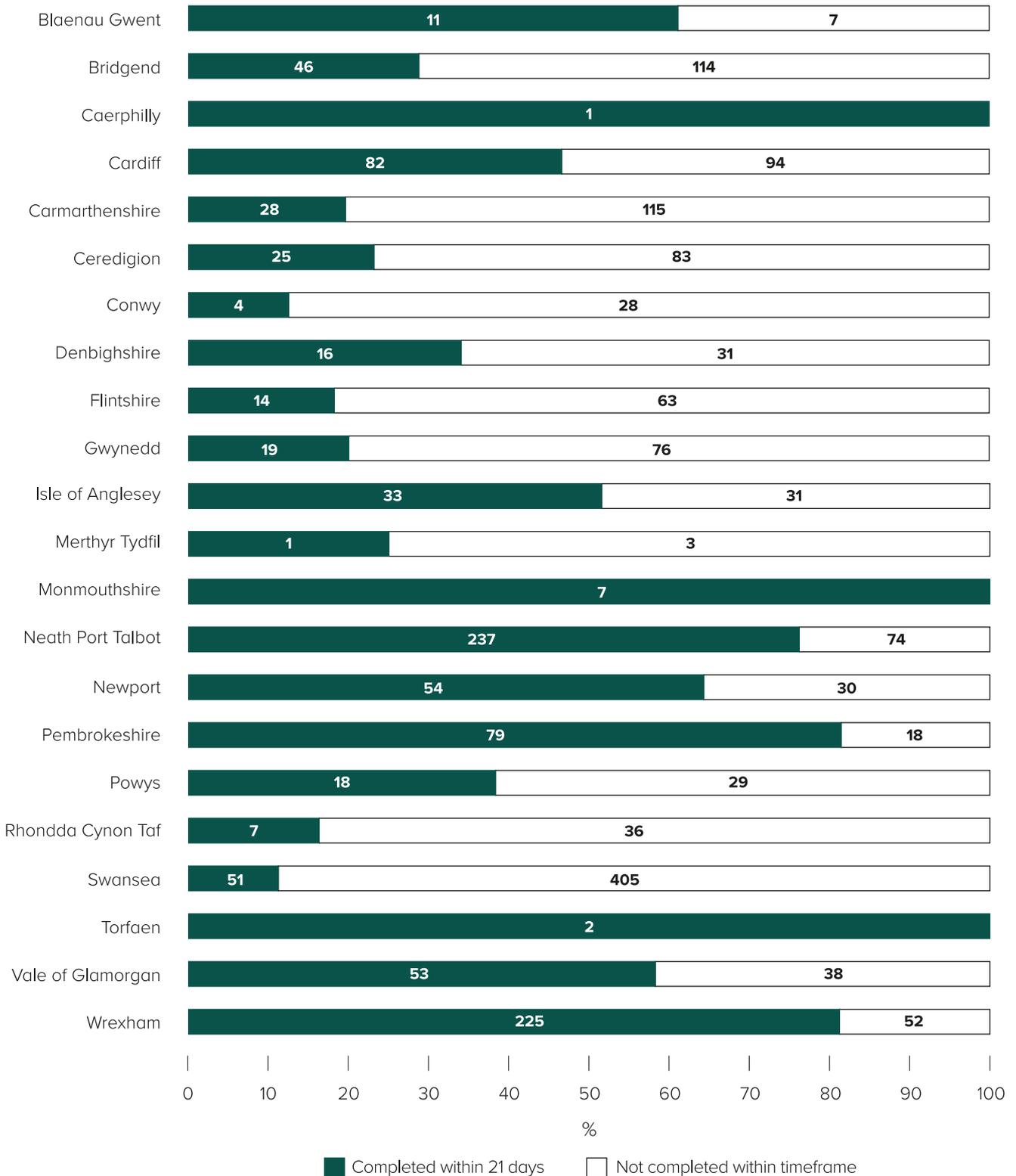
In 2024–2025, health boards completed assessments on 56% (1,697 of 3048) of applications allocated. 65% (1,109) of these were completed within the required timeframes.

Completion of standard assessments

In 2024–2025 local authorities completed 2,340 assessments for a standard authorisation, but only 43% (1,013) were completed within the statutory timeframe of 21 days. This represents an 8% improvement on the previous year (35%).

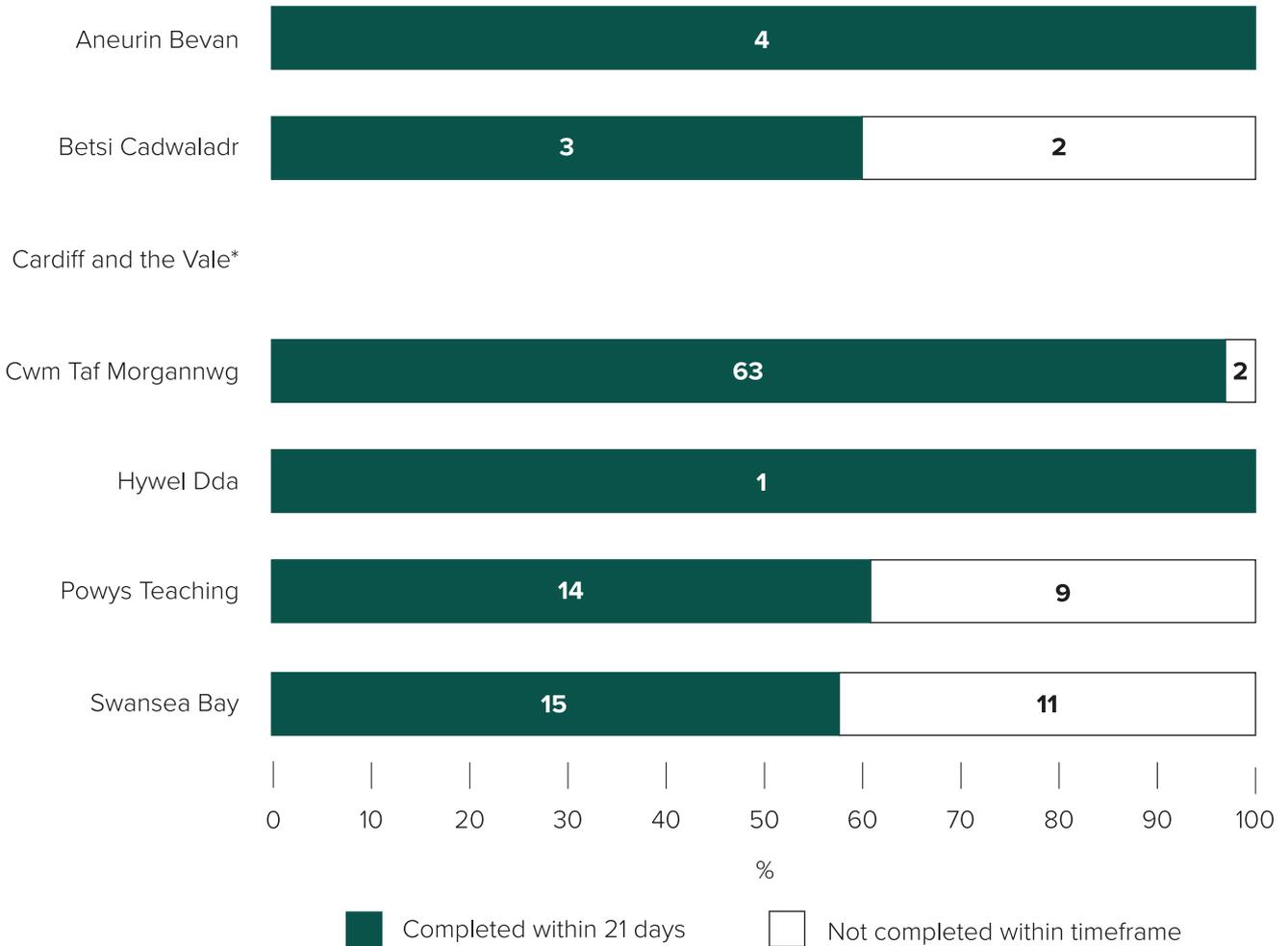
Three local authorities completed 100% of their assessments within the statutory timeframe – notably Caerphilly (1), Monmouthshire (7) and Torfaen (2), **this is positive practice**. A high proportion of assessments completed within the statutory timeframe were achieved by both Pembrokeshire 81% (79) and Wrexham 81% (225). Neath Port Talbot completed the highest number of standard assessments at 237 (76%). However, most local authorities were unable to meet the statutory timeframe of 21 days for half of the assessments completed. See Figure 4.1.

