Adult Support and Protection

Guidance for General Practitioners and Primary Care Teams

July 2021

Scottish Government
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What is Adult Support and Protection?

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In 2008 new legislation was introduced to support and protect adults who are at risk of harm – the **Adult Support and Protection (Scotland) Act 2007** ("the 2007 Act"). The 2007 Act requires public bodies to work together to support and protect adults who are unable to safeguard themselves, their property and their rights. Public bodies are required to work together to take steps to decide whether someone is an adult at risk of harm and balancing the need to intervene with an adult's right to live as independently as possible.

The 2007 Act defines harm as 'all harmful conduct' and in particular includes:

- Conduct which causes physical harm,
- Conduct which causes psychological harm (e.g. by causing fear, alarm or distress),
- Unlawful conduct which appropriates or adversely affects property, rights or interests (e.g. theft, fraud, embezzlement or extortion),
- Conduct which causes self-harm.

This list is not exhaustive, and all kinds of harm can fall within the scope of the 2007 Act.

Related types of harm may also be initially referred through Adult Support and Protection in your area but please check your local processes e.g. Human Trafficking, FGM etc. Further information on these topics can be found here (Trafficking) and here (FGM).

GPs and Primary Care Staff are well placed to identify adults at risk of harm and are a vital component in the multi-agency arrangements to support and protect where it is necessary.

The focus of the 2007 Act is to support and protect adults (individuals, aged 16 years or over) at risk of harm. There are three elements that define to adult at risk:

- those unable to safeguard their own well-being, property, rights or other interests,
- are at risk of harm, and
- because they are affected by disability, disorder, illness or infirmity are more vulnerable to being harmed than adults who are not so affected.

Remember:

- an adult is not necessarily an adult at risk of harm simply because they have a disability, and

- adult support and protection applies to those **with and without mental capacity.**

You do not have to evidence that all elements are met in order to make a referral. Your information may form part of a larger picture. The test is that you '**know or believe'** an adult is at risk of harm. In this regard, it is ultimately the responsibility of the council or delegated agency to decide whether an adult meets the definition of an adult at risk of harm.

When deciding to make a referral and what information to share, consider what you believe is relevant and proportionate to the specific concerns you have.

Please see 'To Share or Not To Share – Checklist'

Need to make a referral? – Prompt action is vital.

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The Act Against Harm website is a public site with details of who to contact when someone, or someone you know, is at risk of harm. The website has lots of information, including how to recognise when an adult may be at risk of harm and examples of the type of support that can be provided once a concern has been reported:

Click here to access your local referral contacts.

If you are working out of office hours, your local process and contacts will advise you of the relevant contacts.

If the matter is urgent e.g. there is imminent risk of danger or significant harm has happened please contact the relevant Emergency Service – Police/Fire/Ambulance.

Professional Obligations

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Where someone is suspected of being an adult at risk of harm, an Adult Support and Protection referral should be made to the council or delegated agency within 24 hours.

Once you have made a referral this places a duty on the Council or the delegated agency to make inquiries where they know or believe that an individual may be an adult at risk of harm.

Some bodies have a duty to co-operate under the legislation e.g. Health Boards and Healthcare Improvement Scotland, Police and Local Authorities. Those aside, the Code of Practice outlines a number of service providers who contribute to the protection of adults at risk.

This includes specific reference to the role of GPs in making a broader contribution to adult protection beyond that required by statute as they may be the first professional to notice harm.

Professionals may then receive requests for further information under sections 4,5 and 10 of the 2007 Act from the council. All responses should include relevant and proportionate information in relation to the risk of harm. Guidance is offered below on responding to these requests. Further references providing more detail on obligations specific to your professional group are available in the appendices of this guide.

Information Requests and Responses – Sections 4, 5 and 10

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The 2007 Act gives councils or delegated agencies and other public bodies working with them various powers to support and protect adults at risk of harm.

The 2007 Act confers on 'Council Officers' a duty to investigate cases of suspected harm to an 'adult at risk'. As part of this investigation, **health records pertaining to the adult at risk can be requested under Section 10 of the Act**. Bodies holding these records have a legal duty to co-operate with the investigation. Under Section 49 of the Act, a person commits an offence by, without reasonable excuse, refusing or otherwise to comply with a request made under section 10.

