CONSULTATION QUESTIONS

This consultation questionnaire sets out the consultation questions from within the relevant sections of the revised Adult Support & Protection Code of Practice.

The revised Code of Practice is a larger and more comprehensive document than the original Code and we welcome your views on any of the changes made. In particular, we would appreciate your views on the following matters.

Please insert your response to the questions in the text boxes provided.

Question 1: Chapter 3

This chapter of the Code sets out the principles of the Adult Support and Protection legislation and the definition of an adult at risk.

Does this chapter help in your understanding of the legislation and whom it applies to?

If not, what changes would you suggest?

CHAPTER 3 – 3. It is not good enough to hope that other organisations codes will cover conduct or principles. In actuality it is the 'supported use' of all codes that need covering not necessarily the codes themselves.
- reporting procedures no matter what agency or contract should all tie together to overcome market force, employer or organisational forces should restrictions on service users or individuals trying to enable or protect follow some past media worthy examples.

Question 2: Chapter 5

This chapter of the Code considers the principle of ensuring full regard is given to the wishes of the adult, and ensuring that the adult participates in decisions as fully as possible.

Does this chapter adequately covers the issues arising from ensuring as far as possible full participation by adults in decision making?

If not, what changes would you suggest?

CHAPTER 5 – 7. Independent advocacy should work with Care Commission. The Care Commission can be tied under staff only routes and service users only routes
16. include outcomes
18. and outcomes
19. and impact on carer
20. and beware institutional abuse
21. and services
22. good practice and live practice are different, being informed and actually doing are different, assessments don't always get

done , assessments don't always act on unmet needs thus later crisis

Question 3: Chapter 6

This chapter includes new guidance on large scale inquiries. Does this provide sufficient clarity for this type of inquiry or are there additional matters you would wish considered?

CHAPTER 6 – 6. Care Commission need to have more powers.
11. if all pathways are tied into alert and reporting then large scale enquiries could be prevented as concerns could be picked up in initial stages and prevent escalations, cover ups, time related issues such as Tribunal or leavers.

Question 4: Chapter 11

This chapter is a new addition to the Code and considers a multi-agency approach. Does this provide sufficient clarity and support for your organisation in handling multi-agency assessments and practice?

Are there other matters that you consider should be included in this chapter?

CHAPTER 11 – some social workers have disappeared into integrated routes, the community care and the overseeing of independent and private organisations could be broken. NHS protections and contracts and policies are left to voluntary compliance in some instances. (two tier protection for clients and not others)

Question 5: Users and Carers

The Code seeks to develop and articulate good practice as regards service user and carer involvement, particularly in chapters 5 and 16. Does it succeed in this? If not please suggest ways in which this area could be improved on.

Question 6:
Do you consider this revised Code of Practice will enable you to carry out your professional responsibilities effectively? Please feel free to comment on any areas of the Code which you consider could be improved in any way.

Some worker types or non union types where concerns are raised are not tied in.

Any further comments

Introduction – 7. This needs to be stronger and not just 'considered' as whistle blow is notorious for pay outs rather than helping people speak out and learning reports gathered. P eople who are vulnerable have to wait for

individual bravery and their potential not to be staff led to benefits of organisations.

- 9. Need to include private, contracted out care and community health

CHAPTER 2 - This chapter needs to consider the capacity of a person to use if still vocal and thoughtful but weak in strength to use their capacity and become vulnerable by inaction. A lot of elderly or those discharged after hospital procedures can become in need, with help they regain or keep their capacity to use their capacity, ignored they become weaker but are assumed to 'have capacity' so left until crisis, readmission or death.

CHAPTER 4 – 3. third bullet 'section 5' should also partner the enquiries, statistics and reports from SSSC, Unions, ACAS, Health and Safety and Tribunal System

6. partners in investigation being care inspectors?

9. are care inspectorate included to enable them more powers

12. as 4.3. all should assist and adhere and raise and act to benefit the vulnerable people and those speaking out on worries, concern and cases. At the moment pathways do not serve those most vulnerable, without their own ability or voice or strength of capacity to use.

14. as 4.3.

16. registration will include social care practitioners, support worker practitioners, newly integrated health care and social work practitioners by other names but unless all agencies and private and public and staff agencies and court agencies tie together, ASP can be a forgotten power, route or thought again leaving very vulnerable people without an oversight. The revised Care Standards and Whistle blow procedures (being consulted for 2014) should look at all reporting pathways and include integrated report or alert pathways.

18. Agencies in the above alert pathways could have to comply under 'failure to act' as any data or reports or cases whether 'gagged' or in court which identify any human who has been harmed or left at risk, should have that 'failure to act' reported. This includes Health and Safety.

20. care workers, support workers, families are the first to see potential harm and may not go to a GP first but use whistle blow procedures, care commissions, ACAS, Tribunals, Unions, H+S especially where reporting procedures are unsupported or act to benefit organisations putting reportees in danger, under duress or leave. ASP Committees need to have stronger ties. GPs along with the others should be represented on the committees.

21. this creates a two tier care system and reporting system; there should be a requirement to be involved not voluntary and duties and powers should require independents to act and be involved

CHAPTER 7 – 10. Good to have joint visits

CHAPTER 10 – Can banks report concerns, do they know who to?

10. under integration social workers should be included as care information and medical harm may come through them as a previous traditional route

CHAPTER 16 – 6. The care inspectorate should be not maybe included and they need to be taking note of the other systems whether through integrated social work, courts, banks, H+S , ACAS etc otherwise service users remain vulnerable for years until a large scale crisis finds them. The focus should be service user first

36. the individual cases contain learning points ans should always be reviewed so to catalogue for future updates

41. and pass the skills and knowledge to learning disability networks, contractors, Strengthening The Commitment government groups (UK) and use the Care Commission to engage with the private sectors

ANNEXE A – and national care standards review and whistle blow review