

(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 completing this response?

No Yes Date Name of Event:..... Organisation involved in delivering events/ meetings where this topic is discussed.....

Full name or organisation's name

Scottish Out of School Care Network

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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Do not publish response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 No Date Completed:20 Dec 2016.....

Scottish Out of School Care Network Summary points for this consultation:

In general we welcome the principles and broad standards, the fact it is based on a human rights approach and we appreciate the work that has gone into this paper. However, we have a few critical points:

1. "Early Years" in the document means standards for children up to 16. But this is not clear and easily misunderstood. Most people will think either under five or under eight, in line with other government policies. We suggest they are called **Standards for Children**.

2. UNCRC definition of a child is up to 18 why the difference? Especially for care/ looked after children where this is a crucial difference? **We suggest up to age 18.**

3. Were any children themselves e.g. users of childcare, consulted about these standards? **We suggest they are consulted and we are sure out of school care services would be happy to help here.**

4. Under wellbeing there should be something about social relationships, including friends, social opportunities, love, partners - as in a couple being kept together in a care setting, or indeed becoming a couple in a care setting.

5. Also don't see sports anywhere in this and could argue play should be in there for all ages e.g. for adults in terms of their leisure interests and indeed this might include non " healthy" in a physical sense, but healthy in emotional and social sense - e.g. getting out to the pub, cafes, bookies, stuff my uncle (of whom I was the legal guardian) really enjoyed in getting out of his care setting for a few hours when possible.

6. We think children understand the concept of trusting people/ services more than "having confidence in".

- 7... We think good or above services will have no problems with the more general, broader principles and standards and indeed will welcome flexibility and trust here. However, poorly performing services might find the standards too vague and the concepts hard to demonstrate in practice. There is therefore a need to allow for more prescriptive interventions in such cases.

(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	
Disagree	

The glossary to the standards states that the “early years” specific standards apply to all children aged up to sixteen. The Scottish Out of School Care Network is glad of this as, on first reading, it looked like children beyond age 8 would have only adult general standards applied in their play, care and learning settings before and after school and all day during holidays.

This confusion occurred because this use of the term “early years” is inconsistent use with other Scottish Government frameworks which tend to put “early years” as either children up to age 8 (e.g. Early Years Framework) or for Early Learning and Childcare (ELC) up to and sometimes including age five.

We therefore strongly suggest taking out the term “early years” and just making these specific **standards for children**.

Taking a human rights perspective the UN Convention on the Rights of the Child 1989 classifies children as up to the age of eighteen. We can understand, partly why the “early years” standards apply only to age sixteen as it is complicated in Scotland where you can marry or join the armed forces at this age. However, recent legislation for looked after and care experienced young people acknowledges their need for support well beyond age 18.

Teenagers with disabilities and learning support needs might still need the specific standards for children right up to and indeed beyond age 16.

Therefore, if possible we recommend following the UNCR in applying the children’s specific standards up to age 18 and calling them that and not “early years”.

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

Strongly Agree	
Agree	✓
Neither agree nor disagree	
Disagree	

Comments

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	

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

Under the “Wellbeing” section the care standards should include something along the lines of **“My relationship choices are respected and supported...”**

This could apply to children’s friendships or adults experiencing health or social care, for example, where an older couple might want to move into a care home together, even if their needs are diverse, or children wanting to share a room as friends in a residential care setting.

The respect part would also apply to civil partnerships, or in health settings/health decision making to be able to include or, indeed, exclude, particular family members from having a say/visiting etc.

Caring relationships with others are vitally important to everyone’s wellbeing – therefore social care and health providers should have a standard to follow in acknowledging this. This could also lead to a standard about **“supporting as fulfilling a social life as possible”**.

This is not just taking part in activities but taking part in social relationships; for adults this also includes the freedom –depending on health restrictions, to also go to the pub or parties, or to have a “nightcap” with friends or visitors in the setting. (This is based on experience of being a guardian of an elderly relative who was a very sociable person who really enjoyed going for a couple of drams, or a coffee, and chatting to other people in the local pub or cafes).

Looking at the more specific play opportunities for the “early years” part it is also the case that young people, indeed adults of all ages, with or without care or support needs actually do also need opportunities to play or be playful. Sports should also be mentioned in this context for all ages.

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	✓
Neither agree nor disagree	
Disagree	

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

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	
Neither agree nor disagree	✓
Disagree	

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

When it comes to children the statement is really about “I am able to trust the people who care and support for me”, yes they should expect to have confidence in staff but would they actually say or understand that – they do say and understand the concept of trusting staff (e.g. SOSCN’s Children’s Out of School Care Holiday Survey 2015)

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	
Neither agree nor disagree	✓
Disagree	

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

See above in relation to children the concept of trust is easier for them.

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	✓
Disagree	

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

See above comments re Children

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	
Neither agree nor disagree	✓
Disagree	

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

See above comments re Children

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	✓
Disagree	

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

See above comments re Children

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	

We believe good or above services will have no problems at all in using these broader principles and standards.

For poorly performing services that general broad principal approach might be harder for them to grasp, they may need quite specific interventions which are prescriptive to get them started along a path of understanding how it all fits together. Agencies such as ours, with sector specific quality improvement schemes may be able to help with this, however, poorly performing services rarely sign up for voluntary external quality support unless made to do so.

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

Yes	✓
No	

See summary at top of paper.

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

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:

(c): Additional Information

We recognise that people may have more than one experience of / involvement with health and care services. For example; you may work in a hospital or care home and also be a registered carer for a friend or relative receiving care services. For the purposes of this consultation please indicate the main capacity in which you are responding.

(i) As an individual **service user** (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 **representative of an organisation** / 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	✓
Social work (including fostering, adoption, care homes for children and young people)	
Community justice	

Other: (please state)	
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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 paper copy Both