

## 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?

Page 25 – Chapter 3 (sub section 6) – “Advance statements should be given due consideration” – suggest change to “must be given due consideration”.

3.8 – This gives a clearer understanding in relation to issues of capacity when considering action under ASP.

3.11 & 3.12 – Provide further clarity around the legal criteria (3 point test) some real examples may enhance this, although acknowledge difficult to cover all aspects in these complex situations. A possible link to a Website that may contain this may be a solution if available .

3.13 – The issue of alcohol and drug use is particularly problematic and we am delighted to see that this has been given sufficient consideration. It is therefore vitally important that individual agencies take responsibility for ensuring their employees are sufficiently trained in their understanding and application of this principle eg Police, GP’s etc.

3.14 – This, again raises levels of understanding about how alcohol and drug use should be considered within ASP legislation.

Page 27 – Chapter 3 (sub section 17) – seems to end without conclusion “those .....?”.

3.21 – “*conduct which causes self harm*” – should be linked in some way with the guidance in 3.13 re alcohol use. The problematic use of alcohol / drugs is likely to be harmful or considered as self harm but a link with 3.13 re choice and decision making would be beneficial.

3.23 & 24 – SDS is a topical discussion point currently and this common sense approach outlined in 3.24 will offer the reassurance that practitioners need to reduce their anxieties in moving forward in the significant change process. However the content is lengthy and while it will be helpful to make the link in terms of legislation at para 23 and further explanation at 24 where the 1<sup>st</sup>, 2<sup>nd</sup> and last paragraphs are most relevant to include in this point.

3.26 – and chapter 5 refer to Multi Agency Meetings and although agree with reinforcing the principle of a multi agency approach I feel this dilutes and detracts from the focus of the purpose of the meetings and could cause confusion and inconsistent understanding and practice. Most local authorities would hold these as an ASP Case Conference and feel this should be the terminology used.

Page 30 – Chapter 3 (sub section 29) – should also agree individual/ agencies accountability in providing for these support needs.

Page 33 – Chapter 4 (sub section 9) – nurses can be considered as council officers if have more than 12 months experience and therefore could make applications to the sheriff under the act – needs consideration of this .

## **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 – section 16 potentially consider including reference to use of video conferencing to allow person to have their views heard but not be faced with attending large multi-agency group. This also is commensurate with the increasing use of social media/telecare technology in modernised services.

Sub section 5 – again reference to professional meetings would prefer Case Conference.

Page 38 – Example given regarding chairs role should be determined by local authorities as may operate different models due to local need.

At times COP guidance becomes too prescriptive and would be better covered by issuing National Guidance for ASP Practice (similar to Child Protection) or could consider a joint guidance as principles are often similar.

## **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?

Page 43, Para 11 last line. I would prefer “police are contacted” replaced with “police must be contacted”.

Page 44, Para 14 talks about local adult protection procedures should include a procedure for large- scale inquiries while we are pleased and relieved to see this detailed in the guidance which gives it the significant relevance it requires.. We know there is no national guidance on this as this may be a more appropriate way to provide details regarding practice standard required. However, there could be greater clarity and emphasis about the responsibility / legal duties of the owner or management group of privately owned establishments such as care homes. For example, linking with the measures they should take to afford protection during the course of an investigation under their obligations and duties outlined in SSSC and Care Inspectorate in such circumstances where the behaviour / actions of an employee causes harm and the powers available to the LA should they fail to do so may be a wider and more appropriate emphasis. This section could perhaps provide an opportunity to provide greater clarity about the role and responsibility of the Care Inspectorate in ASP matters.

Page 45, Para21. would prefer “this should be reported to the police...” replaced with “must be reported...”.

#### **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 – note requirement for meeting to be minuted by trained minute takers – which is welcomed in terms of enquiry standards of practice and consistency however this is very prescriptive and should again be considered as part of national guidance as per comments made regarding role of Chairs .

Page 63, Para 4.This is not specific enough and should require a specific detailed protection plan.

Section20 – use of word victim and perpetrator has a very criminal connotation would prefer person subject to harm or person causing harm.

A further comment is that General Practitioners have a duty of care and the current guidance and code of practice in relation to GP’s does not reinforce

this as a statutory duty which is a weakness in the COP. In order to ensure a consistent and accountable commitment by GP's it is suggested the COP is revised to require G.P to be statutory partners rather than rely on the duty to cooperate as this is open to interpretation and therefore inconsistency.

### **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.

Welcomed in relation to reinforcing Carers needs. Question 2 response relevant here.

### **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 additional topics in relation to alcohol / drug use are particularly useful as are the comments and guidance in relation to capacity.

### **Any further comments**

Page 65 – Chapter 12 (sub section 1) – third line – should be 'from' rather than 'form'.

Page 64, Para 7. As above but it should be essential to add a bullet point stating that "A specific Protection Plan with detailed actions and responsibilities clearly laid out "must be agreed and drawn up at multi agency protection planning meetings. This would be broadly similar to the MAPPA model where a detailed Risk Management Plan is drawn up and reviewed at every meeting. It should be SMART in its construction and design.

Page 64, Para 7. I don't believe that it is sufficient to say that the person designated as chairperson is at an "appropriate level". This needs to be more explicit and require a certain level of seniority if kept in.

Page 105, Para 9. This paragraph refers to "Criminal Justice Authorities". This should be "Community Justice Authorities"

Page 105, Para 10. Why not 3<sup>rd</sup> Sector consideration for membership?

Page 110, Para 38. Why not include annual reports from APC,s to compliment legal requirement for biennial reports every 2 years. This would bring it into line with MAPPA and Child Protection reporting requirements.

Maybe a bit pedantic but would prefer the use of “local authority” rather than use of the term “councils” throughout the document.