Figure 4.1. The number of standard assessments completed within statutory timeframe (21 days) by local authority in 2024–2025



For health boards, 124 assessments were completed, of these 81% (100) were completed within the statutory timeframe of 21 days. See Figure 4.2.

Figure 4.2. The number of standard assessments completed within statutory timeframe (21 days) by health boards in 2024–2025



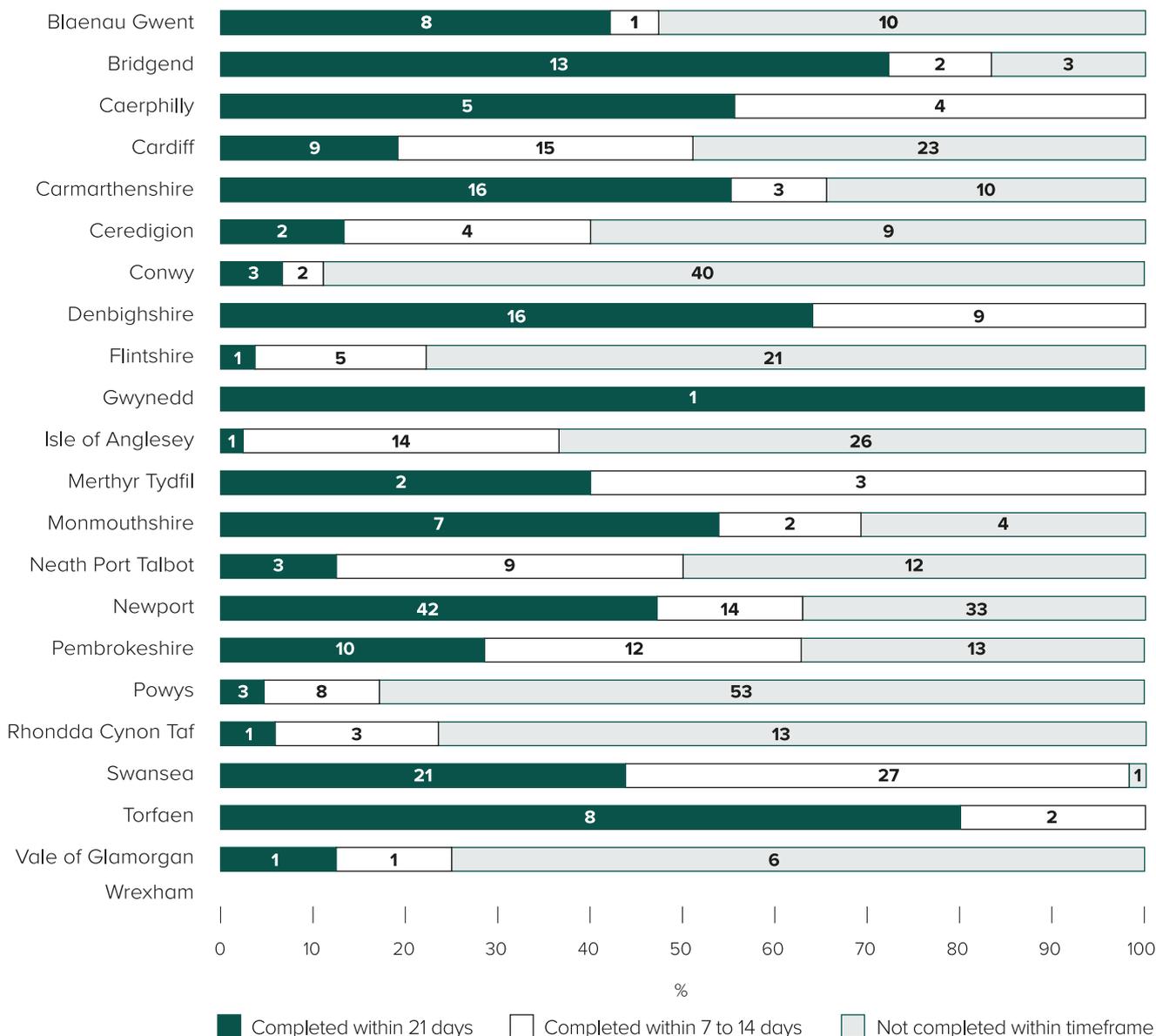
* Note: Not all local authorities or health boards record the dates needed to calculate typical assessment times. Therefore this data is illustrative only.

Completion of standard following urgent assessments

In 2024–2025, local authorities completed 590 assessments for standard following urgent applications, with 52% (309) completed within the required timeframe of 7–14 days. Around half of the urgent authorisations granted by managing authorities expire before the required assessments are undertaken.

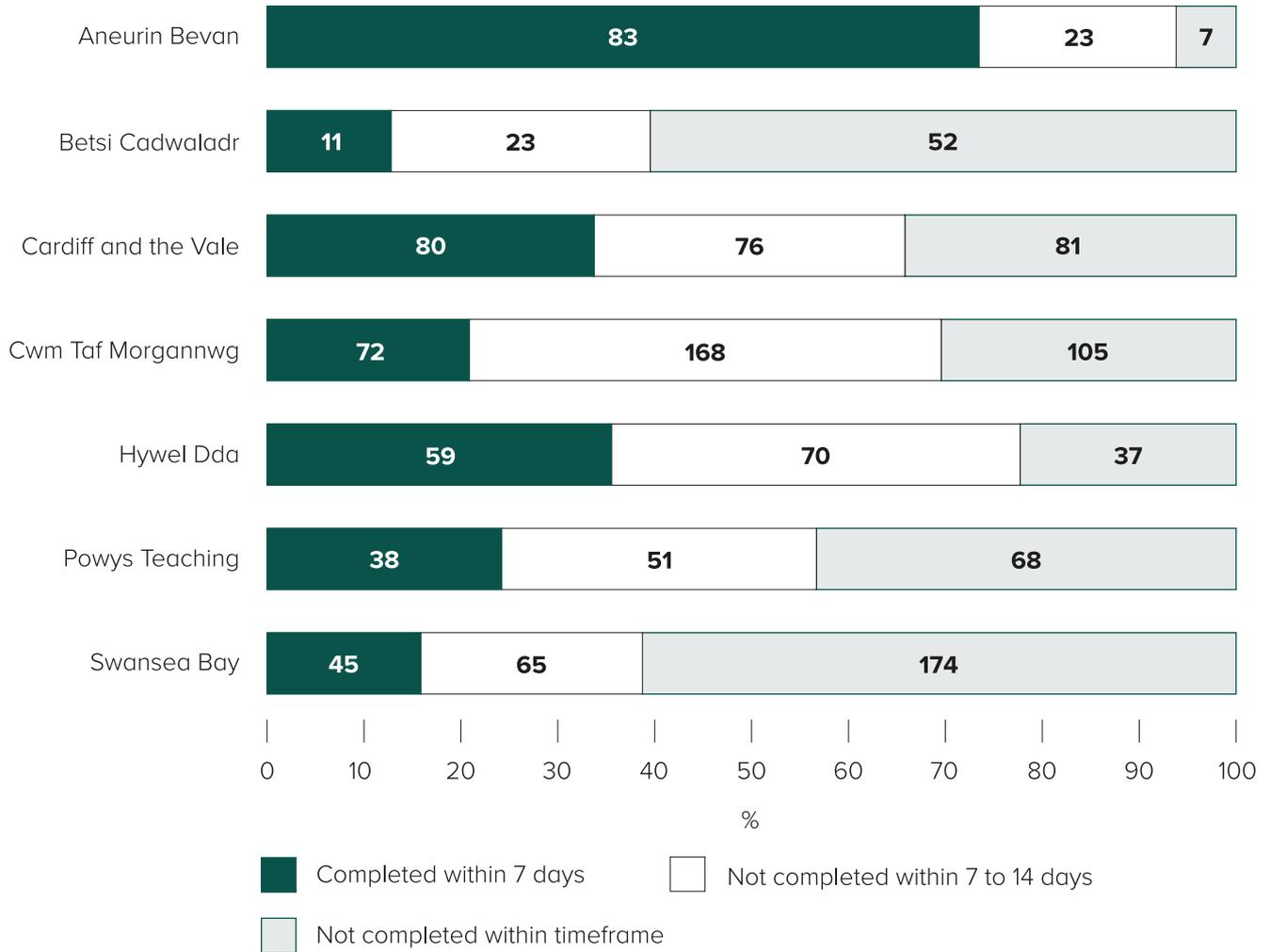
Three local authorities completed all standard following urgent assessments, Caerphilly (9), Denbighshire (25) and Torfaen (10). Newport completed the highest number of standard following urgent assessments in Wales during 2024–2025 with 63% (56) completed within 7–14 days. The highest number of standard following urgent assessments not completed within timescale include: 89% of Conwy (40), 83% of Powys (53), and 63% of Anglesey (26) not completed on time. See Figure 4.3.

