



The Scottish  
Government  
Riaghaltas na h-Alba

# NATIONAL CARE STANDARDS REVIEW

**PUBLIC  
CONSULTATION**



**NATIONAL  
CARE STANDARDS**  
REVIEW

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CONSULTATION**

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First published by the Scottish Government, June 2014

ISBN: 978-1-78412-512-7

eBook first published by the Scottish Government, June 2014

ISBN: 978-1-78412-513-4 (ePub)

Kindle eBook first published by the Scottish Government, June 2014

ISBN: 978-1-78412-514-1 (Mobi)

Published by the Scottish Government, June 2014

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# NATIONAL CARE STANDARDS REVIEW

## Ministerial foreword



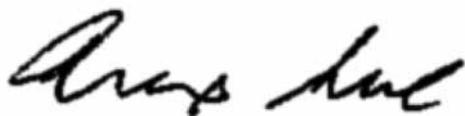
Almost all of us will use a care service at some point in our lives. Everyone in Scotland should receive safe, high quality care that reflects their needs and protects their rights. The National Care Standards were created in 2002 to help people understand what to expect from care services and help services understand the standards they should deliver.

Scotland's older population is increasing which means that there will be more people with multiple long-term conditions and complex needs in the future. We are shifting from more traditional institutional models of care towards care and support at home or in a community setting. There has been a great deal of other changes in the way that care is delivered and scrutinised since the standards were introduced, and there will be further changes in the future - not least from the Public Bodies (Joint Working) (Scotland) Act 2014.

This means that it is now time to review the National Care Standards. This consultation sets out our proposals for developing new standards that improve the quality of care and protect vulnerable people.

We believe that it is possible to identify core elements of high quality care that should be common across public services. For this reason, the consultation seeks your views on developing quality standards for health and social care. We think this will help people using services better understand their rights and entitlements and mean that people working in health and social care work to a set of core values.

This consultation gives you the opportunity to help shape the high quality standards for services that the people of Scotland deserve. We hope as many people as possible will give us their views and comments and I urge you to get involved.

A handwritten signature in black ink, appearing to read "Alex Hill".

## Introduction and background



## **Introduction and background**

Everyone in Scotland should receive high quality care no matter what service they use or where they live. The [National Care Standards](#) were created to help people understand what to expect from care services and help services understand the standards they should deliver.

There are many different types of care services in Scotland, ranging from nurseries and childminders to care homes for older people and independent hospitals. The National Care Standards help make sure the right quality of care is provided in every setting and provide information on how to raise concerns or complaints.

The standards were created in 2002 and it is now time to look at whether they meet current expectations and how they can be improved.

Currently, there are 23 different sets of standards each covering a different type of care service. You can find a full list of them at Annex A. They were developed from the point of view of people who use services and focus on the quality of life a person should experience. They are based on six principles; dignity, privacy, choice, safety, realising potential and equality and diversity. These should guide all care services.

The Care Inspectorate and Healthcare Improvement Scotland use the National Care Standards when they inspect the quality of care and particular healthcare services. The Standards also underpin the Scottish Social Services Council's Codes of Practice for Social Service Workers and for Social Service Employers.

Over the last few months, we have spoken with a range of people about the National Care Standards. These discussions have suggested that there are ways in which they can be updated and improved. Now we would like your views.

## **The context: public services are changing**

The current standards have helped to make sure that the quality of care in Scotland continues to improve. But the way services are planned, delivered and experienced by people and communities is changing with a shift towards care that is centred on the person using the service.

The Christie Commission report on the future delivery of public services<sup>1</sup> set the context for wide-ranging public sector reform. A wide programme of work is underway addressing many of the Commission's recommendations. This includes:

**Integration of health and social care** which brings the planning and delivery arrangements of Health Boards and the social care responsibilities of local authorities together – through new health and social care partnerships – to ensure that they are integrated around the service user.