"Council Officer" is defined at section 53 of the 2007 Act as an individual appointed by a council (local authority or delegated agency) under section 64 of the Local Government (Scotland) Act 1973 to properly discharge the council's functions. The Council Officer may be a Social Worker, Occupational Therapist or Nurse who have been delegated the statutory responsibility of Council Officer by the Chief Social Work Officer.

Section 4 of the 2007 Act states that a council (local authority or delegated agency) must make inquiries about a person's wellbeing, property or financial affairs if it knows or believes that the person is an adult at risk of harm, and that it might need to intervene to protect their wellbeing, property or financial affairs.

As part of this process, section 10 of the 2007 Act states that; **"**a Council Officer may require any person holding health, financial or other records relating to an individual whom the officer knows or believes to be an adult at risk to give the records, or copies of them, to the officer." Where there is any **dubiety** about the identification of the council officer**, you should verify this with the agency directly.**

For the avoidance of doubt, data processing, in relation to this request, is necessary for compliance with legal obligations under sections 4, 10 and 49(2) of the 2007 Act.

Under those sections, the **data controller** is the local authority/the Council Officer making the request; and the GP or Primary Care Team (in receipt of this request) is the **subject**.

General Practitioners and Information Sharing:

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The Scottish Government published additional guidance on the involvement of GPs in multi-agency protection arrangements (2013). This intended to support the involvement of GPs in fulfilling their roles which arise from the Act, and in making a broader contribution to adult protection beyond that required by statute.

It notes that **GPs may be the first professionals to see signs of potential harm,** and confirms that a collaborative approach is vital as GP participation is invaluable when developing or refining local adult protection policy, procedure and strategy. The new guidance recommends that GPs should be represented on Adult Protection Committees or, where this is not possible, expects that committees will ensure that there are clear lines of communication established with local GPs.

Consent

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When considering whether to share concerns, if possible, the individual's consent should be attained prior to sharing information. Although the ICO have said that public authorities should avoid relying on consent as a legal basis for data sharing due to the perceived power imbalance, individuals should still be told that their information is to be shared and for what purpose. Transparency and clarity with the individual is imperative to satisfy ECHR.

Do you need the consent of the adult to make a referral?

No, while adults with capacity have the right to consent or otherwise to the GP making a referral, there may be a lawful basis to share information under the 2007 Act without consent (see paragraph below on public task). It is however important to be open and transparent with the adult.

The **multi-agency approach** to adult support and protection means that, where it is lawful and ethical to do so, the appropriate information should be shared between relevant agencies to ensure that support and protection that is right for the individual can be provided. A **case by case approach** should be taken to identify the lawful basis to be relied upon in terms of GDPR. Given the inherent power imbalance, the ICO has advised that it may be difficult to demonstrate that consent was freely given to a public authority. **It may therefore be more appropriate to rely on Public Task** in respect of the councils functions under 2007. GPs should take a proportionate approach to make balanced decisions about whether to share information without consent. However having decided to refer it is best practice to advise the patient of this unless you feel it will increase the risk of harm to them or others.

In regard to an **adult with capacity refusing consent to disclose**, in their own guidance, **the BMA state** that "As part of the consent-seeking process, where an **adult at risk is making a decision that is seriously at odds** with an objective assessment of his or her interests, health professionals should sensitively **explore**

the reasons behind the decision. This could include exploration of the **possibility of confidential referrals to groups or organisations** that offer support to adults at risk."

Public Task – see checklist

When sharing information to the appropriate authorities seeks to address a **perceived risk of harm** to that individual, **practitioners should consider whether the sharing is necessary for the exercise of their statutory function under the 2007 Act** . This would constitute the legal basis of public task. It is vital that GPs are aware of their **local contact and protocol** for making such a referral and should familiarise themselves with the details.
The ICO state that when considering Public Task as the **lawful basis for sharing information** this applies to "any organisation who is exercising official authority or carrying out a specific task in the public interest. The **focus is on the nature of the function, not the nature of the organisation**" An individual "should also ensure that they can demonstrate there is **no other reasonable and less intrusive means to achieve their purpose**", and thus, the BMA advise that "It is only when the health professional has **properly explored the patient's circumstances** and the reasons behind the apparent refusal that they should consider some of the options discussed".