Figure 4.3. The number of standard following urgent assessments completed within statutory timeframe (7 and 14 days) by local authority in 2024–2025



For health boards, a total of 1,388 standard following urgent applications were completed in 2024–2025, of these 62% (864) were completed within the statutory timeframe of 7 and 14 days. See Figure 4.4.

Figure 4.4. The number of standard following urgent assessments completed within statutory timeframe (7 and 14 days) by health board in 2024–2025

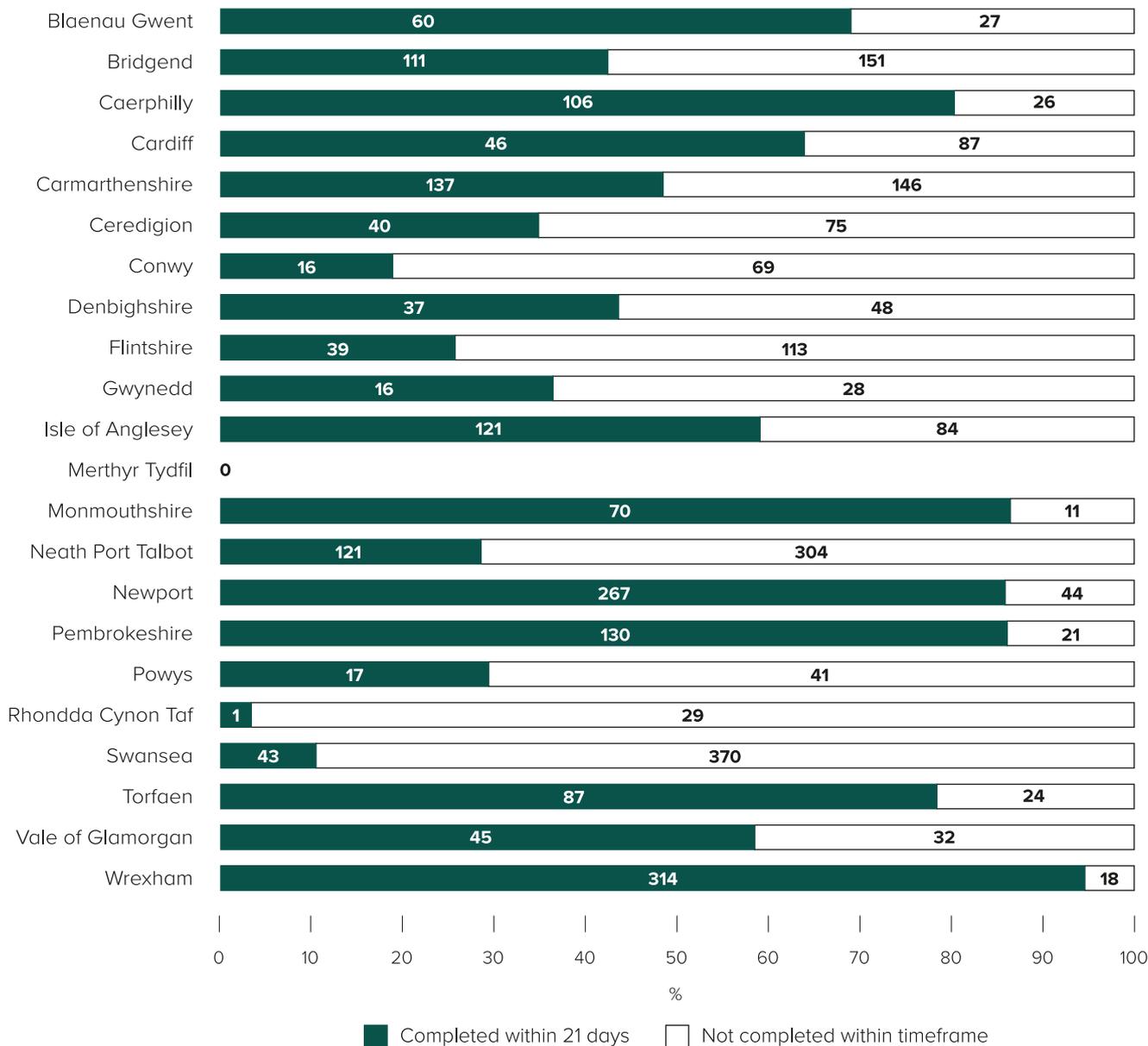


Completion of further assessments

In 2024–2025, local authorities completed 3,572 further assessments, with 51% (1,824) assessed within the 21-day statutory timeframe, an improvement from 48% last year. The local authorities best able to meet the 21-day timeframe include: Wrexham 95% (314), Monmouthshire 86% (70), Newport 86% (267) and Pembrokeshire 86% (130).

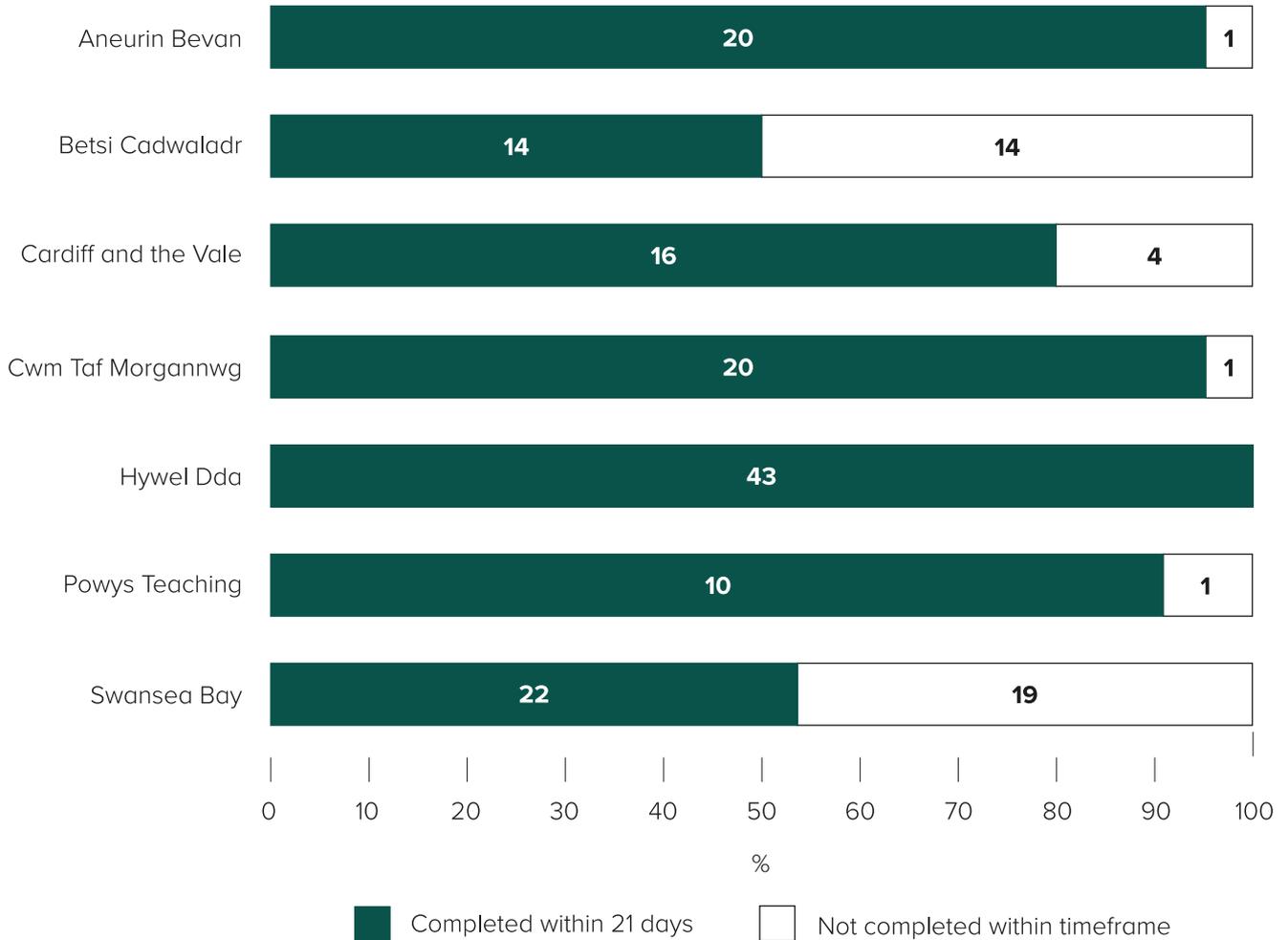
The local authorities of Rhondda Cynon Taf, Swansea, Conwy and Flintshire found it challenging to meet the 21-day deadline See Figure 4.5.