The Public Bodies (Joint Working) (Scotland) Act 2014<sup>2</sup> provides the legislative basis for integration. The Act establishes national outcomes for health and wellbeing. You can find the set of draft outcomes at Annex B. These are rights-based and stress the importance of improving health and wellbeing with services planned for the benefit of the individual. These draft outcomes are currently out for consultation.

The Act requires a strategic 'commissioning' plan for integrated adult services to begin with and arrangements to be put in place for clinical and professional leadership to ensure that planning is robust, effective and focuses on improving outcomes.

**Self-directed support** which is giving people real choice in the way they can access care and support. The Social Care (Self-directed Support) (Scotland) Act 2013<sup>3</sup> ensures that people can design and arrange their own care, rather than just relying on what is offered to them.

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<sup>1</sup> <http://www.scotland.gov.uk/Resource/Doc/352649/0118638.pdf>

<sup>2</sup> [http://www.legislation.gov.uk/asp/2014/9/pdfs/asp\\_20140009\\_en.pdf](http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf)

<sup>3</sup> [http://www.legislation.gov.uk/asp/2013/1/pdfs/asp\\_20130001\\_en.pdf](http://www.legislation.gov.uk/asp/2013/1/pdfs/asp_20130001_en.pdf)

**Caring Together**, the national carers strategy 2010-15, and **Getting it Right for Young Carers**, published in July 2010, which outline the key actions to help improve outcomes for carers and young carers.

The Scottish Government's **20:20 Vision** which sets out that by 2020 everyone will be able to live longer healthier lives at home, or in a homely setting, and that we will have a healthcare system where:

- health and social care are integrated, meaning they work together seamlessly;
- poor health is prevented where possible, by people being more aware and able to manage their own health themselves;
- hospital treatment is normally provided without staying overnight, and should be provided in the community if possible;
- care meets the highest standards of quality and safety, with the person at the centre of all decisions;
- people go home or to the regular place they live after receiving care as soon as appropriate, without needing further treatment away from home.

The 20:20 vision provides the context for implementing the **Quality Strategy for NHS Scotland**, which sets out three quality ambitions to guide the delivery of all healthcare in Scotland – that care is safe, effective and person-centred.

**Getting it right for every child (GIRFEC)** which is the mechanism for ensuring that anyone providing care or support for a child or young person puts them and their family at the centre of decisions. GIRFEC identifies eight indicators of wellbeing to ensure that young people are safe, healthy, achieving, nurtured, active, responsible, respected and included (SHANARRI). The principles on which GIRFEC is based are set out at Annex C.

**The Children and Young People (Scotland) Act 2014**<sup>4</sup> puts children and young people at the centre of planning and delivering services and strengthens their rights across public services. Amongst other things, every child up to the age of 18 will now have access to a named person, and those that require one will have a single child's plan.

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<sup>4</sup> [http://www.legislation.gov.uk/asp/2014/8/pdfs/asp\\_20140008\\_en.pdf](http://www.legislation.gov.uk/asp/2014/8/pdfs/asp_20140008_en.pdf)

Local authorities and Health Boards will have new responsibilities for planning the services that affect a child's and young person's wellbeing. The Act extends early learning and childcare for those aged from 2 to 4 and the right to aftercare for care-leavers and introduces a right to continuing care for those in care.

Access to quality childcare, support for looked after children and care leavers and children's rights are all contained within Scottish Government's vision to make Scotland the best place to grow up. Curriculum for Excellence in schools and colleges and schemes to tackle unemployment also seek to embed the same person-centred, rights-based ethos.

### **A rights-based approach to standards**

In recent years there has been a move towards a rights-based approach to planning services and delivering care.

This approach is based on the basic human rights and freedoms to which everyone is entitled, regardless of nationality, sexuality, gender, race, religion, disability or age. It is a way of empowering people to know and claim their rights, and making people and organisations that are responsible for respecting, protecting and fulfilling rights more accountable.

It means giving people greater opportunities to shape the decisions that impact on their human rights. It also means improving the way in which people responsible for protecting other people's rights do that.

