

APPENDIX A: Prioritisation criteria for Community COPDOL & COP Welfare applications (and in exceptional cases High Court applications) Pilot Version

Adapted from Screening Tool provided by ADASS in their Advice Note of November 2014

- **Based on Red, Amber, Green system :- New category Purple is Highest priority**, Red is Higher priority; Amber is Medium priority; Green is Lower priority
- **Community COPDOL applies to any situation that does not meet the criteria for DOLS** (Deprivation of Liberty Safeguards -Hospitals & Care Homes). **Community includes any of the following:** supported living, extra care, shared lives, foster care, non-residential short breaks, day services, residential/hospital (under 18yrs only), educational setting (school, college) own home etc. This is not an exhaustive list and there is no lower age limit for deprivation of liberty, unless within the zone of parental responsibility. COP Welfare applications can occur in any setting.
- **The criteria should be used as an indicative guide only** if it is based on information provided by the Support Provider. Each case must be judged on its own facts using professional judgement
- **The starting point for COPDOL is always that the care arrangements appear to meet the Cheshire West 'Acid Test'** i.e. The person lacks mental capacity in relation to their accommodation for care or treatment, AND is under continuous (or complete) supervision and control AND is not free to leave
- **Attempts to resolve objections** from SU / family / friends / provider/ advocates / professionals should always be made locally in the first instance
- **Please note for consideration:**
 - Safeguarding intervention resulting in increase of staffing and/or restrictions may be a trigger need for a COPDOL or Welfare application
 - Individuals under CTO/Guardianship/s17 Leave/Conditional discharge may also need a COPDOL application
 - People who meet criteria for Transforming Care in terms of discharge from hospital are likely to be 'Purple'

Key to table:
*Psycho tropics Medications- Anti psychotics, Benzodiazepines, Anti Depressants, Hypnotics, ADHD Treatments, Mood Stabilisers, Anti-epileptics
** Physical Interventions- Restraint, Guided Escorts, Breakaway (but not purely physical health support)
***Restrictions- Locked doors, Gates, Mechanical restraints (lapbelt/Houdini harness), Environmental restrictions
**** Article 8- restrictions on lifestyle- Food, activities, freedom of movement, intimate relationships. This is a potential Section 16 Welfare application
***** Minimal evidence of control and supervision- out independently, minimal input around personal care, time alone at home

Purple - Highest	Red – Higher	Amber - Medium	Green – Lower
<p>Sec 16 Welfare applications –</p> <ul style="list-style-type: none"> Restrictions on family / friend contact (Article 8**** issue) Objections from SU / family / friends / provider/ advocates / professionals Attempts to leave /Asking to leave consistently <p>Those subject to high level of support and supervision</p> <ul style="list-style-type: none"> Minimum 1:1 support at all times during day and night (waking watch) or other highly restrictive regime of support Physical Intervention** in the Care Plan and used frequently, or infrequent but intense Those going through internal/independent complaints procedure (in context of deprivation of liberty or welfare matter) Sec 21A Applications (re DOLS) Has been agreed urgent to move with no COPDOL Order in place Safeguarding issues identified i.e. removal from family home Change of accommodation, and a DOLS or COPDOL Order is already in place Mental Health Interface – Conditional discharges CTOs & Guardianship Transforming Care - people on CCG dynamic risk register 	<ul style="list-style-type: none"> Those subject to annual Court Reviews - Need to be prepared 8 weeks prior to expiry of Order Sedation / medication* / PRN in the care plan to control behaviour Covert medication Restrictions*** used Confinement to a particular part of an environment or exclusion from , for considerable period of time New or unstable placement Physical Intervention **in the care plan and used Serious life threatening condition but not on end of life pathway Minimum 1:1 support during day and minimal at night (sleep in) Other Article 8**** issues Family home with 24 - hr 1:1 supervision / family presence, with other high levels of restriction and not free to leave 	<ul style="list-style-type: none"> Occasionally asking to leave but not consistently Not making any active attempts to leave Appears to be unsettled some of the time Physical Intervention** in the care plan and used infrequently Medication */ PRN to control behaviour in the care plan and used infrequently Appears settled but showing signs of withdrawal/depression which demonstrate unhappiness with the support & accommodation Family home with 24 - hr supervision / family presence and not free to leave People who utilise core (shared) support and some 1-1 support People with sleep in or Assistive Technology (staff on site) 	<ul style="list-style-type: none"> Minimal evidence of control and supervision***** No specific Physical Intervention** or restrictions*** in care plan or being used Has been living in the accommodation for some time (at least a year) Settled placement , no evidence of objection etc End of life situations, which may meet the acid test but there will be no benefit to the person from the Safeguards of a CoP Order People who utilise core (shared) support but no 1-1 support No staff on site at night People who spend time alone People who use Assistive Technology for long periods (no staff on site) Family home and not free to leave