A refusal of disclosure by a patient should not result in them being abandoned by services. Care and support should continue to be offered, given the difficulties associated with preventing crime where the victim refuses to co-operate, in this instance, practitioners should consider disclosure under public task. This is likely to be proportionate where there is **strong evidence of a clear and imminent risk** of a serious crime likely to result in serious harm to the individual, and the disclosure of information is likely to prevent it.

Where data sharing is necessary to ensure safeguarding but is not specifically covered by the 2007 Act, specific legal advice should be sought. Any information received in the course of an investigation is treated with the utmost confidence and will not be disclosed to any third parties other than in accordance with the provisions of the 2007 Act.

Note that nothing in the Act authorises someone who is not a health professional to inspect health records. If the council officer requesting health records under section 10 is not a health professional they must pass the records to a health professional for examination and the GP should be informed of this.

When sharing patient records take account of third party confidentiality and redact appropriately.

Resources: The **GMC** has detailed further detailed guidance for medical professionals here - Decision Making and Consent. The **BMA** also have further guidance here - Adults at risk, confidentiality and disclosure of information. **MDDUS** offer guidance around the safeguarding of adults here.

Caldicott Guardian:
Information can be found here about members and contacts for the UK Caldicott Guardian.

Special category personal data

Where information contains special category personal data, having firstly identified a lawful basis for processing data, additional conditions must also be met in order to share data lawfully. Special Category data includes: Racial or ethnic origin; Political opinions; Religious or philosophical beliefs; Trade Union Membership; Genetic data; Biometric data (when used for ID purposes); Health (physical or mental); and, Sexual life or orientation.

In the context of special category data, practitioners should consider Article 9(2) UK GDPR 2018 together with paragraph 6 of Schedule 1 of the Data Protection Act 2018 . These conditions do not replace or override the usual lawful basis for processing, they act as an additional layer of conditions on top of the usual rules.

Case Conference and other reports

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Request specific guidance from your local services on the type of detail that is required.

Please ensure that you provide relevant and proportionate information to assist risk assessment and appropriate decision making.

You may require clinical supervision around these issues especially where the task has been delegated to you. In this event please seek guidance from the Practice Manager or person delegating the task and local practice policy noting that the information requested is usually required as a matter of urgency.

Capacity

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Individuals can be supported and protected under the 2007 Act **whether they have capacity or not** – however it is often beneficial to assess the adult's capacity to inform risk assessment and aid decision making.

The BMA offer guidance around capacity here.

When assessing capacity the relevant legislation is the Adults with Incapacity (Scotland) Act 2000. For the purposes of the Act, incapable means incapable of:

- acting or
- making decisions; or
- communicating decisions; or
- understanding decisions; or
- retaining the memory of decisions

Capacity is not all or nothing .**The Act recognises that a person may be capable of some decisions and actions and not capable of others**. A person lacks capacity to take a particular decision or action when there is evidence that he/she is unable to do so. Please see the guide available from the Scottish Government website called Guide to Assessing Capacity
The principles of the Adults with Incapacity (Scotland) Act must be followed to ensure that all decisions that are made are for the benefit of the adult. The principles that have to be followed in any decision taken for an incapable adult are outlined here.

Some of the key factors to consider when assessing capacity, **and they are not exhaustive***,* are ;

- A person may not have capacity to make a particular decision at a certain time, but this does not mean that they will never have capacity to make that decision.

- That you consider your patient's ability with regard to each decision/task as to their ability to; act, or make a decision, or communicate decisions, or understand decisions, or retain the memory of decisions
- Ensure that the assessment is decision and task specific
- Listen to the adult and take their views into consideration
- If practicable consult and take into consideration views of family members/carers.
- All practicable steps must be taken to assist the adult and help them understand and communicate.

Useful learning resources from Think capacity/Think consent can be found at capacity_and_consent-interactive.pdf (scot.nhs.uk)
Courtesy of Edinburgh City Council and NHS Lothian, Appendix X provides a basic screening tool to assist in your consideration of a patient's mental capacity. However please note it relies upon you having familiarised yourself with the Communication and Assessing Capacity Guide, available here

Practice Dilemmas

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Undue Pressure

Are there indicators that the adult is being influenced by someone else they have trust in? Who is either intentionally or unintentionally preventing them from protecting themselves effectively? Or someone who is suspected of harming the adult, threatening them or someone the adult is afraid of?

Undue pressure may be applied to prevent the person seeking help or to influence the decisions they make which leave them at risk of harm. The outcome may or may not be a direct benefit to the person applying the pressure.