This approach is grounded in international human rights laws which the UK has voluntarily agreed to be legally bound by. The European Convention on Human Rights became part of Scots law in 1998. The Human Rights Act 1998 makes it unlawful for public authorities to act, or fail to act, in a way which is incompatible with the European Convention on Human Rights.

Other international human rights laws which are particularly relevant include the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities.

There are some underlying principles - known as the PANEL principles - which are fundamental in applying a human rights-based approach in practice. They are:

- Participation in decisions, autonomy and choice
- Accountability
- Non-discrimination, equality and diversity
- Empowerment to know and enjoy rights and realise potential
- Legality: all rights in the Human Rights Act and in other human rights laws shall be respected (including rights such as respect, dignity, privacy, safety, independent living, and the best interests of the child)

## **Approach to the review**

All of these developments mean it is time to look at the National Care Standards in a different way. Care and health services are now working much more closely together to put individuals at the centre. Because of that, we want to identify the core elements of high-quality care that should be common across public services.

We are looking at something bolder than a simple review of the existing standards – and are proposing the development of quality standards for health and social care. High quality should be universal, no matter where health and care is being delivered, who is delivering it, or who is receiving care. People working in health and social care should have a common understanding of what quality means, and work to common core values which are rooted in human rights.

We think this approach will help people using services, their carers and families better understand what they can expect, and will help services better understand what people expect of them. We would like your views.

## **Why are the National Care Standards important and how are they used?**

A standard is a level of quality against which performance can be measured to ensure safe and effective practice and support improvement. Everyone should receive the highest standards of care that reflects their needs and protects their rights. We think that having National Care Standards which promote high quality care is fundamental.

Care standards are important for people choosing and using services. People using a service for the first time may have nothing else to compare it to, so clear standards can help explain what to expect.

Providers of care services need to know that they are doing the right thing and constantly improving. Regulators like the Care Inspectorate, Healthcare Improvement Scotland and Education Scotland need standards to identify areas to inspect and award quality grades.

Public expectations of care services are increasing with people rightly expecting high quality services for themselves and their loved ones. People who provide care services must protect people's human rights and increasingly want to deliver high quality.

The current care standards do not fully reflect this more ambitious aspiration and are sometimes seen as the minimum level of care that should be provided, rather than a baseline from which services should continually improve.

We believe that any new standards should reflect these changes and set out both the essential components of a service and the aspirational elements which support health and care services to improve.

### **What do people know about the current standards?**

Knowledge about the current standards varies. Some people who use or work with care services know a lot about the current standards. Others know little.

The National Care Standards are used by staff in care services who are undertaking qualifications like SVQs. Some services discuss the standards with their staff when talking about performance management and service development.

Some people tell us that that even though they use care services, they were unaware of the National Care Standards and have never used them in any way.

We need standards that people using and working in services know about, understand, and use to make a positive difference to people's lives.

## **The bigger picture**

While standards are important, they are only one of the ways we can improve the quality of care services and help protect vulnerable people.

A strategic approach to commissioning and planning and robust clinical and care governance are essential, as is a commitment to continuously improving quality.

The new integrated health and social care bodies will plan for services using a single budget and the Care Inspectorate and Healthcare Improvement Scotland will review joint strategic commissioning plans prepared by these partnerships to ensure they improve outcomes for people who use services.

Integrated health and social care teams are better able to provide care and support to people and communities. The Scottish Government and senior professionals are developing guidance on how clinical and care governance should operate to ensure that the quality of services is improved within the new health and social care partnerships.

Annual performance targets for Health Boards ensure that resources are directed to priority areas for improvement and to drive up quality. Patient Opinion, enabling people to comment on healthcare services, is an important source of information on the quality of NHS services and other similar sites exist to share social care experiences.

The Scottish Intercollegiate Guidelines Network (SIGN) develops evidence based clinical practice guidelines for the NHS in Scotland. SIGN guidelines are derived from a systematic review of the scientific literature and are designed as a vehicle for accelerating the translation of new knowledge into action to meet our aim of reducing variations in practice, and improving outcomes for people.