Figure 4.5. The number of further assessments completed within statutory timeframe (21 days) by local authority in 2024–2025



For health boards, a total of 185 assessments were completed, of these 78% (145) were completed within the statutory timeframe of 21 days. See Figure 4.6

Figure 4.6. The number of further assessments completed within statutory timeframe (21 days) by health board in 2024–2025

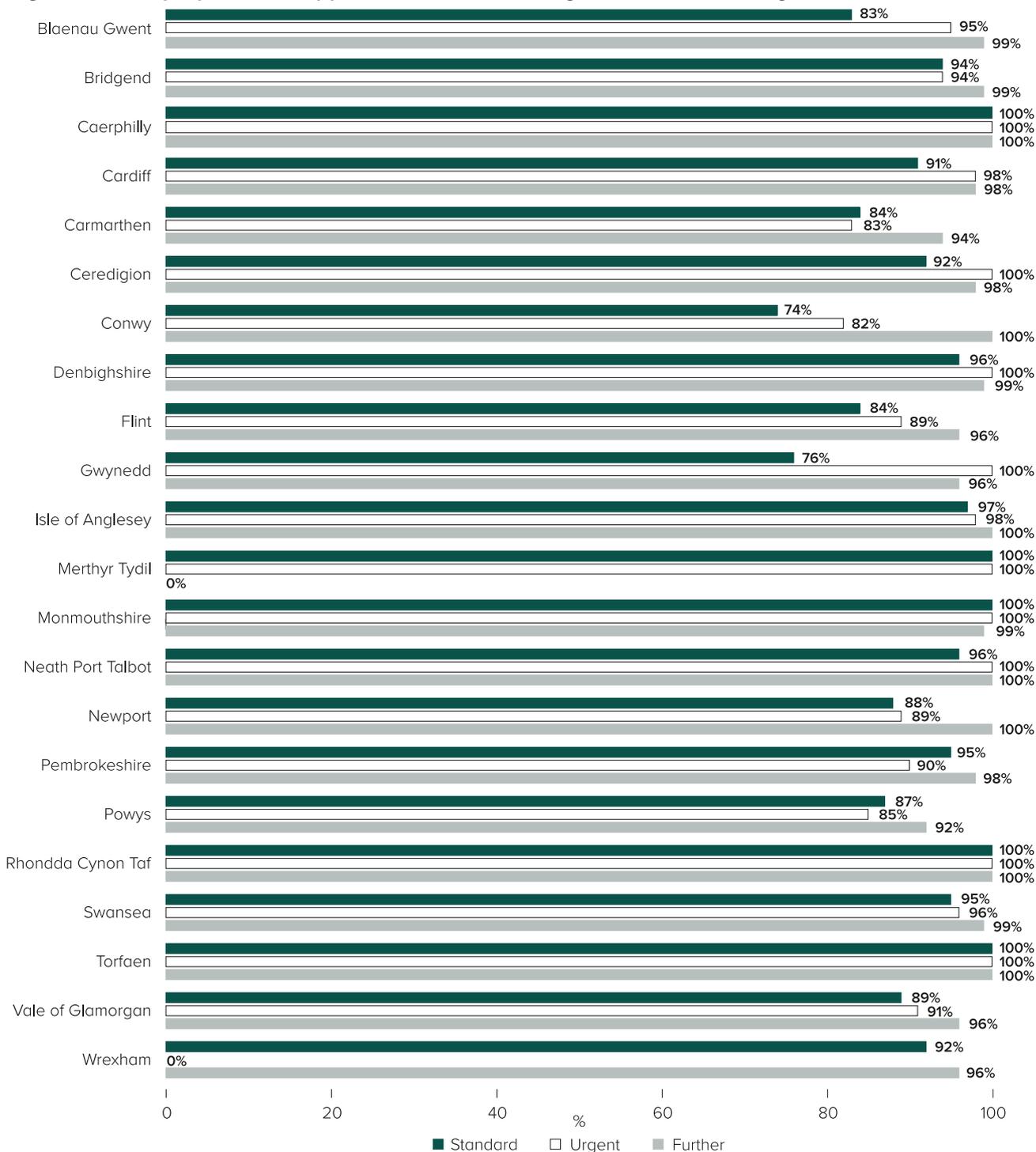


5. Outcome of assessments

Applications authorised

In 2024–2025, local authorities assessed 6,502 DoLS applications, a 15% increase on last year's 5,640. Of these, 97% (6,290) were authorised by Supervisory Bodies, slightly up from 96% the previous year. See Figure 5.1.

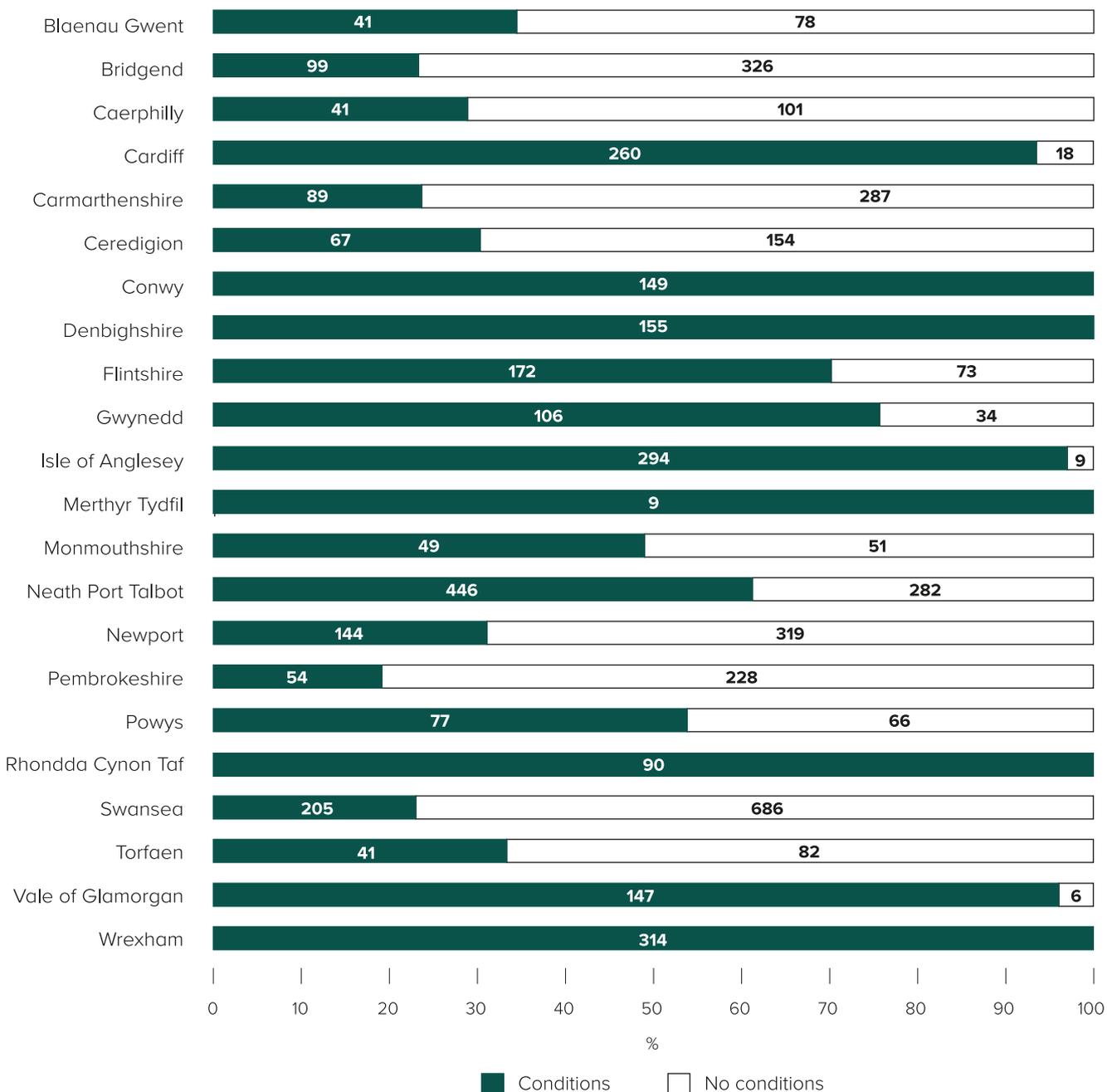
Figure 5.1. The proportion of applications authorised by each local authority in 2024–2025



Of the 6,290 local authority assessments authorised, 46% (3,330) had conditions attached. When broken down by type of application, 66% (351) of standard following urgent authorisations included conditions, compared to 58% (1,259) for standard and 50% (1,720) for further.

