ADASS DoLS Priority Tool

A Screening tool to prioritise the allocation of new requests to authorise a deprivation of liberty.

Due to the increasing in demand for assessments under the Deprivation of Liberty Safeguards (DoLS) since 2014 WMADASS have reviewed the original ADASS Task Force tool based on current demands and current practice in the region. The aim of the tool is to assist Councils to respond in a timely manner to those requests which have the highest priority. The tool sets out the criteria which indicates that an urgent response may be needed in order to safeguard the individuals concerned. The use of this tool must be balanced against the legal criteria for the DoLS which remains unchanged. ADASS have endorsed the use of this tool with thanks to WMADASS.

This screening tool is an indicative guide only as it will generally be based on information provided by the Managing Authority in the application and each case must be judged on its own facts. In addition, it would be good practice to screen any waiting list for length of wait as well as geographical location. Councils may have further support tools within each of the categories.

HIGHER	MEDIUM	LOWER
A situation which appears to meet the acid test and requires the safeguards to ensure more substantive protection.	A situation which meets the acid test and requires the safeguards but there are some actions which can be taken in the short term, in the persons best interests, to manage the impact of the arrangements.	A situation which meets the acid test and requires the safeguards but there is no evidence to suggest there will be any substantive changes.
Factors to consider in each category		
• Active objections from the person (verbal or physical, e.g repeatedly saying they want to go or packing bags) • Meaningful, successive attempts to leave not simply leaving due to disorientation. • Sedation/medication is used frequently PRN to control behaviour (particularly covert medication), this has not been regularly reviewed and the person is negatively impacted. • Excessive Physical restraint is used regularly which causes distress to the person and goes beyond what staff feel the MCA allows. • Restrictions on family/friend contact (or other significant Article 8 issue)	• Not making any active attempts to leave but may ask to leave or state they are leaving soon, if asked. • Appears to be unsettled some of the time but staff have measures in place to redirect, reassure or to distract which are effective, in the short term. • Restraint or sedative medication is used infrequently, and staff could rely on the protection of the MCA, in the short term. • A Psychiatric setting where the person has been assessed not to meet the criteria for	• Evidence that this is a settled placement with no evidence of objection etc. but may meet the requirements of the acid test. • Evidence that the person chose the care home previously, with mental capacity, and is not distressed there now they have lost capacity. • Minimal impact on the person of continuous supervision and control. • No evidence of specific restraint or restrictions being used but rather a general sense of supervision and control such as expected in the setting.

HIGHER	MEDIUM	LOWER
• Objections from family /friends or family seeking to move the person in an unplanned way. • Anticipated challenge to Court of Protection, or application for Deputyship including a dol. • A Psychiatric setting where the person has been assessed to not meet the criteria for MHA detention but there is disagreement as to whether this decision is appropriate. • Acute hospital referral where there are any of the above factors, which cannot be managed even in the short term.	MHA detention and this is not disputed. • Acute hospital referral expected to last beyond 7-14 days with any of the above present.	• End of life situations, intensive care situations which may meet the acid test but there will be no benefit to the person from the Safeguards. • Acute hospital referral where the person is expected to be discharged within 7 -14 days.

Renewals or further Authorisations

Councils vary in their ability to respond to renewal requests. Sometimes for internal operational reasons and sometimes due to sheer volume. There needs to be an analysis of risk, if renewals are not afforded high priority, as renewals represent a known deprivation of liberty. There are several proportionate methods which can be employed to process renewals, but these rely on robust identification and most importantly rely on receiving a Form 2 in time. For these reasons renewals are not included in the above prioritisation tool but the following principles are recommended as best practice.

- Renewals should be identified at least 28 days in advance so that equivalent or proportionate assessments can be used.
- Renewals must be in place without a gap where cases are the subject of Court of Protection processes.
- Where practicable, renewals where there is evidence of any of the factors in the higher priority category should also be prioritised.

'Unbefriended'

There are some people who might be viewed as high priority because they have no family or friends to support them. However, in the absence of any of the above factors which suggest higher priority the following is recommended as the way forward.

- Identify those needing an IMCA from Forms 1 or 2
- Refer for an IMCA
- When the IMCA report is complete, screen again for any factors suggesting higher priority.

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