

## 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?

Comments This section has added clarity especially in regard to problematic alcohol and drug use.

In relation to definition of harm (page 28 no 20) it may be better to have neglect as a separate category and not included under physical harm.

On page 27, no 1.7 (Young people in transition) the paragraph is not complete. It may be appropriate to include powers under the Children's Act for young people in transition as continued support under this legislation may negate the need for adult protection intervention.

The inclusion of SDS and links to ASP is welcomed.

Multi-agency meetings are referred to throughout this document and appear to replace the term "Adult protection Case Conference" (APCC)

Multi-agency meetings are part of any assessment process and are routine practice. The need to convene a meeting to discuss identified risks that require the development of a multi-agency protection plan should not come under the descriptor of multi-agency meeting. Consultation with partners from the voluntary sector show that the general public not only understand protection issues but prefer meeting to be very clear about their purpose and are already very familiar with child protection case conferences. It implies the seriousness of the situation and multi-agency partners prioritise attendance based on understanding of terminology. The term Adult Protection Case Conference should be kept as it is clear and easily understandable. The development of a national dataset means that Adult Protection Committees will be asked to provide information in relation to APCCs and lack of clear definitions may impede accurate collection of data.

## 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?

### Comments

Multi-agency meetings (Page 39 –sections 10-13 should be replaced with the term Adult Protection Case Conference as referenced above.

Codes of practice should explain legislation not specify local operational guidance. Some of the references are too instructive and prescriptive. The codes may benefit from some additions of “where and/or if appropriate” e.g Page 39, number 17 should say that the adult at risk should be visited as soon as possible after the APCC (can have timescales of 1-2 days) rather than specify an exact time. Also it implies that carer has the right to the information where it may be better to say “ or relevant person if appropriate”

The term abuser is used on page 40, number 20. When the Act was introduced it was very clear that the term abuse was replaced with harm. Therefore this needs to be replaced with another more suitable term e.g alleged harmer or alleged perpetrator.

Under Large Scale Inquiries (page 43) the terms inquiry and investigation appear to be interchangeable which is not helpful.

In relation to audit (page 41) it is good practice to record the uptake of advocacy services but it may be more difficult to evaluate quality of service. It is not a duty of Adult Protection Committees to monitor the quality of commissioned service as this is usually done through SLA'S (Service Level Agreements) and Commissioning Departments.

## 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?

### Comments

#### Definitions

1. Referral – the definition is fine but the sentence “cases must be considered with an open mind without assuming that harm, has, or

has not occurred” should be removed. This is about receipt of a referral not part of a process. This sentence needs to be deleted from this section and would be more appropriate under inquiry

2. Initial inquiries – Under section 4 of the Act it is an inquiry NOT initial inquiry and the use of another sub category is not helpful and should be removed. Under this section it also mentions investigation which is again confusing. The terms need to be kept separate and clear.

On page 44, number 17, where an adult at risk declines to participate and there are no concerns in relation to capacity or undue pressure there are issues in relation to human rights. If someone has capacity and chooses to take risks they may not meet the criteria for adult at risk as they are able to safeguard themselves but choose not to. There is no legal basis for continuing to intervene. However there can be occasions when adults refuse to engage and there still are significant risks present. It would be helpful to amend this paragraph e.g on line 4 after such process, add “where there are identified/significant risks”

**Chapter 7** – page 49 no 19 – why is only physical harm a criterion as opposed to other types of harm in relation to visits?

#### **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

The term Multi-agency meetings appear to have replaced Adult Protection Case Conferences which is not helpful – see comments above

#### **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.

#### Comments

There are areas of good practice in relation to use of advocacy, attendance at Case Conferences and feedback to adult at risk within stated timescales. The need for professionals to document the reason why these services have not been offered are reasonable. However, adults at risk should not be asked to justify why they have refused advocacy or refused to attend a Case Conference.

#### **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.

The updated code of practice is very welcome as there is now over 4 years of practice to inform this guidance.

### Any further comments

#### Comments

It would be helpful to have page numbers in the index for ease of finding relevant sections.

The Council is the lead agency in adult protection and the codes of practice reflect this but the emphasis needs to be balanced by the duties of the partner agencies. E.g on page 19, part 3, bullet point 6 it would be good to list specified public bodies named in the Act and their duties under section 5.3 of the ASP Act

**Chapter 4** (page 33 under no. 9) states that a nurse can be a council officer and the category of nurse does not require registration under their relevant professional body? In the original guidance registration was a stipulation. Is this an omission?

#### Definitions –

Investigation - states that an investigation follows on from an inquiry. This is not always the case as an investigation can be initiated at the outset if there is enough information to warrant it.