The highest proportion of authorisations with no conditions attached were reported by Pembrokeshire (81%, 228), Bridgend (77%, 326) and Swansea (77%, 686). Some local authorities should audit their current practice to ensure conditions are used where necessary and are focussed on improving outcomes for people including reducing or removing the deprivation. See Figure 5.3.

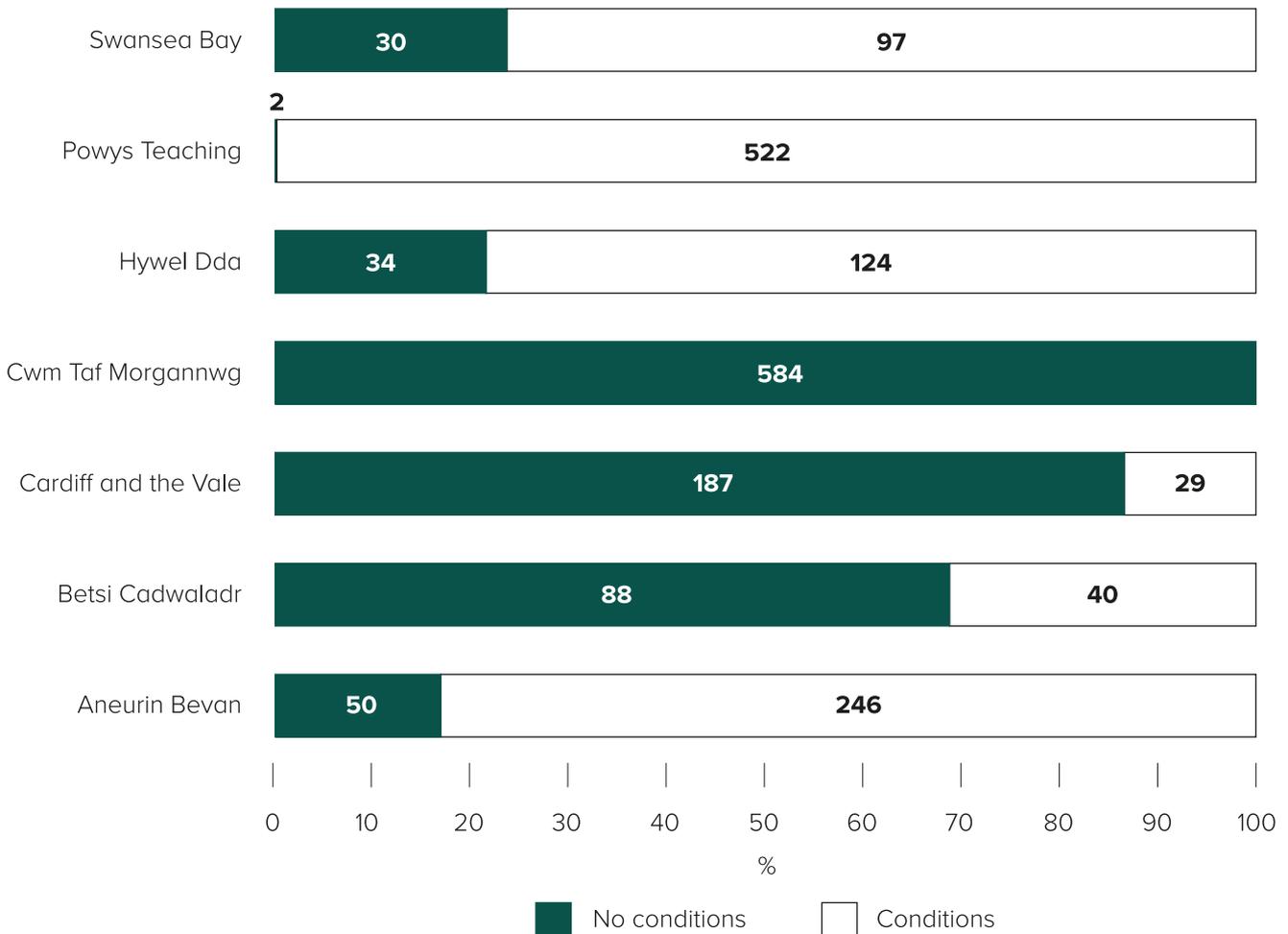
Figure 5.2. The number of authorised assessments with conditions attached by local authority



The best interest assessor can suggest conditions for the authorisation. These might include contact issues, cultural considerations, or other significant concerns related to the deprivation of liberty. If these issues are not addressed, the deprivation of liberty might not be in the person’s best interests. They can also recommend conditions to prevent future deprivation of liberty.

In 2024–2025, health boards assessed 3,048 DoLS applications, an increase from on the previous year. This reflects a rise in the number of assessments completed across Wales.

Figure 5.3. The number of authorised applications with conditions attached by health board



Please note: not all health boards provided data on the conditions directly related to the deprivation of liberty authorisation.

Applications refused and reason

In 2024–2025, only 3% (328) of DoLS applications were refused by local authorities. Reasons for refusal varied widely. Of these:

- 3% (8) were refused for not being a deprivation, down from 15% last year.

Several local authorities didn't refuse any applications – notably Caerphilly, Merthyr Tydfil, Rhondda Cynon Taf and Torfaen. See Table 5.1.

Given that the majority of refusals were due to the mental capacity condition and a noticeable increase in refusals related to eligibility, consideration should be given to strengthening practice in these areas. This may include further training on mental capacity assessments and reviewing or clarifying eligibility criteria to reduce inappropriate submissions.

Table 5.1. The proportion of applications not authorised by reason for refusal per local authority in 2024–2025

| (Number of applications) | Refused | | | | |
|--------------------------|---------------|-------------|-----------------|---------------|-------------------|
| | Best interest | Eligibility | Mental Capacity | Mental Health | Not a deprivation |
| Blaenau Gwent (5) | 0% | 0% | 100% | 0% | 0% |
| Bridgend (13) | 0% | 0% | 100% | 0% | 0% |
| Caerphilly (0) | – | – | – | – | – |
| Cardiff (16) | 0% | 0% | 100% | 0% | 0% |
| Carmarthenshire (45) | 0% | 89% | 11% | 0% | 0% |
| Ceredigion (3) | 0% | 0% | 100% | 0% | 0% |
| Conwy (18) | 6% | 0% | 94% | 0% | 0% |
| Denbighshire (3) | 0% | 67% | 33% | 0% | 0% |
| Flintshire (24) | 0% | 67% | 33% | 0% | 0% |
| Gwynedd (33) | 0% | 85% | 3% | 9% | 3% |
| Isle of Anglesey (3) | 0% | 33% | 67% | 0% | 0% |

| Refused | | | | | |
|------------------------------|---------------|-------------|-----------------|---------------|-------------------|
| (Number of applications) | Best interest | Eligibility | Mental Capacity | Mental Health | Not a deprivation |
| Merthyr Tydfil (0) | – | – | – | – | – |
| Monmouthshire (1) | 0% | 0% | 100% | 0% | 0% |
| Neath Port Talbot (13) | 0% | 0% | 92% | 0% | 8% |
| Newport (20) | 0% | 10% | 90% | 0% | 0% |
| Pembrokeshire (12) | 17% | 0% | 50% | 33% | 0% |
| Powys (19) | 0% | 70% | 0% | 10% | 15% |
| Rhondda Cynon Taf (0) | – | – | – | – | – |
| Swansea (26) | 0% | 4% | 96% | 0% | 0% |
| Torfaen (0) | – | – | – | – | – |
| Vale of Glamorgan (13) | 0% | 0% | 100% | 0% | 0% |
| Wrexham (37) | 3% | 49% | 38% | 3% | 8% |
| All local authorities | 1% | 40% | 53% | 3% | 3% |
| (Number of applications) | 4 | 122 | 160 | 10 | 8 |

For applications made to health boards, 372 applications were refused following assessment in 2024–2025, with the reasons for refusal varying between health boards. The majority of refusals were on the grounds that the mental capacity condition was not met, in other words the person had capacity to agree to any deprivation, with 67% (251) of refusals stating this as the primary reason.