Developing the skills and knowledge of staff working in services is also central to raising standards and protecting vulnerable people.

The Scottish Social Services Council (SSSC) registers and regulates staff working in social work and social care services and also regulates their education and training. Registered workers must hold or attain qualifications relevant to the role they undertake and continuously improve their skills and knowledge to maintain their registration. The SSSC takes action against workers who fail to adhere to the SSSC's Codes of Practice.

NHS Education for Scotland and the SSSC are working jointly on a project to support health and social care staff to meet the needs of carers and young carers and engage them as equal partners.

The Scottish Government has also appointed Professor Iram Siraj to chair an independent review of the early learning and childcare workforce and out of school care workforce. The review will look at a range of issues around workforce skills, qualifications and training, and is expected to report in spring 2015.

The new National Care Standards will complement these approaches.

## Consultation questions

### 1. The foundations of new National Care Standards

We believe that new National Care Standards should take a human rights-based approach. This means putting people who use services at the centre of how they are planned and delivered. It also means increasing understanding and respect for human rights in those services.

We think the standards should make it easier for public services to work together, so must work in very different settings. People using and working in these services should understand them easily.

We believe that new standards should set out both the essential requirements of a service and the elements to which services should aspire to help them improve.

We would like your thoughts on this.

#### Question 1

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

Yes

No

Don't know

Comments

## A new structure for the National Care Standards



## 2. A new structure for the National Care Standards

New standards could be structured in different ways. Based on the conversations we have been having over the last few months, we propose the following model. Examples of how these could be set out are given later in this consultation paper.

### OVERARCHING QUALITY STANDARDS

Essential standards based on human rights. They apply to all care and health services and across all age groups.

### SET OF GENERAL QUALITY STANDARDS WHICH WOULD APPLY TO ALL CARE AND HEALTH SERVICES

These could include standards covering areas such as: Participation, Quality Assurance & Improvement, Personalisation, Health and Wellbeing

### SUITE OF SPECIFIC STANDARDS FOR PARTICULAR ASPECTS OF CARE, CIRCUMSTANCE OR NEED

For example, these could include:

Children and young people	Nutrition for older people	People in the criminal justice system	Supporting people who use medication	Infection control in communal settings	People with learning disabilities	Palliative care
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When thinking about a possible model for new standards, people told us that the current structure of 23 different care standards is confusing and should be streamlined so that people receiving care can more easily understand what to expect and service providers can more easily deliver high quality care.

Under this model, overarching quality standards, based on human rights law and standards, would set out the essential requirements that should be core to any service – such as dignity, equality, fairness, respect, the

best interest of the child and children's evolving capacities. They would describe elements of a quality care experience rather than requirements that are specific to a particular service type. We think this would help health and care services improve.

These overarching quality standards would apply across all age groups and would set out clear quality thresholds below which standards of care should not fall. This would be a similar approach to GIRFEC - which applies to anyone supporting children and young people and their families - and Standards of Care for Dementia, which apply to everyone with a diagnosis of dementia across all health and social care settings.

A set of general standards would sit below the overarching quality standards and cover areas relevant to all health and care services, for example, participation, quality assurance and improvement, personalisation and health and wellbeing.

We propose that general standards set out both the essential requirements which anyone using a service can expect and the aspirational elements which promote improvement.

A suite of specific standards that apply to particular groups of people or particular types of service would sit underneath the general standards. This would include clinical standards where appropriate.

There would be clear links between these three tiers to show how the overarching quality standards guide the way services are delivered. The aim is to simplify, align and reduce overlap whilst ensuring the standards drive improvement.

The overarching quality standards will complement the national outcomes for adult health and wellbeing and the SHANARRI<sup>5</sup> outcomes for children and young people. The overarching quality standards relate to individual service providers; the national outcomes relate to the overall health and wellbeing of the population.

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<sup>5</sup> SHANARRI - safe, healthy, achieving, nurtured, active, responsible, respected and included.



