



**The Review of the Scottish National Care Standards has begun.**

We now want your views on the overarching principles that will form the basis of these standards.

These standards will apply to all health and social care settings across Scotland. The principles written from the perspective of people who use health, care and support services, using a Human Rights based approach. A Human Rights based approach is one which empowers people to know what they are entitled to and ensures that this is integrated into their day to day care and support.

We are also interested in your views on how we put these principles into practice.

Everyone should have high quality services and have a positive experience. We want everyone's views so we get it right and make this happen.

On the following pages you will see all the principles. Please let us know what you think about each one.

**This consultation is open from 26 October 2015 – 10 December 2015.**

**I am:**

- A person who uses a service/s
- A family member/carer
- Completing this on behalf of a person who uses services
- A member of the public
- A volunteer
- Working in health, care or support services\*
- Representing a professional body\*
- Working for an organisation that represents people using services\*
- Working for a commissioning service\*
- Working for scrutiny /regulation body\*
- A provider and/or organisation representing providers\*
- Other\*

\* Please provide further information.

The Centre for Excellence for Looked After Children in Scotland (CELCIS). We exist to improve the experiences and life chances of children and young people in Scotland who are 'looked after' by local authorities, and those who have left care. We do this by working alongside the professionals who touch their lives, and within the wider systems responsible for their care, facilitating the sharing of knowledge and effective practice.

**If this return was completed on behalf of more than one person – please provide the number of people who contributed to this response:**

**Are you happy for us to contact you again as part of this process?**

Yes	x
No	

**If yes, please provide your details below?**

**Name:**

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## I am entitled to be respected

### This means:

My opinions, privacy, beliefs, values and culture are respected.

I am treated with dignity.

### Thinking about this principle, do you:

Strongly Agree	x
Agree	
Disagree	
Strongly Disagree	

### Comments:

Every child, no matter what their circumstances, is entitled to have their privacy, beliefs and values respected. However, for children at significant risk this principle can sometimes become subjugated in our drive to 'protect', and in the complex interaction which can take place between the rights of children and those which care for them (such as parents).

Therefore it is important that this principle is framed in such a way that people understand that it is not 'negotiable' or context specific. The principle cannot be downgraded to accommodate the need for quick decision making, or in view of someone's subjective assessment of their 'maturity'. Nor does respect for a child or young person's opinions and values have to be 'earned' by them. For respect does not equate to 'agree with'; instead it means that children and young people deserve to be included in decisions which affect their lives, and to have those decisions explained to them clearly (particularly when it runs counter to their wishes).

## I am entitled to **compassion**

### This means:

I experience warm, compassionate and nurturing care provided by people sensitive to my needs and wishes.

### Thinking about this principle, do you:

Strongly Agree	x
Agree	
Disagree	
Strongly Disagree	

### Comments:

Within the context of these principles we have understood 'compassion' as the principle underpinning how we support and nurture the individual in need of care, valuing them for the people they are and what they bring to those around them. Compassion comes from a desire to help and empower people, not from pity about their circumstances. This difference is important when we think about how these principles are reflected in the people who provide care in Scotland.

Moreover, compassion is about a relationship between two people. We would recommend that further thought is given to how the word relationship be built into the descriptions around the principle, to ensure that it is clear that all people deserve a warm, nurturing relationship with those who provide their everyday care, characterised by affection and interest, and not inhibited by risk-managing prohibitions on touch. Compassion is about being treated like a human being, by other human beings.

## I am entitled to be **included**

### This means:

I receive the right information, at the right time and in a way that I can understand.

I am supported in my right to make informed choices and decisions about my care and support.

I am involved in wider decisions about the way the service is provided. When I make suggestions and voice concerns I am listened to.

I can play a full role in the community around me.

### Thinking about this principle, do you:

Strongly Agree	x
Agree	
Disagree	
Strongly Disagree	

### Comments:

We believe the standards should present the descriptions of this principle through more active, 'enabling' statements; the current ones could be achieved without improving the levels of participation of service users. For instance, 'I am supported in my right [...]' could become 'I am enabled to make informed choices [...]'

We are also unclear about what the last sentence means ("play a full role in the community"). We have concern that as it is currently phrased its interpretation could be limited to 'role in the place of residence' rather than the wider community within which the place of residence is situated. Perhaps using the word society, instead of community, would make the message clearer.

## I am entitled to be treated **fairly**

### **This means:**

I am valued as an individual and I am treated fairly.

My human rights are respected and promoted.

I do not experience discrimination.

### **Thinking about this principle, do you:**

Strongly Agree	x
Agree	
Disagree	
Strongly Disagree	

### **Comments:**

We are unsure about the 'fairly', and would like further explanation about what this looks like in practice. We also believe that the standards will need to support active anti-discrimination in all settings, pushing back on prejudice, rather than just protecting against it.

## I am entitled to a **responsive** service

### This means:

I receive the right care and support at the right time.

My care and support responds when my needs, views and decisions change.

I have personal goals, aspirations and the support to achieve them.

### Thinking about this principle, do you:

Strongly Agree	x
Agree	
Disagree	
Strongly Disagree	

### Comments:

We strongly support the emphasis given in the second explanatory sentence: 'My care and support responds when my needs, views and decisions change'. This captures well the need for services to be built around the people using them, rather than people fitting into services. This leads into the wider personalisation and empowerment agendas, making services users the controllers of their care, not the passive recipients.

We suggest changing the third sentence to ensure it is more active in tone: 'My personal goals and aspirations are recognised and I am supported to achieve them'.



## I am entitled to be **safe**

### This means:

I am safe, free from harm and abuse.

My care and support is provided in an environment in which I feel safe.