The percentage of applications refused due to mental capacity is similar to the percentage refused in the previous year.

Table 5.2. The proportion of applications not authorised by reason for refusal per health board in 2024–2025

| Refused | | | | |
|--------------------------|-------------|-----------------|---------------|-------------------|
| (Number of applications) | Eligibility | Mental Capacity | Mental Health | Not a deprivation |
| Aneurin Bevan (26) | 38% | 62% | 0% | 0% |
| Betsi Cadwaladr (50) | 32% | 60% | 6% | 2% |
| Cardiff and Vale (37) | 49% | 51% | 0% | 0% |
| Cwm Taf Morgannwg (60) | 0% | 67% | 32% | 2% |
| Hywel Dda (72) | 32% | 68% | 0% | 0% |
| Powys Teaching (39) | 8% | 82% | 8% | 3% |
| Swansea Bay (88) | 10% | 74% | 16% | 0% |
| All health boards | 21% | 67% | 10% | 1% |
| (Number of applications) | 79 | 251 | 39 | 3 |

6. Authorisation duration

Authorisation duration

The Code of Practice⁷ states any authorisation should be for the shortest possible duration, and for only as long as the relevant person will meet the required criteria.

In 2024–2025, 6,270 local authority authorisations had their duration calculated. Similar to previous years, many were authorised for over nine months:

- 87% (3,072) of further authorisations
- 80% (1,769) of standard authorisations
- 59% (322) of standard following urgent authorisations.

In 2024–2025 for health boards, of the total 9,222 requests reported, 19% (1,718) of applications had their authorisation duration reported.

Similar to last year, 93% (1,606 of 1,718) of authorisations took less than six months to be granted or refused:

- 80% (1,375) of standard following urgent authorisations
- 12% (212) of further authorisations
- 8% (131) of standard authorisations.

⁷ See www.webarchive.nationalarchives.gov.uk/20130104224411/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085476

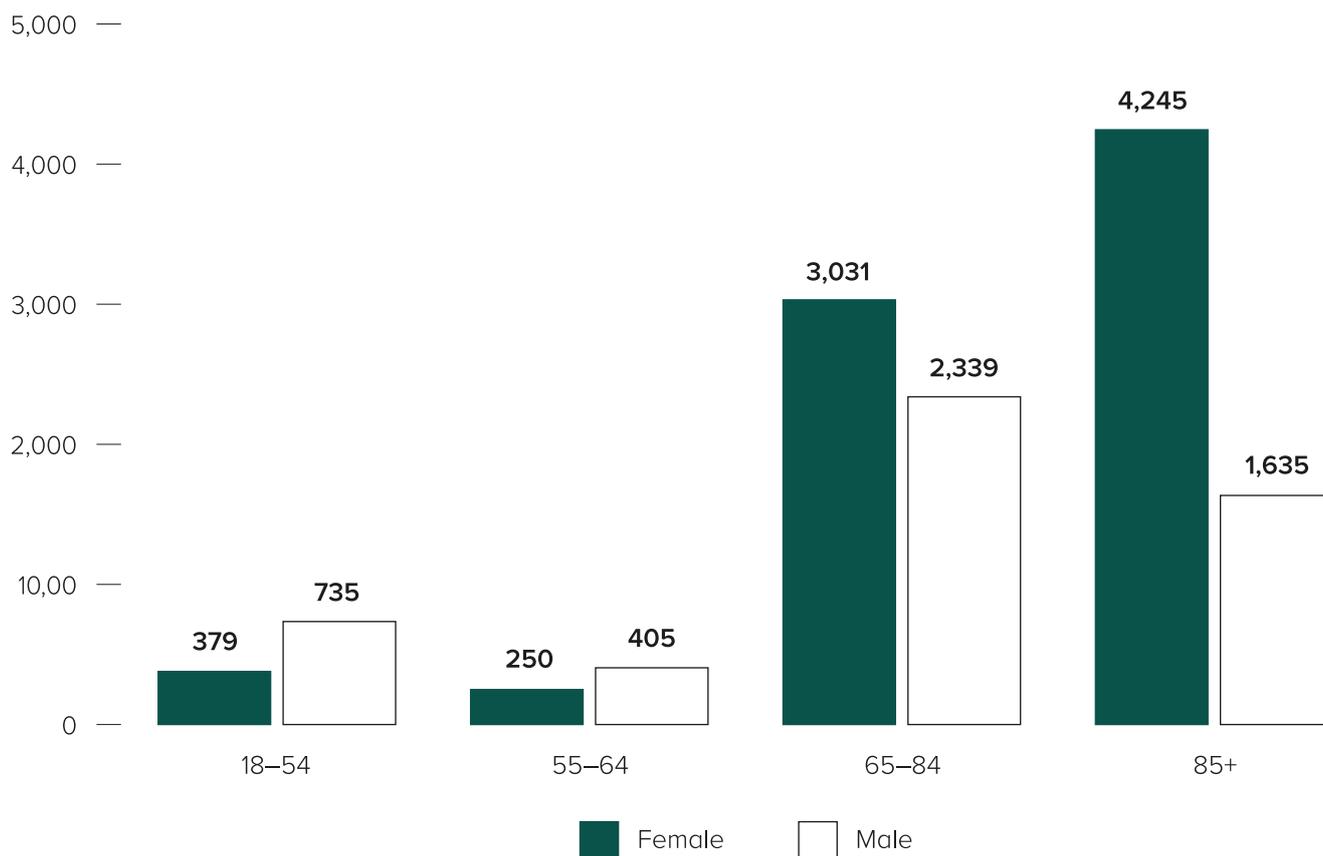
7. Individual characteristics

Applications by age, sex and ethnicity

People over 65 account for 86% (11,250) of DoLS applications to local authorities across Wales, with 61% (7,905) of all applications for women, mostly in older age groups.

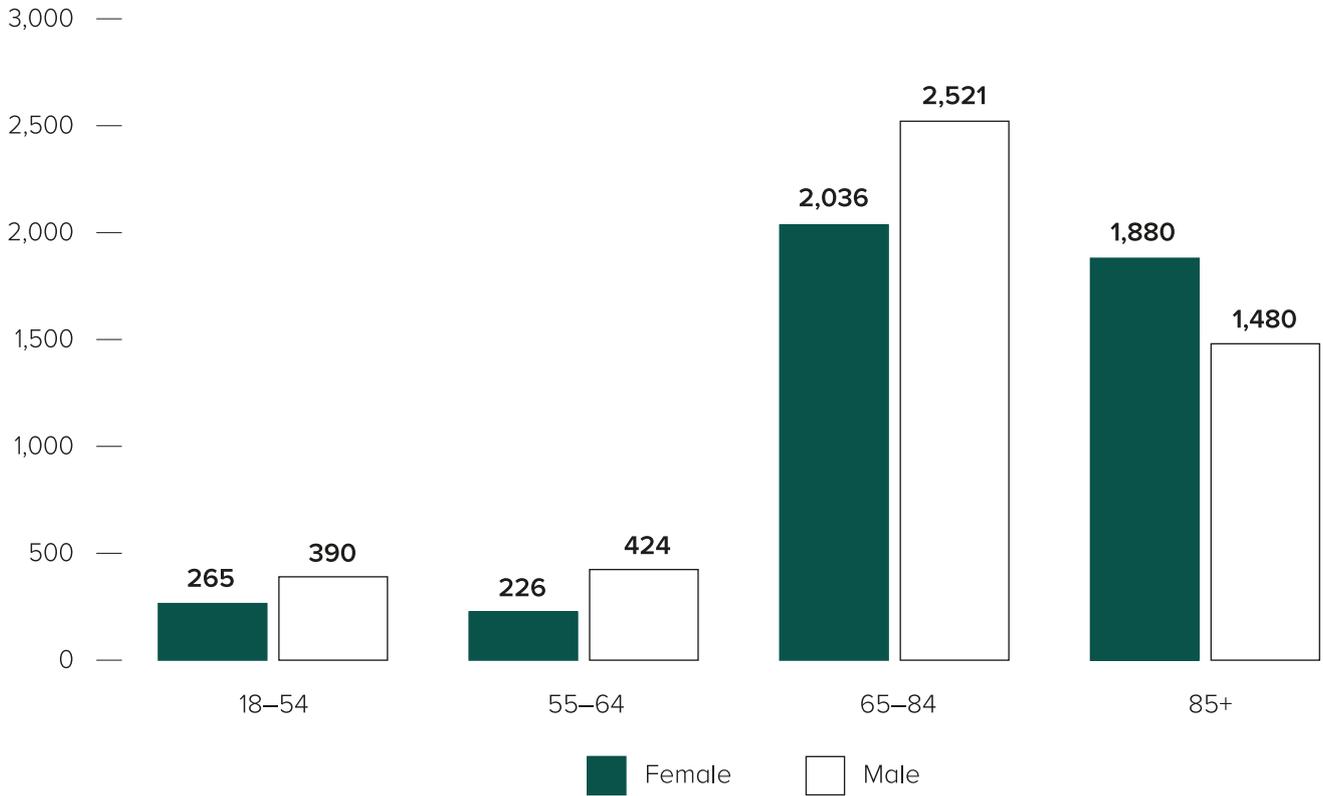
As in previous years, men make up slightly larger number of applications up to age 64, but in the oldest age groups, there are more applications for women. See Figure 7.1.