## How should National Care Standards be written?



### 3. How should National Care Standards be written?

People gave us a range of views about how standards should be written.

Many people said it was important to strike a balance between the need to use language that is simple and easy to understand with the need to express standards in a way that makes it clear when a service provider has breached a standard. People also noted the need to strike the right balance between being simple and being detailed enough to reflect the range of settings and circumstances in which they apply.

Some people felt that the Standards of Care for Dementia in Scotland and the Scottish Human Rights Commission's *Care about Rights?* framework provided useful models of how principles can be written in a way that applies across a wide range of service settings. Other people felt that GIRFEC principles and indicators could be adapted and written in a way that applies across all age groups.

Most people thought that the principles in the current care standards – dignity, privacy, choice, safety, realising potential, and equality and diversity – should still be reflected in the new National Care Standards. We think these principles should be included in the new overarching quality standards.

Some people thought that standards should set out what services should provide, while others suggested that standards should set out the rights and entitlements of people using services.

We think it is possible to combine these suggestions and have a clear overall statement of standards which includes both appropriately worded explanations of the rights of people using services and the responsibilities of service providers to deliver high quality care. An example of how this could be set out as follows:

## **Example of how overarching standards could set out rights and entitlements of people using services and the responsibilities of service providers.**

Rights, entitlements and responsibilities will take into account the capacity, age and legal status of children and adults using services.

**As a person who uses services I have the following rights (these are examples only):**

### **Participation**

I have the right to take part in decisions which affect me, to have and be supported to exercise choice in relation to the care I receive.

### **Accountability**

Those that provide care services will be monitored and accountable for upholding my rights - including through accessible and effective complaints processes - and ensuring that services are of the highest quality.

### **Non-discrimination and Equality**

I will not be discriminated against on any grounds such as age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation, or any other status (such as health status).

### **Empowerment**

I have the right to know what my rights are and how I can make them effective.

### **Legality**

All of my human rights must be respected, protected and fulfilled when I use care services. These include my right to be treated with respect, my right to dignity, my right for my privacy to be protected and my right to independent living.

**As a service provider we have the following responsibilities (these are examples only):**

### **Participation**

We will ensure everyone has the support and information they need to make informed choices and decisions about their support/care. We will meaningfully involve people in decisions that affect them.

### **Accountability**

We will develop effective management, monitoring and complaints processes which are adequate to ensure that the rights of those who use our services are upheld in practice. We will ensure adequate training, support and conditions of employment for our staff to enable them to uphold the rights of those who use our services.

### **Non-discrimination and Equality**

We will not discriminate against anyone on any grounds such as age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation, or any other status (such as health status).

### **Empowerment**

We will take steps to increase awareness of rights and of how they can be upheld.

### **Legality**

We will respect all human rights. These include the right to be treated with respect, dignity, privacy, independent living.

### Question 3

- a. What are your views on how standards should be written?
  
- 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?

**Accountability and enforcement - how will National Care Standards be used?**



#### **4. Accountability and enforcement - how will National Care Standards be used?**

When the standards first came into force over ten years ago, they were used, alongside regulations, to make decisions about care services.

Now, as the way care services are regulated and inspected has changed, the standards are only one of the ways that the Care Inspectorate and Healthcare Improvement Scotland determine the quality of a care service or an independent healthcare service.

Some people we spoke with thought that providers applying to register a new care service should be required to set out how overarching standards would be promoted and upheld. This would help to ensure that providers are committed to high quality care which promotes peoples' rights. Overarching quality standards could be used as a test of compliance, similar to the Kitemark or other quality mark, which could be removed if a provider fails to comply.

We propose that the new overarching standards should sit above all existing standards, principles and codes of practice for health and social care. Every person using a health or care service will be entitled to care which meets these standards.

People will be able to use the overarching standards to ensure they know and understand their rights. This will help make sure they are receiving the care and support that upholds their rights and meets their needs.

