

## **RESPONSE TO CONSULTATION ON THE NEW NATIONAL HEALTH AND SOCIAL CARE STANDARDS**

**January 2017**

CEL CIS (Centre for excellence for looked after children in Scotland), based at the University of Strathclyde in Glasgow, is committed to making positive and lasting improvements in the wellbeing of Scotland's children living in and on the edges of care. Taking a multi-agency, collaborative approach towards making lasting change, CEL CIS works alongside leaders, managers and practitioners to break down barriers and forge new paths in order to change thinking and ways of working with everyone whose work touches the lives of vulnerable children and families. We welcome this opportunity to contribute to the consultation on the new National Health and Social Care Standards (the Standards), and we focus particularly on the impact of the Standards on these children, young people and their families.

### **Q1: To what extent do you think the Standards will be relevant and can be applied across all health, care and social work settings?**

We strongly agree.

### **Q2: To what extent do these Standards reflect the experience of people experiencing care and support?**

The Standards are comprehensive, and reflective of the experience we would want for people experiencing care and support. However, the extent to which they accurately reflect such experiences remains to be seen following their implementation. The views of those experiencing services and supports are vital to determining this, alongside all other components of inspection, and scrutiny of services.

### **Q3: (Standard 1: I experience high quality care and support that is right for me.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?**

We strongly agree.

We especially welcome the explicit focus on wellbeing, a holistic understanding of children and young people's lives. As set out in [Getting It Right For Every Child](#) the wellbeing indicators, where children should be Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included (expressed through the acronym, SHANARRI) are a useful common framework across

professions. The application of the Standards across the life course understandably necessitates a different articulation of wellbeing, although the domains of SHANARRI have clearly been considered.

**Q4: (Standard 2: I am at the heart of decisions about my care and support.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?**

We strongly agree, and we view advocacy as a vital component in securing this. Looked after children and care leavers face particular challenges to their participation in decision making. For some, expressing their views can be very difficult generally, and for others complex situations can arise where different family members or professionals hold competing views leading to the child's voice not being heard. There is a vital role for high quality advocacy, which meets the needs of the individual, to empower looked after children and care leavers to fully participate in decisions which affect their lives, and to ensure they are enabled to do so whether in a one off situation or on an ongoing basis. Independent advocacy plays a key role in ensuring children and young people have the opportunity to raise comments and complaints about their care, and can be a critical safeguard for looked after children.

A typo has resulted in point 2.7 requiring completion. We would recommend that words akin to "will provide my care" are added at the end of the sentence.

Support with transitions between children and adult services is a requirement in point 2.9. Navigating the interface between children and adult services involves particular challenges for looked after young people and care leavers, and we welcome this inclusion.<sup>1</sup> However, this is not the only time or type of transition with which looked after children and care leavers require support, and a broader recognition of this would make for a more comprehensive standard. For example, looked after children may experience multiple changes of placement, involving changes to their address, school and care givers. Their needs for support and inclusion at all such times are critical.

Being able to sometimes have visitors to stay overnight in the place where children live is a normal childhood experience, and looked after children and young people should not be excluded from this. Many looked after children and young people are vulnerable within their peer relationships, and rely on those who look after them to make decisions to keep them safe. Rather than a blanket statement that overnight visitors will be allowed in group living situations, we recommend an addition to point 2.14 of "if this is assessed as being safe for me and the other people who live with me".

**Q5: (Standard 3: I am confident in the people who support and care for me.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?**

We strongly agree.

**Q6: (Standard 4: I am confident in the organisation providing my care and support.) To what extent do you think this Standard describes what**

## **people should expect to experience from health, care and social work services?**

We strongly agree.

While we wholeheartedly agree with the content, point 4.1 could be re-phrased in a clearer way, or split into two separate points as it currently covers both human rights being central to organisations; and the tackling of inequalities by organisations.

We would welcome stronger language in point 4.19, which currently refers to 'appropriate' recruitment of staff. To care for our most vulnerable children and young people we would advocate for stronger phrasing such as 'robust' recruitment.

### **Q7: (Standard 5: And if the organisation also provides the premises I use.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?**

There are currently 1,529 looked after children and young people who live in residential accommodation in Scotland.<sup>2</sup> Despite living in the same type of setting, these children are not an homogenous group; they are individuals with their own needs, strengths and vulnerabilities. A significant number will have experienced a range of adversity including suffering neglect, abuse, trauma and loss. They require the highest standards of care, which is reflected by the Standards.