Harm by a Carer

This is where you know or believe someone with caring responsibilities is harming the person they care for. The harm may be intentional or unintentional but it will be important to speak with the adult at risk of harm alone.

It may also be appropriate to speak with carer. Prompts to such a conversation can include:

"I'm quite concerned that you're not getting the support you need OR Is there anything I can help you with? OR Can you tell me how you're managing the situation?"

It may also be useful to speak about their right to a Carers Assessment

If you are refused access to the adult and your information causes you to *know or believe* that the adult is at risk of harm you should consider making a referral.

Duty of Candour

Roles and Responsibilities FAQs can be located **here**

Debrief

Working with patients who are at risk of harm and making decisions to protect them can be stressful. Within your practice, it may be beneficial to establish an adult protection lead or champion who can advise at the time issues arise and also assist with a team brief.

To Share or Not To Share – Checklist

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Public Task

- This lawful basis may be relied upon if processing personal data:
    - 'in the exercise of official authority'. This covers public functions and powers that are set out in law; or
    - to perform a specific task in the public interest that is set out in law.
- It is most relevant to public authorities, but it can apply to any organisation that exercises official authority or carries out tasks in the public interest.
- A specific statutory power to process personal data is not required, but the underlying task, function or power must have a clear basis in law.
- The processing must be necessary. If the task could reasonably be performed, or tasks exercised in a less intrusive way, this lawful basis does not apply.
- Document the decision to rely on this basis to help demonstrate compliance if required. The relevant task, function or power should be specified, and its statutory or common law basis identified.

Here is a link to the Information Commissioner's Office guide to GDPR/lawful basis for processing under public task information - ICO guide

With specific reference to the circumstances of the case, consider:

- Is the sharing justified?
- Does the duty to protect outweigh the duty of confidentiality?
- What are the benefits and risks to the individual of sharing, or not sharing information?

- Are there any other risks from sharing or not sharing?
- Do the benefits outweigh the risks?
- Are there any exemptions in the Data Protection Act 2018 to sharing? (e.g. special category data exemptions)
- Are there other relevant statutory requirements or restrictions? e.g. Adult Support and Protection (Scotland) Act 2007
- Is there an organisational / in house protocol to be respected?
- Are there other similar, relevant, cases which ought to be considered?
- Is the information required relevant to the functions or powers of given role and remit?
- Is there a legal obligation to share? (for example a statutory requirement or a court order)
- Is authorisation required within the organisation to make the decision?
- Should legal advice be sought?

If information is to be shared:

- Has consent been obtained e.g. of the person, an attorney or guardian, or another third party?
- Should any other person be informed ahead of, or after, sharing?
- What information should be shared?
- What is fact and what is opinion?
- How should the information be shared / stored?
- Has the individual been consulted with openness and transparency? If not, reasons should be documented.
- Are there suspicions that alerting the patient to concerns could place them at greater risk?
- Ensure you are giving the information to the right person
- Record the decision and reasoning
- For information shared, record:
  - What information was shared and for what purpose.
  - Whom it was shared with.
  - When it was shared.
  - The justification for sharing.
  - Whether the information was shared with or without consent.

Appendix X

DECISION-SPECIFIC SCREENING TOOL

First read the Communication and Assessing Capacity Guide. (Back to Contents)

Name of Adult		**Swift Number:**	
Worker Details		**Date**	
Capacity is the ability to understand information relevant to a specific decision or action and to appreciate the reasonably foreseeable consequences of taking or not taking that decision or action.			
This tool aims to assist the practitioner consider the various elements involved in the decision making process. It could be used to gather evidence of an adult having or lacking capacity in relation to **non- medical** decisions and to consider whether a more formal, health capacity assessment is required in order to pursue measures under the Adult with Incapacity (Scotland) Act 2000. It is not suitable for medical or complex decisions			
Details of the Decision to be made or action to be taken			
Who was consulted in forming your opinion of the Adult's decision-making ability			
Name	**Relationship with Adult**	**Contact Details**	

Consider: Does the Adult repeatedly make seemingly unwise decisions which place her/him at significant risk or serious exploitation? Is she/he making a decision which defies all notion of rationality and/or is markedly out of character?

An unwise or eccentric choice doesn't necessarily mean the person is unable to make a decision – consider the person's views, values, preferences and previous decisions.

