

## 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?

- Positively, the chapter does establish a clear explanation of the rights of adults, and the choices that they have in relation to their care. It is also clear that those adults who do pose risks, those risks can be manageable if dealt with accordingly.
- In part 7 of the code there is scope for a little more clarity. The wording in this section suggests that it doesn't really matter what the view of the individual is or what the opinion of relevant non-professionals is, and that any decision made lies ultimately with the agencies involved. This appears to contradict what had been said in section 6.
- In part 11, this needs more clarity. The word 'unable' is mentioned a few times in the chapter however as this point states there is no actual definition of what this means in relation to adults at risk. Although this may be clear to some people it is only fair that this documentation should contain a full description of what an 'unable adult' is and when it is necessary for professionals to step in.
- In part 12, this too needs more clarity. This links into point 11 as it states that someone who has a disability can still safeguard their well-being - how do we know when someone is consider too disabled to safeguard their well-being?
- In part 23, this felt like political rhetoric. Being "committed to significant expansion" is typically vague. If they don't know how much or what the expansion will be, then how can they commit to it?

- The chapter mentions drug and alcohol misuse and the wide age range of adults. There is no mention however about the vulnerability when it comes to 16 year olds and how they could easily be influenced into taking drugs and misusing alcohol.
- Another issue within the chapter is that adults are not always kept up to date with relevant information. It would be beneficial if there was a plan in place to ensure that they were kept in the loop at all times. This is important as changes are continually being made.

Overall, as a group we have established some important aspects of the chapter that may be missing, including various clarifications that we feel would be beneficial. However, unfortunately if these clarifications were to be made this could lead to the documentation becoming too long, especially since this is only one chapter of the documentation.

### **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 five does adequately cover the issues arising from ensuring as far as possible, full participation by adults in decision making. However, we think that it should be stated that the adults should be given the opportunity to chair the meetings and have more input into the criteria as this would further increase their participation.

### **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?

This chapter provides sufficient clarity and guidance for large scale inquiries. It is also relevant for smaller scale inquiries and provides guidance for all different types of situations and eventualities which may arise. The guidelines were clear to follow and easily understood for professionals, service users, carers or any person involved with an adult who is deemed to be at risk of harm.

### **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?

Comments

### **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.

Yes it succeeds in developing and articulating good practice in regards to service user and carer involvement. For example it ensures adults are central to the working relationship between professionals and clients and includes them in the decision making process and meetings are organised around them to ensure working towards meeting the service users' best interests. Additionally, it suggests using communication aids that are suitable to service users. It also includes the interest of carers as professionals take into account the views of both service users and carers, even when they differ. Also carers must be supported and this is enshrined in legislative law. Additionally good practice is recognised as professionals are responsible for the care and support of adults at risk.

### **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.

We believe the COP will help me carry out professional responsibilities effectively as it provides a way of protecting vulnerable adults from harm to themselves and also the wider community. This may be adults who suffer from mental health, disability or with any other physical and mental issues. These codes help inform our practice by showing us ways how to protect and guide these vulnerable adults to reduce the risk of harm to them. This has actually developed a system where we can intervene in these adults' lives which would involve communication with the wider community as a part of the decision making process as to how to plan further actions with regards to the adults care, support and guidance. However, I do feel that the codes can be improved by taking into consideration the balance of "care" and "control" in the vulnerable adults life as sometimes the way we intervene in the adults life might be oppressive practice as we are not giving him/her freedom or some input into what services they may want. Sometimes putting too much control into a vulnerable adult's life can take away the caring element of the relationship between you and the client. Alternatively too much care is not good either

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as lack of control can hinder the progress of the client getting much needed support.

**Any further comments**

Comments

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