Figure 7.1. Age and sex distribution of applications across all local authorities for 2024–2025



People over 65 account for 86% (7,917) of DoLS applications to health boards across Wales, with 43% (4,001) of all applications for men, mostly in older age groups. See Figure 7.2.

Figure 7.2. Age and sex distribution of applications across all health boards for 2024–2025



Ethnicity

Over three-quarters (9,950) of DoLS applications to local authorities are for individuals of white ethnicity, while less than 2% (225) are for people from Asian, Black, Mixed or Other ethnic backgrounds.

Similarly for health boards, the largest proportion of the DoLS applications for 2024–2025 were for individuals of white ethnicity, at 87% (8105) of all applications. Less than 0.45% (42) of applications were for people from Asian, Black, Mixed or Other ethnic backgrounds.

People from Black or Minority Ethnic backgrounds are disproportionately affected by poor mental health and/or detention of one form or another. The recording of ethnicity is an area that needs to be improved as currently, 22% (2,844) of local authorities and 11% (1051) of the health board applications are not recording the ethnicity of the applicant. Without consistent and complete ethnicity data, it is not possible to understand who is being affected by DoLS processes or to identify and address potential inequalities. Improving the quality of ethnicity recording is essential to ensure equitable access, inform service planning, and uphold the principles of fairness and inclusion.

8. Monitoring and support

Reviews

When a person is deprived of their liberty, the managing authority must request a review if it appears one or more of the qualifying requirements is no longer met or may no longer be met.

During 2024–2025, 78 people in local authorities had a review of their authorisation and 4 of these underwent multiple reviews. This represents 1% of all local authority authorised applications.

During 2024–2025, 121 people in health boards had a review of their authorisation and 61 of these underwent multiple reviews. This represents 6% of applications authorised by health boards.

Representation

The Supervisory Bodies must ensure people are supported and represented in matters relating to their deprivation of liberty, and all applications require that a person has a nominated representative. In 2024–2025, 61% (3,922) of local authority authorisations and 61% (1,289) of health board authorisations had a family member, friend, or carer as their representative.

If no one independent is available to represent the person, an Independent Mental Capacity Advocate (IMCA) or a paid representative must be appointed. Local authorities reported that 39% (2,483) of authorisations had paid representation, while health boards reported 38% (802). Less than 1% (23) of local authority authorisations and less than 1% (8) of health board authorisations were reported as not having any form of representation.

Independent Mental Capacity Advocate

Of the 6,428 applications authorised by local authorities, 4% (225) used an IMCA under Section 39A, less than 1% (39) under Section 39C, and 5% (341) under Section 39D. These numbers vary by local authority. Swansea had the most IMCA 39A appointments (29% or 66), Carmarthenshire had the most IMCA 39C appointments (79% or 31) and Neath Port Talbot had the most IMCA 39D appointments (55% or 189).

Of the 2,099 applications authorised by health boards, less than 1% (6) made use of an IMCA appointed under Section 39D, 2% (45) made use of an IMCA appointed under Section 39A and only 1 application made use of an IMCA appointed under Section 39C. This varied between health boards with Betsi Cadwaladr having the most IMCA 39A applications (74% or 34 appointments) and Swansea Bay being the only health board to utilise the use of a 39C IMCA.

Court of Protection

The person, or anyone acting on their behalf, may make an application to the Court of Protection before a decision has been reached on an application or after an authorisation has been given.

In 2024–2025, 168 local authority authorisations were referred to the Court of Protection, up from 92 in 2023–2024. Referrals have been decreasing over the past three years and are now just over 2% of all DoLS authorisations. Rhondda Cynon Taf and Conwy had the most referrals. Gwynedd is the only local authority to report no referrals over the last 3 years. See Table 8.1.

Table 8.1. The proportion of referrals made by local authorities to the Court of Protection during 2022–25

| | 2022–2023 | 2023–2024 | 2024–2025 |
|-------------------|-----------|-----------|-----------|
| Blaenau Gwent | 0.0% | 0.0% | 0.6% |
| Bridgend | 2.9% | 4.3% | 2.4% |
| Caerphilly | 0.0% | 2.2% | 1.2% |
| Cardiff | 0.0% | 0.0% | 3.6% |
| Carmarthenshire | 7.7% | 3.3% | 1.8% |
| Ceredigion | 12.5% | 6.5% | 7.7% |
| Conwy | 0.0% | 4.3% | 14.3% |
| Denbighshire | 3.8% | 5.4% | 0.6% |
| Flintshire | 15.4% | 8.7% | 3.0% |
| Gwynedd | 0.0% | 0.0% | 0.0% |
| Isle of Anglesey | 6.7% | 9.8% | 5.4% |
| Merthyr Tydfil | 1.9% | 2.2% | 4.2% |
| Monmouthshire | 0.0% | 0.0% | 1.8% |
| Neath Port Talbot | 0.0% | 0.0% | 4.8% |
| Newport | 2.9% | 5.4% | 4.2% |
| Pembrokeshire | 1.0% | 0.0% | 3.0% |

| | 2022–2023 | 2023–2024 | 2024–2025 |
|----------------------------------|-------------|-------------|-------------|
| Powys | 7.7% | 5.4% | 2.4% |
| Rhondda Cynon Taf | 12.5% | 16.3% | 20.8% |
| Swansea | 5.8% | 16.3% | 7.1% |
| Torfaen | 1.9% | 4.3% | 2.4% |
| Vale of Glamorgan | 0.0% | 0.0% | 4.2% |
| Wrexham | 17.3% | 5.4% | 4.8% |
| Total number of referrals | 104 | 92 | 168 |
| Proportion of referrals | 1.9% | 1.6% | 2.6% |

A total of 47 authorisations made to health boards were referred to the Court of Protection in 2024–2025. This year’s referrals were primarily from Aneurin Bevan (13), Cwm Taf Morgannwg (11) and Swansea Bay (11). See Table 8.2.

Table 8.2. The proportion of referrals made by health boards to the Court of Protection during 2022–2025

| | 2024–2025 |
|----------------------------------|------------|
| Aneurin Bevan | (13) 0.6% |
| Betsi Cadwaladr | (4) 2.4% |
| Cardiff and Vale | (1) 1.2% |
| Cwm Taf Morgannwg | (11) 3.6% |
| Hywel Dda | (7) 1.8% |
| Powys Teaching | 0% |
| Swansea Bay | (11) 14.3% |
| Total number of referrals | 47 |

Report annex

Data quality

The data in this report is used to monitor the use of DoLS across Wales. It is submitted by local authorities and health boards to CIW. However, this data is not verified by CIW or HIW, and there may be inconsistencies or gaps due to varying data collection practices.

There may be a small number of cases where applications are inappropriately labelled as either Standard or Urgent, and there may be a margin of error in the results.

In some cases, the individual values presented in a figure may slightly differ from their total due to rounding.

Terminology

Wording has been used in the report to reflect CIW writing guidance as closely as possible. The use of the following words can be interpreted as follows:

- Nearly all: with very few exceptions
- Most: 90% or more
- Many: 70% or more
- A majority: over 60%
- Half: 50%
- Around half: close to 50%
- A minority: below 40%
- Few: below 20%
- Very few: less than 10%.