Q1: Does the Adult have a mental disorder (diagnosed or suspected) or is unable to communicate because of a physical disability?	**Yes**	**No**	**Not Sure**	**Condition**(Dementia, learning disability, brain injury, personality disorder, neurological condition,)
Q2 Do you consider the Adult **able** to **understand** the information relevant to the decision and that this information has been provided in a way that he/she is most probably able to understand?				An elderly widow who has never dealt with money matters may need to receive the information in as simple a manner as possible and helped to understand it. It may be that she will learn to manage her finances with support.

Q3 Do you consider the Adult **able** to **retain the information** for long enough to use it in order to make a choice or an effective decision?				It may take several visits going over the information to see if the response is consistent (even if the person cannot remember being asked before). A consistent response may indicate sufficient capacity to understand the decision in hand.
Q4 Do you consider the Adult **able** to **use or weigh** that information as part of the process of making the decision?				Certain types of disorders (brain injury, neurological conditions) cause people who are able to understand information, to act impulsively regardless of the information available and their understanding of it.
Q5 Do you consider the Adult **able** to **communicate** the decision?				Every effort should be made to facilitate communication including talking mats.

Q6 Do you consider the Adult **able** to **act upon** the decision?				An individual may not be able to act on a decision because they trust, fear or feel responsible for another person. A mother who is being physically threatened or abused by her son may not be able ask him to leave her home
Any Further Comments				

If you have answered **YES** consistently to Q2-Q6, the Adult is considered on the balance of probability, **to have the capacity to make this particular decision at this time**.

Sign/date this form and record the outcome within the Adult's records

If you have answered NO or NOT SURE to any of the questions proceed to Q7.

	Yes	**No**	**Not Sure**	
Q7 Overall, do you consider on the balance of probability that the impairment or disability noted in Q.1 is sufficient that the adult lacks the capacity to make this particular decision?				On the balance of probability the Adult lacks capacity to make this specific decision at this particular time

If you have answered **'Not Sure'** to any questions, please consider a referral for a Specialist Health Assessment

Signature		**Date Assessment Completed**	

Adult Protection – A Brief Guide

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Recognise – be aware of adult protection issues and how an adult at risk of harm may present

Report – where you have an internal adviser for adult protection report the matter to them and discuss the need to make a referral *but* ensure this does not adversely delay referring

Refer – Refer the patient and their circumstances through your local adult protection referral process. Where the matter is urgent contact the relevant emergency services.

Record – use the patient record to note the issues that arose, the circumstances and the actions you took and the rationale for your actions.

Triage and Adult Support and Protection – "Dos and Don'ts"

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Do:

See the patient in a safe and private space with appropriate professional support

Discuss the limits to confidentiality e.g. where you know or believe that someone is at risk of harm you may have to refer on

Use specialist/trained interpreters where appropriate

Consider a triage approach that ascertains some or all of the below:

Are there any indicators that the adult is at risk of harm (from their own actions or those of others)?

Are there any indicators that they are unable to keep themselves safe?

Do they adequately self-manage their health and wellbeing e.g. their medication regime?

Are there any indicators that they are unable to protect their own property and finances?

Consider the patient's overall safety:

Are they are able to assert and defend their own rights without being unduly influenced by others (are they suggestible or easily influenced)?

Are there other aspects that indicate a vulnerability that concerns you e.g. using the internet safely, managing unsolicited telephone calls, preventing others from using their accommodation, finances or medications?

Are there any adverse events in earlier life or current adversities that are impeding their ability to make informed choices or safeguard themselves?

Are there indications that they are being or are *likely* to be harmed either through self-harm or self-neglect or; physically, psychologically, sexually, financially, or through their access to information and services being blocked.

Are they experiencing any of the below which is contributing to the risks in such a way that their ability to manage those risks is compromised:

- disability
- mental disorder
- illness
- physical or mental infirmity, (lack the power or ability to do something)

Are there issues which you cannot quite define? In such instances use your professional curiosity to explore them further using proactive questioning and challenge.

Don't:

Let the person leave without having formed a view about their current and ongoing safety and what actions you intend to take

Share information with anyone else other than the statutory services

Attempt to carry out an investigation or mediation e.g. contacting family etc.