I am supported and encouraged to achieve my aspirations and potential, even when this means I might be taking risks.

### Thinking about this principle, do you:

Strongly Agree	x
Agree	
Disagree	
Strongly Disagree	

### Comments:

In respect of children's care, the need for safety must be balanced with their developmental needs to take managed risks; we welcome the statement giving voice to this. However successive investigations and inquiries have found that the pursuit of 'safety' can come at the cost of 'compassion', 'respect' and many other underpinning principles. The key here is the staff who provide care, and their understanding of what 'safe' needs to be for each individual receiving care. We would therefore suggest adding a sentence to the effect of: 'Those that care for me need to be trained and equipped to do so appropriately'.

## I am entitled to **personal wellbeing**

### **This means:**

I have individual health and wellbeing preferences and outcomes.

I am supported to achieve these, and to realise my potential.

### **Thinking about this principle, do you:**

Strongly Agree	x
Agree	
Disagree	
Strongly Disagree	

### **Comments:**

The first explanatory sentence should be changed to reflect that individuals are aiming for, rather than 'have', outcomes. It is also not clear that all readers will understand what is meant by 'health and wellbeing preferences'. Does this relate to preferences such as "I would prefer to keep fit through swimming", or does it relate to something else?

As per previous comments, we need to acknowledge that some health and wellbeing preferences may be risky or even life limiting, and that the principle of respect demands that these are listened to. Once again, this illustrates the importance of highlighting the interaction of these principles.

**Are there any other principles that you think should be included?**

Yes	x
No	

If yes, please provide details.

For looked after children, and for all care groups, relationships and relational practice are critical to the quality of services provided, and to delivering positive outcomes. This includes, for example, promoting continued relationships once children or young people leave their care settings, and the right of children to choose their own friends and associate with them (both within their place of residence and in the wider community). We believe this aspect (“relational”) should be either added as an additional principle, or made more explicit through the explanatory statements of the existing principles.

## **We want your views on how on how we put the principles into practice.**

**For these principles to be met, what general standards are needed (for example, quality of care from staff, management and leadership, quality assurance)?**

We agree with the proposal to streamline the National Care Standards, and with the introduction of 'general standards'. These should reflect standards of day-to-day practice (in respect to participation of service users, sensitive handling of personal information, etc.) which every provider of health and social care services should meet, regardless of the age or need of the service user. We suggest that there should be a 'general care standard' in relation to assessment, which makes clear that all assessments will be based on an individual's needs, and that the services provided will meet this assessed need.

General standards should reinforce the criticality of supporting and supervising staff and would benefit from being framed in a manner that is less about process and more about the lived experiences of service users and staff.

All of these principles will only be properly put into practice if they are applied in the same way to the relationship between employers and employees, as to that between professionals or carers and the children, young people and families they serve.

## How would specialist standards support these principles?

The current Care Standards provide much of the framework within which care services for looked after children are regulated, setting out standards and expectations not prescribed in legislation, regulations or statutory guidance. For this reason we would strongly argue for 'specific standards' related to each of the accommodation types experienced by looked after children. These include residential care homes, residential education, residential short breaks, adoption and foster care. While there will be commonality between all these types of placement (which can be covered by the overarching and general standards) each has unique characteristics which will need to be reflected in a dedicated set of care standards. In some cases the Care Standards will also have to speak to the expected experience of adults engaging with the service, such as parents, siblings, foster carers and adopters. In light of the changes introduced by the Children and Young People (Scotland) Act 2014 we would also encourage the review of care standards to consider how care leavers in continuing care placements are covered by the new standards, including children and young people with a disability.

The new care standards should also reflect the changing needs of children and young people involved with health and social care services, and the different responses required from services. Children are increasingly entering care at an earlier age, and staying in care longer. As a result, the children and young people's care sector is now characterised by a significant diversity of provision. This includes staff working closely with children and their families in one service, providing complex clinical procedures, and supporting young people as they transition into adulthood.

While children with significant vulnerabilities can be challenging at times, we now know that nurturing relationships with adults (including physical contact) is essential to their development. CELCIS recommends that specific care standards for children and young people are therefore developed in relation to issues such as 'touch'. To ensure appropriate interventions are in place for children and young people in distress, a specific care standard on 'restraint' would also be beneficial.

Having said this, we would like the opportunity to consider the general standards first before commenting in detail on the specific standards.

**Any other comments, suggestions:**

We would like to emphasise the critical importance of regularly sense checking any standards proposed with young people / service users themselves, and communicating clearly to others how the responsible drafting organisation/s plan to do this. This approach will generate increased confidence in the standards, and would be an active effort to realise Article 12 of the UNCRC. In addition, it is important that LGBT representation is included in the consultation.

Finally, it is essential that the National Care Standards are relevant to, and applied within, the processes of self-assessment and inspection. The strength and value of the Care Standards – and their potential to drive improvement – depend on how well they are referenced and enforced by the relevant inspection bodies. All the Care Standards must apply equally, and be assessed / inspected upon equally and consistently. We would encourage those responsible for drafting the new Care Standards to bear these practical considerations in mind, in order to ensure that the Care Standards can be used effectively by services and inspectors.

**Please return to:**

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**Information you provide**

By completing this survey, you are consenting to Healthcare Improvement Scotland using the information you provide for the purposes stated in the survey introduction. Any personal information that you give us will be kept confidential and will only be used for the reasons that have been specified in this survey. We will not give your information to outside organisations (apart from organisations processing the information on our behalf) unless you have given us your permission. Whenever we intend to give your personal details to other organisations we will ask for your permission first. This is in line with the Data Protection Act 1998

**Thank you for taking the time to complete this survey.**