We think that the Care Inspectorate and Healthcare Improvement Scotland should hold services they regulate to account for meeting these essential requirements and use the aspirational elements of the standards of help services improve where needed.

However, as we propose developing quality standards for health and social care, we need to consider how we would ensure those services which are not regulated by the Care Inspectorate and Healthcare Improvement Scotland meet them. One option could be that the commissioner of a service – such as the health and social care partnership – becomes responsible for holding the service to account. Alternatively, as the wider inspections of health services and local authority services, carried out by both Healthcare Improvement Scotland and the Care Inspectorate, become more commonplace, there could be

scope for this route to be used as a means of holding non-regulated services to account.

We have also considered whether there is a role for the Care Inspectorate and Healthcare Improvement Scotland to take forward the suite of specific standards for particular aspects of care, circumstance or need. This would allow them to consult widely with partners, professionals and people using particular types of service to ensure they are firmly focused on best practice and meeting peoples' needs. These specific standards would set out in detail the essential components that a service regulated by the Care Inspectorate or Healthcare Improvement Scotland must demonstrate.

We would like your views.

#### Question 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

No

Don't know

Comments

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

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

No

Don't Know

Comments

## **5. Assessing Impact**

### **Equality**

The public sector equality duty requires the Scottish Government to pay due regard to the need to:

- eliminate discrimination, victimisation, harassment or other unlawful conduct that is prohibited under the Equality Act 2010;
- advance equality of opportunity between people who share a protected characteristic and those who do not; and
- foster good relations between people who share a relevant protected characteristic.

These three requirements apply across the ‘protected characteristics’ of age; disability; gender reassignment; pregnancy and maternity; race; religion and belief; sex and sexual orientation.

Your views will help us to complete a full Equality Impact Assessment and to decide if any further work in this area is needed.

### **Business and Regulation**

The Business and Regulatory Impact Assessment analyses whether a policy is likely to increase or reduce the costs and burdens placed on businesses, the public sector and voluntary and community organisations.

Your views will help us to complete a full Business and Regulatory Impact Assessment.

#### Question 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.

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.

## Next steps



## **6. Next steps**

This consultation is seeking views on the approach and scope of the review of National Care Standards and runs until 17<sup>th</sup> September 2014. If there is support for the development of overarching quality standards for health and social care we propose to have these in place from April 2015.

Further consultation on the content of the new standards will take place during 2014-15.

### Question 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.

## **SUMMARY OF CONSULTATION QUESTIONS**

### **Question 1**

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

### **Question 2**

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

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

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?

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

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

### **Question 3**

a. What are your views on how standards should be written?

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?

### **Question 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?

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

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?

### **Question 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.

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.

### **Question 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.

## How to respond

We are inviting responses to this consultation paper by 17<sup>th</sup> September 2014. Please send your response with the completed Respondent Information Form to [nationalcarestandardsreview@scotland.gsi.gov.uk](mailto:nationalcarestandardsreview@scotland.gsi.gov.uk)

or to:

Carly Nimmo  
Mental Health and Protection of Rights Division  
The Scottish Government  
Area 3ER, St Andrews House  
Edinburgh  
EH1 3DG

We would be grateful if you would **use the consultation questionnaire provided in the consultation document or clearly indicate in your response which questions or parts of the consultation paper you are responding to** as this will aid analysis of the responses received.

This consultation, and all other Scottish Government consultation exercises, can be viewed online on the consultation web pages of the Scottish Government website at <http://www.scotland.gov.uk/consultations>

## Handling your response

We need to know how you wish your response to be handled and, in particular, whether you are happy for your response to be made public. Please complete and return the Respondent Information Form as this will ensure that we treat your response appropriately. If you ask for your response not to be published we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government are subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

## **Alternative formats and languages**

If you require a copy of this paper in an alternative format or different language please contact us at the address above.

## **Next steps in the process**

If you tell us we can make your response public we will put it in the Scottish Government Library and on the Scottish Government consultation web pages. We will check all responses where agreement to publish has been given for any wording that might be harmful to others before putting them in the library or on the website. If you would like to see the responses please contact the Scottish Government Library on 0131 244 4565. Responses can be copied and sent to you, but a charge may be made for this service.