Assume that you have to fully demonstrate that the legal test for action by the Council or delegated agency is met. You need only know or 'believe' that the criteria for support and protection under the legislation is met. **If you know or believe that an adult is at risk of harm and may meet the legal test – you should make a referral.**

Glossary of Terms

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Human Trafficking - Human trafficking involves the recruitment or movement of people, by the use of threat, force, fraud, or the abuse of vulnerability, for exploitation.

FGM – Female genital mutilation is a procedure where the female genitals are deliberately cut, injured or changed, but there's no medical reason for this to be done.

ICO – Information Commissioner's Office

ECHR – European Convention on Human Rights

GDPR – General Data Protection Regulation 2018

DPA – Data Protection Act 2018

BMA – British Medical Association

GMC – General Medical Council

MDDUS - Medical and Dental Defence Union of Scotland

Caldicott Guardian - A Caldicott Guardian is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly.

Quick Reference:

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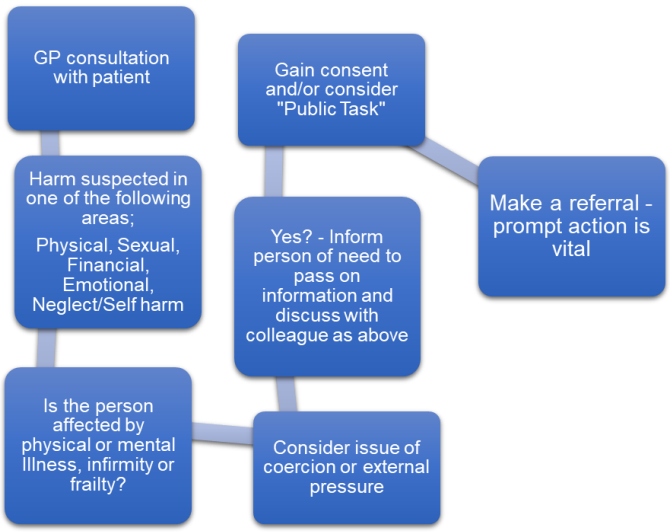

Please review the Quick Guide and the full Guidance booklet and answer these brief questions:

1. Does the guidance offer clarity around the referral process and knowing who to contact?

Not at all Completely

○ ○ ○ ○ ○ ○ ○

2. Does the guidance make your roles and responsibilities clear?

Not at all Completely

○ ○ ○ ○ ○ ○ ○

3. Is the guidance straightforward and easy to understand?

Not at all Completely

○ ○ ○ ○ ○ ○ ○ ○

4. Does the guidance effectively address the question of sharing information with and without patient consent?

Not at all Completely

○ ○ ○ ○ ○ ○ ○

5. Research indicates the need for the guidance to be located in the same place as your local child protection guidance. On this basis, where should the guidance be hosted so that you can easily access it locally?

6. With regard to online training/resources would you prefer:
    - *Website based eLearning tool*
    - *Mobile phone/tablet application (app)*
    - *Other - please state:*

7. If training were made available would you be interested in becoming a local adviser for other primary care team members regarding adult support and protection.

    Yes/ No – if Yes please provide your contact details

8. Do you feel anything should be added to the guidance to assist you in making ASP referrals?

Responding to this Consultation

We are inviting responses to this consultation by 24 August 2021

Please respond to this consultation using the Scottish Government's consultation hub, Citizen Space (http://consult.gov.scot). Access and respond to this consultation online at: https://consult.gov.scot/health-and-social-care-integration/adult-support-and-protection-guidance.

You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of 24 August 2021.

If you are unable to respond using our consultation hub, please complete the Respondent Information Form to:

Adult Support and Protection Policy Team
Scottish Government
GE
St Andrews House
Edinburgh
EH13DG

Handling your response

If you respond using the consultation hub, you will be directed to the About You page before submitting your response. Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to published. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form included in this document.

To find out how we handle your personal data, please see our privacy policy: https://www.gov.scot/privacy/

Next steps in the process

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at http://consult.gov.scot. If you use the consultation hub to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so. An analysis report will also be made available.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to the contact address above or to Heather.Gibson@gov.scot

Scottish Government consultation process

Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: http://consult.gov.scot. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

Respondent Information Form

Please Note this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy: https://www.gov.scot/privacy/

Are you responding as an individual or an organisation?

☐ Individual

☐ Organisation

Full name or organisation's name

Phone number

Address

Postcode

Email

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

☐ Publish response with name

☐ Publish response only (without name)

☐ Do not publish response

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

☐ Yes

☐ No

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at

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