

## 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

Point 11: to define 'unable' and compare that to 'unwilling' is not helpful. This may result in referrals not being made. The referrer may not necessarily know if someone is unable/unwilling at the point of referral thus putting pressure on the referrer to determine this. The legislation is clear that if a public body 'knows or believes' and adult is at risk of harm then they should make the referral. It then becomes the Council's responsibility to determine if the person meets the three point criteria.

12: This section explains the three point criteria well

13 and 14: We agree that people who have alcohol or drug issues need to have additional vulnerabilities to meet the three point criteria however, the referrer may not know this at the point of referral. Again we would worry that by inserting this section we may put people off referring such cases. After inquiries it may become apparent that the adult indeed may not meet the criteria under ASP however, as a result of the referral and thus inquiries other support/legislation may provide benefit to them.

15: This section contradicts the sections above. 13 and 14 say ASP may not be appropriate and 15 states that 'a number of diagnoses are problematic when alcohol or drug use are regular features' and then suggest having a multi agency meeting (is this referring to a case conference? Or planning meeting? Terminology needs to remain consistent with the Act). We would suggest removing 13 and 14 and keeping in 15 to ensure clarity and good practice.

19: AP Committees and CPC- This should read AP and CP Committees should ensure that all procedures are reviewed and approved by the committee

24 and 26: APC should review their procedures in relation to risk assessment and multi agency procedures– this should read: AP Committees should ensure that all procedures are reviewed and approved by the committee

#### **Chapter 4**

More guidance required on GP's involvement ASP

### **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

Yes

### **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

Preliminary inquiries? The terminology needs to remain consistent to avoid confusion. We would suggest this reads 'inquiries'

8: We are still discussing inquiries at this stage and then in part 8 it talks about investigation- this is confusing. It would be helpful if this reads inquiries.

9. Guardian- This section should include Appointee and POA to make this section clear.

10: LSI comes into the COP too soon- we are only discussing inquiries at the moment. It may be more appropriate to include this at the end of the investigations section.

Inquiries and investigations need to be more clearly defined. When does an inquiry end and investigation begin? What tasks are required as part of an inquiry? At what stage does an inquiry become an investigation? Is a visit required as part of an inquiry? If not, how do we know if the person meets the 3 point criteria or what level of risk they are possibly being subjected to? To move to investigation without having thoroughly inquired into the persons circumstances could be viewed as not being congruent with the principles of the Act. You may have someone under investigation who is not deemed an adult at risk of harm and this may have been apparent had a home visit/further inquiries occurred.

Further clarity is required on the above to ensure more coherent and robust National data collection.

20: Further guidance on what evidence is required of the officer's authorisation to visit? Some Councils have provided staff with identity badges with 'Council Officer' named on them but most do not have this. Further clarity would be useful.

#### **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

Section is well written.

#### **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

Yes

#### **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.

Comments

If a clear definition of inquiry and investigation is included in the COP this will enable more concise National data collection.

**Any further comments**

Comments