Feedback on this report

We are keen to hear from people who use our statistics. If you have any comments or queries regarding this publication or its related products, they would very be welcome.

Please email CIWInformation@gov.wales or HIW.PIM@gov.wales.

Glossary

Key terms used in the DoLS monitoring report

| | |
|--|--|
| <p>Assessment for the purpose of the Deprivation of Liberty Safeguards:</p> <ul style="list-style-type: none"> • Age • Best interests assessment • Eligibility assessment • Mental capacity assessment • Mental health assessment | <p>All six assessments must be positive for an authorisation to be granted.</p> <p>An assessment of whether the relevant person has reached age 18.</p> <p>An assessment of whether deprivation of liberty is in the relevant person’s best interests is necessary to prevent harm to the person and is a proportionate response to the likelihood and seriousness of that harm. This must be decided by a Best Interests Assessor (BIA).</p> <p>An assessment of whether or not a person is rendered ineligible for a Standard deprivation of liberty authorisation because the authorisation would conflict with requirements that are, or could be, placed on the person under the Mental Health Act 1983.</p> <p>An assessment of whether or not a person has capacity to decide if they should be accommodated in a particular hospital or care home for the purpose of being given care or treatment.</p> <p>An assessment of whether or not a person has a mental disorder. This must be decided by a medical practitioner.</p> |
| <p>Best Interest Assessor</p> | <p>A person who carries out a deprivation of liberty safeguards assessment.</p> |

| | |
|----------------------------|---|
| Capacity | Short for mental capacity. The ability to make a decision about a particular matter at the time the decision needs to be made. A legal definition is contained in section 2 of the Mental Capacity Act 2005. |
| Care home | A care facility registered under the Regulation and Inspection of Social Care (Wales) Act 2016 or Care Standards Act 2000. |
| CIW | Care Inspectorate Wales is the body responsible for making professional assessments and judgements about social care, early years and social services and to encourage improvement by the service providers. |
| Carer | People who provide unpaid care and support to relatives, friends or neighbours who are frail, sick or otherwise in vulnerable situations. |
| Conditions | Requirements that a Supervisory Body may impose when giving a Standard deprivation of liberty authorisation, after taking account of any recommendations made by the Best Interests Assessor. |
| Consent | Agreeing to a course of action, specifically in this report to a care plan or treatment regime. For consent to be legally valid, the person giving it must have the capacity to take the decision, have been given sufficient information to make the decision, and not have been under any duress or inappropriate pressure. |
| Court of Protection | The specialist court for all issues relating to people who lack mental capacity to make specific decisions. It is the ultimate decision maker with the same rights, privileges, powers and authority as the High Court. It can establish case law which gives examples of how the law should be put into practice. |

| | |
|--|--|
| Deprivation of Liberty | Deprivation of liberty is a term used in the European Convention on Human Rights about circumstances when a person's freedom is taken away. Its meaning in practice is being defined through case law. |
| Deprivation of Liberty Safeguards | The framework of safeguards under the Mental Capacity Act 2005 for people who need to be deprived of their liberty in a hospital or care home in their best interests for care or treatment and who lack the capacity to consent to the arrangements made for their care or treatment. |
| Further authorisation | When an existing DoLS authorisation is coming to an end and the Managing Authority concludes that the authorisation needs to continue then a further authorisation should be requested. This can be requested 28 days in advance. |
| HIW | Healthcare Inspectorate Wales (HIW) regulates and inspects NHS services and independent healthcare providers in Wales against a range of standards, policies, guidance and regulations on order to highlight areas requiring improvement. |
| Liberty Protection Safeguards www.gov.uk/government/publications/liberty-protection-safeguards-factsheets | The Liberty Protection Safeguards were introduced in the Mental Capacity (Amendment) Act 2019 and will replace the Deprivation of Liberty Safeguards (DoLS) system. The Liberty Protection Safeguards will deliver improved outcomes for people who are or who need to be deprived of their liberty. The Liberty Protection Safeguards have been designed to put the rights and wishes of those people at the centre of all decision-making on deprivation of liberty. |
| Health board | Health boards fulfil the Supervisory Body function for health care services and work alongside partner local authorities, usually in the same geographical area, in planning long-term strategies for dealing with issues of health and well-being. They separately manage NHS hospitals and in-patient beds, when they are managing authorities. |

| | |
|---|--|
| Independent Hospital | As defined by the Care Standards Act 2000 – a hospital, the main purpose of which is to provide medical or psychiatric treatment for illness or mental disorder or palliative care or any other establishment, not being defined as a health service hospital, in which treatment or nursing (or both) are provided for persons liable to be detained under the Mental Health Act 1983. |
| Independent Mental Capacity Advocate (IMCA) | A trained advocate who provides support and representation for a person who lacks capacity to make specific decisions, where the person has no one else to support them. The IMCA service was established by the Mental Capacity Act 2005 whose functions are defined within it. |
| IMCA Category: Section 39A Section 39C Section 39D | Purpose: Appointed during the assessment for a standard authorisation under DoLS, or when there is concern about an unauthorised deprivation of liberty. Ensures the person’s rights are represented when no one else is appropriate to consult. Temporarily appointed when there is no relevant person’s representative in place. Ensures continuity of advocacy until a new representative is appointed. Supports the person or their representative after a standard authorisation is granted. Helps them understand and exercise their rights, such as requesting a review or applying to the Court of Protection. |
| Local authority | The local authority (council) responsible for commissioning social care services in any particular area of the country. Senior managers in social services fulfil the Supervisory Body function for social care services. Care homes run by the local authority will have designated managing authorities. |

| | |
|---|--|
| Managing authority | The person or body with management responsibility for the particular hospital or care home in which a person is, or may become, deprived of their liberty. They are accountable for the direct care given in that setting. |
| Maximum authorisation period | The maximum period for which a Supervisory Body may give a Standard deprivation of liberty authorisation, which cannot be for more than 12 months. It must not exceed the period recommended by the Best Interests Assessor, and it may end sooner with the agreement of the Supervisory Body. |
| Mental Capacity Act 2005 | <p>The Mental Capacity Act 2005 provides a framework to empower and protect people who may lack capacity to make some decisions for themselves. The five key principles in the Act are:</p> <ol style="list-style-type: none"> 1. Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise. 2. A person must be given all practicable help before anyone treats them as not being able to make their own decisions. 3. Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision. 4. Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests. 5. Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms. |
| Mental Capacity Act – Code of Practice | The Code of Practice supports the MCA and provides guidance to all those who care for and/or make decisions on behalf of adults who lack capacity. The Code includes case studies and clearly explains in more detail the key features of the MCA. |

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| Mental Health Act 1983 | Legislation mainly about the compulsory care and treatment of patients with mental health problems. It includes detention in hospital for mental health treatment, supervised community treatment and guardianship. |
| Relevant hospital or care home | The particular hospital or care home in which the person is or may become deprived of their liberty. |
| Relevant person’s representative | A person, independent of the particular hospital or care home, appointed to maintain contact with the relevant person and to represent and give support in all matters relating to the operation of the deprivation of liberty safeguards. |
| Restriction of liberty | An act imposed on a person that is not of such a degree or intensity as to amount to a deprivation of liberty. |
| Review | A formal, fresh look at a relevant person’s situation when there has been, or may have been, a change of circumstances that may necessitate an amendment to, or termination of, a standard deprivation of liberty authorisation. |
| Standard authorisation | An authorisation given by a Supervisory Body, after completion of the statutory assessment process, giving lawful authority to deprive a relevant person of their liberty in a particular hospital or care home. |
| Supervisory Body | A local authority social services department or a local health board that is responsible for considering a deprivation of liberty application received from a managing authority, commissioning the statutory assessments and, where all the assessments agree, authorising deprivation of liberty. |
| Supreme Court | The Supreme Court is the final court of appeal in the UK for civil cases, and for criminal cases from England, Wales and Northern Ireland. It hears cases of the greatest public or constitutional importance affecting the whole population. |

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| Unauthorised deprivation of liberty | A situation in which a person is deprived of their liberty in a hospital or care home without the deprivation being authorised by either a standard or urgent deprivation of liberty authorisation. |
| Urgent authorisation | An authorisation given by a managing authority for a maximum of seven days, which subsequently may be extended by a maximum of a further seven days by a Supervisory Body. This gives the managing authority lawful authority to deprive a person of their liberty in a hospital or care home while the standard deprivation of liberty authorisation process is undertaken. |

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