Point 5.4 sets a standard of all those in residential accommodation having ensuite bathroom facilities. Whilst this may be desirable, it is unfortunately not currently the reality of all residential accommodation for looked after children and would require appropriate funding and consultation with young people and staff.

To reflect the fact that not all residential accommodation within which looked after children live were originally *designed* to be residential accommodation, we recommend the addition of the word 'or' between the words 'designed' and 'adapted', to point 5.19. This would more accurately reflect the reality of the current residential estate for looked after children in Scotland.

### **Q8: (Standard 6: And where my liberty is restricted by law.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?**

We welcome the underlying ethos of compassion within this Standard. We also welcome the inclusion of specific standards in relation to restraint (6.3 and 6.5).

Concerns remain that restraint in residential care can be used excessively, and that its use is an inappropriate reaction to challenging behaviour rather than a last resort.<sup>3</sup> Physically restraining children must occur only as an absolute last resort, and staff must be fully trained and supported in de-escalation techniques to avoid the use of restraint. If a child or young person's behaviour is so unsafe as to place them or other people at risk, and requires the need for them to be physically restrained, they should be sensitively and compassionately supported

following the incident.<sup>4</sup> Staff too should be supported and encouraged in the opportunity to learn from the experience, and to develop different ways to cope with difficult situations. We would welcome an additional point in this standard to reflect the need to debrief with the child or young person after an incident of physical restraint, in a manner that meets their individual needs, and also supports staff learning and practice.

Looked after children placed within secure care settings are subject to the most intensive and restrictive form of alternative care in Scotland. Latest statistics indicate 69 children were being looked after in secure care (on 31<sup>st</sup> July 2015).<sup>5</sup> Whilst we fully support the inclusion of secure care with the new Standards, we recognise and support the recommendations of the report of the secure care national project [Secure Care in Scotland: Looking Ahead](#), particularly the need for a detailed national standards framework relating to secure care.

**Q9: (Standard 7: And if I am a child or young person needing social work care and support.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?**

**We fully support the inclusion of this Standard** within the overall framework.

The current Care Standards provide much of the framework within which services for looked after children are regulated, setting out expectations not prescribed in legislation, regulations or statutory guidance. For this reason, we strongly agree with the need for a specific standard relating to experiences of looked after children and those vulnerable to becoming looked after.

Looked after children and care leavers can and do experience successful, happy lives. Those that support them can help to secure this by holding high expectations of and for them, encouraging them and supporting them to achieve.<sup>6</sup> This is reflected well in point 7.1.

We particularly welcome and support the language of point 7.2, that children and young people should be supported and cared for by people who make them feel valued, special, loved and safe.

Some re-wording and further clarity would strengthen points 7.12, 7.13 and 7.14. The difference between 7.12 and 7.13 is unclear and we would recommend combining these statements. We are not clear on the meaning of a 'permanent placement' under 7.12. This could mean making a 'permanence decision' relating to which permanence option is right for a child, or the identification of the permanent place the child will be living. Timescales of 12 weeks are not realistic for a permanence option decision, which must be based on rigorous assessment involving the child, parents and multi-agency professionals. This would normally be expected to take up to 6 months, as stated in the [Guidance on Looked After Children \(Scotland\) Regulations 2009 and Adoption and Children \(Scotland\) Act 2007](#). In light of this we suggest the following wording: "The permanence option that best meets my needs and wishes is fully assessed, evidenced and decided within 6 months of my becoming looked after." Thereafter it is recommended that the permanent placement, if child is not returning home, should be identified within 12 weeks.<sup>7</sup>

We suggest slightly re-wording point 7.14 to reflect attachment thinking that children form 'attachment' to adults and adults form 'bonds' with children. We suggest the following: "I experience stable care and support, with minimum disruption, from people who can nurture and form strong bonds with me."

