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To: Education and Children Policy Board

On: 19 January 2017

Report by: Director of Children's Service

Heading: Response to Scottish Government Consultation on Changes to

**National Care Standards** 

# 1. Summary

- Social care services in Scotland are governed by National Care Standards, which are regulated by the Care Inspectorate and by Healthcare Improvement Scotland. The standards are currently arranged in three groups Services for Adults, Services for Children & Young People and Services for Everybody. The existing care standards are based on the six principles of dignity, privacy, choice, safety, realising potential and equality and diversity. At present there are 23 different sets of standards, each covering a different type of care service, such as residential services for older people, care at home services and fostering services. They set out what people can expect from a service and underpin the Scottish Social Services Council (SSSC) Codes of Practice and are used by the Care Inspectorate and Healthcare Improvement Scotland when inspecting services.
- 1.2 In June 2014, the Scottish Government launched a public consultation exercise on reviewing existing national care standards. It proposed changes intended to simplify the current system for both providers and service users and to reflect closer working between health and social care services. In October 2015, this was followed up by a consultation on the proposed principles which would underpin the care standards. Renfrewshire Council's

- response to this was submitted to the Social Work, Health and Wellbeing Policy Board in January 2016.
- 1.3 Five principles were agreed and published in February 2016. The current consultation seeks views on the 7 proposed standards.
- 1.4 This paper outlines the proposals from the consultation document and the key issues highlighted in Renfrewshire Council's response. A copy of the consultation paper and full response is included as Appendix 1. The response will be submitted by 22 January 2017, subject to Board approval.

#### 2. Recommendations

- 2.1 Elected members are asked to:
  - Note the contents of this report
  - Note that this paper will also be submitted to the Integration Joint Board
  - Approve the response which will be submitted to the Scottish Government by 22 January 2017
  - Agree that Renfrewshire Council continue to participate in the development of new care standards

### 3. **Background**

- 3.1 The existing system of national care standards comprises 23 sets of standards which each cover a different type of care service. These set out what people can expect from each type of service in relation to the care and support they receive.
- 3.2 A set of principles were proposed and consulted on in between October and December 2015. This reflected a shift towards a more rights-based approach to planning services and delivering care. In February 2016, the following principles were agreed:
  - Dignity and respect
  - Compassion
  - Be included
  - Responsive care and support
  - Wellbeing

- 3.3 It is proposed that there will be 7 new care standards. Whereas previous standards were based on the type of service being provided, the new proposed standards are based on a person's circumstances and treatment, with statements in each standard which refer to the five principles.
  - Standard 1: I experience high quality care and support that is right for me
  - Standard 2: I am at the heart of decisions about my care and support
  - Standard 3: I am confident in the people who support and care for me
  - Standard 4: I am confident in the organisation providing my care and support
  - Standard 5: And if the organisation also provides the premises I use
  - Standard 6: And where my liberty is restricted by law
  - Standard 7: And if I am a child or young person needing social work care and support
- 3.4 Unlike previous consultations on national care standards, the Scottish Government has asked agencies to consider the views of service users. Previous responses approved by elected members have been concerned solely with the Council's views. Where service provider and service user views differ, it is made clear in the response which party expressed that view.

## 4. Renfrewshire Council Children's Services Response to Consultation

- 4.1 Renfrewshire Council's Children's Services response is based on consultation with staff, managers, service users and carers. A majority agree that the principle of updating the Care Standards is positive and will drive improvement. However it is felt that there are an excessive amount of statements underlying the National Standards and that a few statements could be could be viewed as contradictory. There are particular issues regarding the wording of some of the statements and with the application of these statements across the care groups; some statements appear to be more relevant to specific services than to others.
- 4.2 It is felt that the wording in certain statements is ambiguous and would be open to interpretation by the differing care groups. Clarification is required to ascertain in what way compliance with each the statements will be deemed to have been met.
- 4.3 The full response from Renfrewshire Council Children's Services is included as Appendix 1 to this report.