## **What happens next?**

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us reach a decision about how to proceed with the review of National Care Standards. We will issue a report on this consultation process which will be published on the Scottish Government's website at:

<http://www.scotland.gov.uk/Publications/Recent>

Further consultation on the detailed content of the new standards will take place during 2014-15.

## **Comments and complaints**

If you have any comments about how this consultation exercise has been conducted, please send them to:

Lindsay Liddle  
Mental Health and Protection of Rights Division  
The Scottish Government  
Area 3ER, St Andrews House  
Edinburgh  
EH1 3DG

## ANNEX A: NATIONAL CARE STANDARDS

<i>Services for Adults</i>
Care homes for older people
Support services
Care homes for people with drug and alcohol misuse problems
Care homes for people with learning disabilities
Care homes for people with mental health problems
Adult placement services
Care homes for people with physical and sensory impairment
Housing support services
Services for people in criminal justice supported accommodation
Short breaks and respite care
<i>Services for Children and Young People</i>
Adoption agencies
Care homes for children and young people
Childcare agencies
Early education and childcare up to the age of 16
Foster care and family placement services
School care accommodation services
<i>Services for Everybody</i>
Care at home
Hospice care
Independent hospitals
Independent specialist clinics
Nurse agencies
Independent medical consultant and GP services
Dental services

## **ANNEX B: DRAFT NATIONAL HEALTH AND WELLBEING OUTCOMES**

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
9. Resources are used effectively in the provision of health and social care services, without waste.

## ANNEX C: GETTING IT RIGHT FOR EVERY CHILD

*Getting it right for every child* is founded on the following values and principles which can be applied in any setting and circumstance where people are working with children and young people:

- **Promoting the wellbeing of individual children and young people** - this is based on understanding how children and young people develop in their families and communities, and addressing their needs at the earliest possible time.
- **Keeping children and young people safe** - emotional and physical safety is fundamental and is wider than child protection
- **Putting the child at the centre** –children and young people should have their views listened to and they should be involved in decisions that affect them
- **Taking a whole child approach** - recognising that what is going on in one part of a child or young person's life can affect many other areas of his or her life
- **Building on strengths and promoting resilience** - using a child or young person's existing networks and support where possible
- **Promoting opportunities and valuing diversity** - children and young people should feel valued in all circumstances and practitioners should create opportunities to celebrate diversity
- **Providing additional help that is appropriate, proportionate and timely** - providing help as early as possible and considering short and long-term needs
- **Supporting informed choice** - supporting children, young people and families in understanding what help is possible and what their choices may be
- **Working in partnership with families** - supporting, wherever possible, those who know the child or young person well, know what they need, what works well for them and what might be less helpful
- **Respecting confidentiality and sharing information** - sharing information that is relevant and proportionate while safeguarding children and young people's right to confidentiality
- **Promoting the same values across all working relationships** - recognising respect, patience, honesty, reliability, resilience and integrity are qualities valued by children, young people, their families and colleagues

- **Making the most of bringing together each worker's expertise** - respecting the contribution of others and co-operating with them, recognising that sharing responsibility does not mean acting beyond a worker's competence or responsibilities
- **Co-ordinating help** - recognising that children, young people and their families need practitioners to work together, when appropriate, to provide the best possible help
- **Building a competent workforce to promote children and young people's wellbeing** - committed to continuing individual learning and development and improvement of inter-professional practice.



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ISBN: 978-1-78412-512-7

eBook first published by the Scottish Government, June 2014

ISBN: 978-1-78412-513-4 (ePub)

Kindle eBook first published by the Scottish Government, June 2014

ISBN: 978-1-78412-514-1 (Mobi)

This document is also available on the Scottish Government website:

**[www.scotland.gov.uk](http://www.scotland.gov.uk)**

Produced for the Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA  
DPPAS28102 (06/14)

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