A useful addition to this standard would be use of the language of Corporate Parenting. Due to the level of need and vulnerability of this group of children and young people, and the state's responsibilities to safeguard their rights and promote their wellbeing, Part 9: Corporate Parenting of the [Children and Young People \(Scotland\) Act 2014](#), (and associated [statutory guidance](#)), requires Scottish Ministers, local authorities, health boards and a range of other public sector bodies to uphold particular responsibilities in all areas of their work. Explicitly, they must be alert to matters which may adversely affect the wellbeing of looked after children and care leavers, assess their needs, promote their interests, provide accessible opportunities for looked after children and care leavers to participate in activities designed to promote their wellbeing, and help this group to make use of services and access supports. The Standard could usefully refer to 'corporate parents' as sources of responsive care and support.

It is positive to note references to being supported and cared for into adulthood in point 7.18. Explicit considerations pertaining to how young people in continuing care placements under Part 11 of the Children and Young People (Scotland) Act 2014 are covered by the new Standards would be beneficial.

Given the importance of education for all children and young people, we suggest the addition of the word 'fully' to point 7.20 so that it reads "I am fully supported to achieve my potential in education and employment." We suggest adding the additional sentence 'this will include advocacy from the people that care for me' to complete point 7.20.

We would advise against listing areas in which looked after children and young people will be supported to become increasingly safe, as in point 7.22. No list of this nature is exhaustive, or can be future-proofed. Instead this point could read 'I am supported to become increasingly safe from all forms of neglect and abuse'.

**Q10: To what extent do you agree these new Standards will help support improvement in care services?**

All of the Standards, and explicitly Standard 7, are important in driving improvement for our most vulnerable children and young people. The utility of the Standards is strengthened by their being accessible, and easy to understand and operationalise.

Some of the Standards are aspirational, examples include 5.4 and 5.19 discussed in question 7. 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 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, service users know exactly what to expect, and it is clear

when services are not delivered appropriately. This is how we see the Standards being most useful. If some of the standards are explicitly aspirational, it will not be possible for services to meet all the requirements, and this will undermine any expectations that they must do so.

This being said, aspiration and continuous improvement are important. We would welcome clarification regarding how the Standards will be reviewed and updated, and how service user experience will inform this.

**Q11: Is there anything else that you think needs to be included in the Standards?**

No

**Q12: Is there anything you think we need to be aware of in the implementation of the Standards that is not already covered?**

Insights from implementation science advise that in order to achieve socially significant outcomes from the implementation of a new way of working (i.e. consistent use of a new set of standards), it is necessary to use the best available evidence related to the process of designing, installing and embedding new approaches into day to day practice. In addition to training and ongoing coaching for staff, sufficient financial and human resources to implement the new approach as intended are required.<sup>8</sup> Based on a review of the literature related to successful implementation efforts, it should be expected that full and effective implementation of a well-defined approach will take between 2-4 years. We would recommend that time would be well spent utilising Active Implementation frameworks to embed the use of the Standards into practice, and inspection.

**Q13. What should the new Standards be called?**

We suggest the Scottish Health and Care Standards.

**Thank you for providing us with this opportunity to respond. We hope the feedback is helpful; we would be happy to discuss any aspect in further detail.**

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<sup>1</sup> Scottish Government (2013) *Staying Put Scotland Providing care leavers with connectedness and belonging* <http://www.gov.scot/Publications/2013/10/7452>

<sup>2</sup> Scottish Government (2016) *Children's Social Work Statistics Scotland 2014/15*, Edinburgh: Scottish Government.

<sup>3</sup> Kendrick, A. (2014). *Protecting and Safeguarding Children in Care: A Review of Developments in Services for Children in Care in Scotland*. Glasgow: CELCIS

<sup>4</sup> Davidson, J et al (eds) (2013)  *Holding Safely: A Guide for Residential Child Care Practitioners and Managers About Physically Restraining Children and Young People*. Glasgow: SIRCC

<sup>5</sup> Scottish Government (2016) *Children's Social Work Statistics Scotland 2014/15*, Edinburgh: Scottish Government.

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<sup>6</sup> SWIA (2006) *Celebrating Success: What supports looked after children to achieve*. Edinburgh: Social Work Inspection Agency.

<sup>7</sup> SCRA (2015) *Permanence Planning and Decision Making for Looked After Children in Scotland: Adoption and Children (Scotland) Act 2007*, Edinburgh: Scottish Government

<sup>8</sup> Van Dyke, M & Naom, S.F.(2015): The Critical Role of State Agencies in the Age of Evidence-Based Approaches: The Challenge of New Expectations, *Journal of Evidence-Informed Social Work*, 00(1-14)