

Response to Scottish Government Consultation:

Review of National Care Standards

About us

CEL CIS is the Centre for Excellence for Looked After Children in Scotland, based at the University of Strathclyde. Established in 2011, CEL CIS is committed to improving opportunities and outcomes for looked after children, young people and care leavers through a collaborative and facilitative approach with the organisations and individuals who provide services to this population.

Review of National Care Standards

We welcome this opportunity to comment on the proposed review of the National Care Standards. Our responses to the consultation questions are laid out below.

Q.1 Do you think that the new National Care Standards should be grounded in human rights?

Yes. The new National Care Standards which relate to services for children and young people should be grounded in the United Nations Convention on the Rights of the Child, as well as reflecting the principles of the GIRFEC approach and its related outcomes. It is important to remember too that the needs and rights of some children and young people can come into conflict with rights for adults, and it is essential that the new Care Standards do not lose the distinction between these different 'realms' of rights. Any new Care Standards must be clear and explicit about what children and young people should expect from services, drafted from their perspective, and presented in language they can understand. In short, children and young people must be at the heart of any new (relevant) care standards.

Q.2(a) Do you agree that overarching quality standards should be developed for all health and social care in Scotland?

Yes.

Q.2(b) Do you agree that the overarching quality standards should set out essential requirements based on human rights?

Yes.

Q.2(c) Do you agree that the current National Care Standards should be streamlined and a set of general standards developed that would sit below the overarching standards and apply to all services?

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.

Q.2(d) Do you think general standards should set out essential requirements and aspirational elements?

While we welcome and support the Scottish Government’s aim of promoting continuous improvement in the quality of health and social care services, we have doubts about including ‘aspirational’ elements in the general care standards. The inclusion of standards which are not ‘essential requirements’ could undermine the purpose of the standards themselves, by encouraging service users to expect services which providers are not under an obligation to provide. The consultation document notes that the current Care Standards have come to be seen as a ‘Minimum Quality Standard’. We believe that this is a strength of the existing system, for both providers and service users. By setting out unambiguous minimum standards everyone involved knows exactly what to expect, and it is clear when services are not delivering appropriately. Moreover, minimum does not have to mean ‘low’, and the Care Standards should still be seen as an important driver for improvement. CELCIS encourages those organisations responsible for drafting the new Care Standards to set the bar high in terms of the essential, minimum requirements.

Q.2(e) Do you agree that a suite of specific standards are developed for particular aspects of care, circumstances or need?

Yes. 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.

Q.3(a) What are your views on how standards should be written?

The Standards should be developed with input from service users and service providers and informed by the Scottish Government's national outcomes. They should be written from an outcomes perspective and clearly outline what children and young people (and their families or carers) should expect.

Q.3(b) What are your views on the example of how the rights and entitlements of people using services and the responsibilities of service providers could be set out?

No comment

Q.4(a) Do you think the Care Inspectorate and Healthcare Improvement Scotland should hold services they regulate to account for meeting the proposed overarching standards, the general standards and the suite of specific standards?

Yes

Q.4(b) How should we ensure that services not regulated by the Care Inspectorate and Health Improvement Scotland comply with the new standards?

The proposal set out in the consultation document, by which the commissioner of the service becomes responsible and accountable for ensuring the service meets the quality standards, is a good starting point. However we appreciate that this arrangement may prove difficult in the context of personalisation and Self-Directed Support.

Q.4(c) We suggest that the Care Inspectorate and Healthcare Improvement Scotland, consulting with others, should develop the suite of specific standards. Do you agree with this?

Yes.

Q.5(a) Please tell us about any potential impacts, either positive or negative, you feel any of the proposals set out in this consultation paper may have on particular groups of people, with reference to the 'protected characteristics' listed above.

No comment

Q.5(b) Please tell us about any potential costs or savings that may occur as a result of the proposals set out in this consultation paper and any increase or reduction in the burden of regulation for any sector. Please be as specific as possible.

We have anecdotal evidence from the sector that the current Care Standards are monitored inconsistently over time and between locations. It has been suggested that a hierarchy of care standards has developed, with some considered more important than others. The reasons for this may be because in the course of self-assessment and inspection services and regulators are required to assess on such a wide range of standards that they have come to prioritise some standards over others, in order to make the process proportional and manageable. However this 'selective approach' devalues the notion of national standards. A priority for the review of the standards should be to ensure that inspectors and services can assess their performance on all the standards. An increase in the total number, if properly enforced, may lead to an increase in the burden of regulation.

Q.6 Please tell us if there is anything else you wish us to consider in the review of the National Care Standards that is not covered elsewhere in the consultation paper.

Although the consultation paper does make reference to the involvement of service users, we would like to emphasise the critical importance of regularly sense checking any 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.

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.

RESPONDENT INFORMATION FORM



Please Note this form **must** be returned with your response to ensure that we handle your response appropriately.

1. Name/Organisation

Organisation Name

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3. Permissions - I am responding as...

Individual / Group/Organisation

Please tick as appropriate

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate

Yes No

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis
Please tick **ONE** of the following boxes

(c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

Are you content for your response to be made available?

Please tick as appropriate

Yes No

Yes, make my response, name and address all available

or

Yes, make my response available, but not my name and address

or

Yes, make my response and name available, but not my address

(d) 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?

Please tick as appropriate

Yes

4. Additional information - I am responding as:

Please tick as appropriate

NHS Health Board	<input type="checkbox"/>
Other NHS Organisation	<input type="checkbox"/>
General Practitioner	<input type="checkbox"/>
Local Authority	<input type="checkbox"/>
Other statutory organisation	<input type="checkbox"/>
Third sector care provider organisation	<input type="checkbox"/>
Independent / private care provider organisation	<input type="checkbox"/>
Representative organisation for professional group	<input type="checkbox"/>
Representative organisation for staff group e.g. trade union	<input type="checkbox"/>
Education / academic group	X
Representative group for patients / care users	X
Representative group for carers	<input type="checkbox"/>
Patient / service user	<input type="checkbox"/>