### Implications of the Report

- 1. **Financial** *None.*
- 2. HR & Organisational Development None
- 3. Community Planning None
- 4. Legal None
- 5. **Property/Assets** None
- 6. **Information Technology** None
- 7. **Equality & Human Rights** The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because for example it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
- 8. **Health & Safety None**
- 9. **Procurement** None.
- 10. Risk None
- 11. Privacy Impact None

**List of Background Papers** 

None

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Appendix 1: Consultation Response from Renfrewshire Council Children's Services

(a): Respondent Information Form (RIF)

**Please Note** this form **must** be returned with your response.

# **Consultation on the National Health and Social Care Standards**

Are you responding as an individual or an organisation?
Individual (See Part (i) below)  Organisation (See Part (ii) below)
Did you attend an engagement event / workshop before competing this response?
No x Yes Date Name of Event:
Full name or organisation's name
Renfrewshire Council: Children's Services
Address
Renfrewshire House, Cotton Street, Paisley
Postcode
PA1 1TZ
Email
Lisa.Fingland@renfrewshire.gcsx.gov.uk
Phone number
The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:
Publish response with your name / name of organisation
Publish response only (anonymous) – Individuals only
Do not publish response
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 the Scottish Government to contact you again in relation to this consultation exercise?
Yes X No Date Completed:22 December 2016

### (b): CONSULTATION QUESTIONNAIRE

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

Strongly Agree	
Agree	
Neither agree nor disagree	х
Disagree	

Renfrewshire Council welcomes the review of care standards. However, our consultation with stakeholders indicates a level of concern about how these generic standards can be applied to all care groups and circumstances.

Most consultees found the wording of the standards to be contradictory and/or ambiguous in places and open to interpretation. These are detailed in responses below.

The interaction between standards relating to the rights of the child and the care standards is not clear.

Many of the statements refer to wishes and choices when services are actually concerned with needs and preferences. Referring to wishes and choices creates unrealistic expectations.

Carers feel that 'empathy' should be referred to in the standards.

Use of words such as 'prompt', 'proper' and 'right' can be open to interpretation. The statements should be supported with clear guidance.

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

Strongly Agree	
Agree	х
Neither agree nor disagree	
Disagree	

#### Comments

The standards are felt to be broadly reflective of the experience of individuals.

Specific comments are included in the responses to Q3 to Q9.

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?

Strongly Agree	
Agree	
Neither agree nor disagree	
Disagree	Х

There is a need for greater clarity. For example, 1.3 may be challenged by young people and there is a need to balance risk with rights. Similarly, 1.11 may be challenged where meeting wishes is not in the best interests of the individual and must be balanced with the duty of care. Some statements refer to 'things being right for me' but there is a need to balance support for the individual with the needs of the wider care group and the resources available to providers.

1.14 should recognise capacity issues and include the statement 'where appropriate'.

Some carers felt that 1.19 was open to mis-interpretation, particularly by children and young people. Use of technology needs to be appropriate and safe.

The use of the word 'proper' in 1.25 is ambiguous; likewise the use of 'suitably presented' in 1.30.

Statement 1.41 is the aim for all care providers but needs to reflect that individuals make personal choices which may not be in their own best interests. It should also reflect that care providers are only one element in the protection of vulnerable people and can only support people known to them.

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?

Strongly Agree	
Agree	х
Neither agree nor disagree	
Disagree	

Renfrewshire Council welcomes this statement as it reflects the way in which practice has developed locally in terms of including children and young people in care plan development.

Carers felt that Statement 2.3 has confusing wording and could be clearer.

Statement 2.6 should reflect that there will be circumstances (e.g. with young children) where costs would not be discussed.

Statements 2.9 and 2.15 need to recognise the balance between meeting wishes and the duty of care, as well as any capacity issues an individual may have.

Statement 2.14 needs to recognise the potential risk to others. The addition of "if it is assessed and deemed safe for everyone in the house" would make this standard more appropriate.

Statement 2.15 is open to interpretation and does not acknowledge that people make choices which may not be in their best interests. As noted above, preferences should be referred to rather than choices.

Statement 2.18 needs to reflect any potential risks it could create and balance rights with the duty of care and parental responsibility.

A general point about Standard 2 was raised by carers; it was felt that it does not fully recognise the specific needs of individuals who are non-verbal or have a communication impairment.

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?

Strongly Agree	
Agree	х
Neither agree nor disagree	
Disagree	

Statement 3.7 is ambiguous and does not reflect the practitioner-client relationship.

There were concerns about the wording of 3.8 in relation to 'physical comfort'.

Wherever possible, services endeavour to meet Statement 3.10 but there are circumstances where resource issues make this impractical.

Carers believe Statement 3.13 contradicts 2.15. Guidance would be helpful in relation to appropriate boundaries.

Foster carers were not clear whether Statement 3.14 in relation professional codes should apply to them.

In Statement 3.17, reference to 'right number' is ambiguous. Further, there is a difference between services meeting needs and meeting wishes as the latter may contradict the former.

Care services can make individuals feel safe and secure within the service but cannot determine whether a community feels safe.

Statement 3.23 does not reflect the practical considerations involved in service delivery, where the degree of one-to-one support for spontaneous activity is not available.

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?

