

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?

This response is a collation of views and comments from Fife Council Social Work staff, APC members and agency staff involved in adult protection activity. There is general consistency over several aspects of the revised code and different points of view or comments related to a variety of other points.

The more general points are made first with more individual comments following.

Page 26 Section 11 **New Addition** – Very good distinction between **unwilling** and **unable**.

Sections 13& 14 **Problematic alcohol & drug use – new addition** – Really helpful for people working with clients who have difficulties with substance misuse. Makes the important point that “...vulnerability or a lack of ability to safeguard, which is due to temporary problematic alcohol or drug use, would not by itself result in an individual being considered an “adult at risk”.”

This will (hopefully) go some way to avoiding referrals under AP of people who are merely under the influence of alcohol and have found themselves in a vulnerable situation, especially where there is no history of ongoing, problematic use of alcohol or drugs and where no additional vulnerability exists.

Page 30- section 29. The introduction of the term “multi-agency meeting” in place of the more commonly used and arguably better understood “case conference” is confusing and should be reconsidered. Multi-agency meetings describe meetings of professionals from a range of agencies whereas a case conference is a meeting involving the adult, family and or representatives and includes relevant professionals from a range of agencies.

Pages 29/30 – Self-directed support & Assessing and managing the

risk of harm – new addition – good advice given regarding SDS and a red flag for APCs in regard procedures for risk assessment & management and future Training Plans

The assessing and managing risk section provides good information on what APCs should ensure in regard to local procedures and guidance. The reminders that all ongoing interventions must involve multi-agency working to maximise the assistance that can be provided is useful.

The emphasis on good cross-agency training for staff involved in investigations is helpful.

Page 24 – the wishes of the adult – It is not clear why they the wording in sentence from original Code has been altered (Page 11) “Efforts must be made.....” to “Efforts should be made.....” While the word ‘should’ technically has the same implication, it could be argued that the change has lesser value and impact. The interpretation could ultimately result in the communication needs of some adults not being appropriately met.

Page 26 – 9 A decision not to act requires recording. This is a useful point to emphasise as it ensures defensible decision-making can be evidenced and will assist learning for agencies making referrals.

Page 27- section 16. This is a useful point to include however reference to local eligibility criteria being applied and met is a factor where intervention under the Act is not required and consideration of other services is proposed. This should be included so that unrealistic expectations are not raised.

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 cover the issues arising from ensuring as far as possible full participation by adults in decision making?

If not, what changes would you suggest?

The information in this chapter appears to be a comprehensive overview of how adults and their carers can be encouraged to fully participate in decision-making.

There is good basic background given, providing a number of examples of aids/adaptations that should be considered when addressing a person’s communication needs. Good practice reminders to record all decisions/actions.

The chapter is laid out in sections which practitioners will find useful, with the relevant sections of the Act/s given in bite size chunks. A really good way of laying it out.

Well signposted in terms of the responsibilities of the various people

involved and the legislation that is/can be used to fully support adults through protection concerns. Also sets out 'good practice' points and reminders as written above. If taken account of there is enough guidance to encourage full participation of service users, or to gain their views where they do not wish to physically take part.

Page 37 Independent advocacy services: this section very usefully spells out why and when advocacy services should be considered and that when not deemed appropriate that the reason for this decision is recorded clearly.

Page 38 multi-agency meetings: aside from the comment outlined above regarding the name of these meetings this section offers useful guidance on how best to ensure the adult's contribution is maximised.

Page 41 Audit: the inclusion of audit and what should be included is a positive inclusion in the Code.

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?

The inclusion of a section on Large Scale Inquiries is regarded positively and locally will assist current development work in this area.

A number of comments indicate some confusion generated by the rest of this chapter however, which seems to hinge on the definition of an inquiry. It would be helpful that the distinction between an investigation and inquiry were made and kept explicit. There are points in this chapter where the term investigation is used (sec 6, bottom of page 42, sec 8, first sentence.) and this creates confusion as inquiry and investigation are distinct and separate aspects of the Act. There is also considerable useful information in the Inquiry section which may be better placed within the Investigations chapter. Section 24 also generated several comments primarily from social work practitioners and it may be that changing the wording to indicate that "where no further action is required that appropriate recording of the circumstances, actions taken and basis of decisions not to proceed are logged" would address this issue. Avoiding the phrase "produce a report" would reduce the confusion expressed.

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?

Good confirmation of the expectation of multi-agency working and cooperation and shared decision-making. Again, reinforces the need for the adults view and the minimising of barriers to participation. Overall, it sets a context that gives enough clarity as to each agencies role in supporting and protecting adults at risk of harm.

Section 7 is very useful and the inclusion of a reference to auditing of case conference invitation and attendance is helpful.

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.

The information in these chapters appears to be a comprehensive overview of how adults and their carers should be involved in AP matters. Chapter 16 section 3 makes the important point that APCs are not a formal committee of the council as this is not generally well understood.

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.

This is a clear and easy to understand document that will be beneficial to practitioners and other persons with AP responsibilities. It should prove to be a useful reference tool.

The revised Code of Practice is a vast improvement on the original. The increased length is balanced by the quality it now provides. There are really helpful practice points embedded which will help practitioners make greater sense of adult protection processes. The new additions are reflective of the types of service user/complexities of risk that are dealt with under adult protection.

Any further comments

There are a number of typos and grammatical errors throughout the document. Those identified are included below to ensure a robust edit prior to publication.

Chapter 2 Page 19 3 Delete "new" as unnecessary. The Act is no longer new.

Chapter 3 Page 27 17 Final sentence is incomplete.

Chapter 3 Page 29 24 "Social care best practice **emphasises** rather than emphasis" The font appears to be different on this section (pages 29 and 30) from the rest of the document. Should be consistent throughout.

Chapter 4 Page 31 1, 3rd sentence: word missing "...the duty to cooperate **with** the council..."

Chapter 4 Page 32, 3, 2nd last bullet point "Council officers may not use force..." suggest revising end of sentence as the language used is clunky.

Consider "may not use force either during or to facilitate a visit"

Chapter 6 Page 42, 2 delete "that" at end of first sentence as unnecessary as following two clauses start with "that".

Chapter 16 Page 110, 34 "types of abuse;" delete abuse and add harm

Chapter 16 Page 110, 36 Spacing required at end of 1st sentence.
Chapter 16 Page 112, 41 2nd bullet point “(including **about** risk, capacity...) delete “about”

Other comments:

Chapter 4 page 34 14 Inclusion of Healthcare Improvement Scotland as one of the bodies listed in Section 5 and the statement in brackets at end of list indicating that to date no additional bodies have been specified by Scottish Ministers: how can both these statements be true? The original Act does not include Healthcare Improvement Scotland. Chapter 16 Page 104, 6 includes Healthcare Improvement Scotland as an agency that must be represented at APC and at Page 110, 39 the list here does not include Healthcare Improvement Scotland. There is a need for consistency throughout.

Chapter 7 sec 29: Lock-fast places: does this require a common law definition for clarity?

Chapter 8 sec 16: Participation: This is a really useful point to have explicitly expressed as it is frequently poorly understood.

The Health and Social Care Integration agenda has raised queries regarding the term and status of Council Officer. It would be useful for this to be addressed either through the Code or as a separate route.