Strongly Agree	
Agree	Х
Neither agree nor disagree	
Disagree	

Renfrewshire Council believes that it is important that people who use services are fully aware of the reasons which inform decisions about their care and support. Children and young people are involved in some recruitment decisions and are able to express views about things they would like to change.

Foster carers were not clear whether this section applied to them or to the local authority, particularly statements 4.4 to 4.7.

In Statement 4.11, 'appropriate notice' is ambiguous and open to challenge.

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?

Strongly Agree	
Agree	
Neither agree nor disagree	х
Disagree	

Is there anything that is missing or should be added to this Standard?

Some of these statements reflect a position that providers would like to achieve but it should be recognised that this requires a programme of capital expenditure by providers and is a medium-to long-term goal. Similarly, the 'wishes' referred to in 5.23 may not be achievable but stakeholders agree that physical space must meet needs.

Foster carers would like clarification as to whether their homes should be considered 'premises' in relation to this Standard.

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?

Strongly Agree	
Agree	х
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

No comments to add in relation to Standard 6.

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?

Strongly Agree	
Agree	
Neither agree nor disagree	х
Disagree	

Is there anything that is missing or should be added to this Standard?

As the new standards are intended to be generic, it is not clear why there are separate sections for early years and children but not for other care groups. The other standards include statements for specific care groups already.

There is no specific mention of children with disabilities in Standard 7; carers of children with disabilities expressed concern about this. There is also no specific mention of respite care.

It was felt that Statement 7.5 does not fully recognise the extent or significance of trauma experienced by a child or young person, and that it would be difficult to determine whether this has been or can be fully overcome.

The use of the word 'normal' in Statement 7.8 is subjective and it is suggested that 'normal' be replaced with 'positive'.

Statement 7.12 needs clarity as to when timescales begin and recognise the complexity of legal issues which may impact on individual cases.

Carers noted that, in relation to 7.16, fostering and adoption panels have independent chairs and it is unlikely that they would 'know' the child, only the child's history. They felt this statement could be improved.

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

Strongly Agree	
Agree	
Neither agree nor disagree	
Disagree	

Comments
Carers felt that the ethos could drive improvement but that the ambiguity in the statements would make this challenging. They also recognised the resource challenges in the public sector.
Q11: Is there anything else that you think needs to be included in the Standards?
Yes x No
Comments
Foster carers were not clear of the extent to which these new standards fully replace the previous standards for fostering and adoption.
Carers would like the inclusion of more references to the transition from children's services to adult services. They would also like some reference to disability and to continuation of care.
Q12: Is there anything you think we need to be aware of in the implementation of the Standards that is not already covered?
Comments
Further guidance is required as to how these standards will be assessed. Carers expressed concern that some of the statements are potentially at odds with parental responsibility.
Q13. What should the new Standards be called?
☐ National Care Standards
── National Health and Social Care Standards
── National Healthcare and Social Care Standards
── National Care and Health Standards
── National Care and Support Standards
Other - please provide details

Q14. Any other comments, suggestions:

There are concerns that frequent references to wishes and choices raise create unrealistic expectations. Services are focused on needs and preferences.	
Some stakeholders have asked how consistency will be maintained across different service	ces
and care groups. They have also noted that the standards do not necessarily reflect the individual nature and requirements of each service.	
individual nature and requirements of each service.	
(c): Additional Information	
We recognise that people may have more than one experience of / involvement with healt	
care services. For example; you may work in a hospital or care home and also be a register for a friend or relative receiving care services. For the purposes of this consultation please	
the main capacity in which you are responding.	illuicate
the main capacity in which you are responding.	
(i) As an individual <b>service user</b> (including on behalf of family)	
As an individual who works or volunteers in health/social care	
Please tick to select the services that you have used / have experience of:	
Acute health care (emergency care, hospitals etc)	
Primary health care (GP and other community health services)	
Independent health care	
Adult social care	
Early learning and childcare	
Social work (including fostering, adoption, care homes for children and young people)	
Community justice	
Other: (please state)	
(ii) As a <b>representative of an organisation</b> / service provider	
Please tick to select the type of services that your organisation provides:	
Acute health care (emergency care, hospitals etc)	
Primary health care (GP and other community health services)	
Independent health care	
Adult social care	
Early learning and childcare	Х
Social work (including fostering, adoption, care homes for children and young people)	х
Community justice	х
Other: (please state)	

### **Other Formats**

Once finalised these new Standards will be made available in various formats. It would be helpful to know which format(s) may be required. Please indicate from the list below which formats you are most likely to use.
Easy Read Large Print Audio Braille
Other languages (please indicate which)
Please indicate how you are most likely to access these Standards:
online / electronic x paper copy Both