



**National Care Standards Review Consultation - December 2015**  
**Response from CCPS, HSEU and SFHA**

These comments are provided by CCPS, SFHA and the HSEU, on behalf of our various member organisations, many of whom will also have contributed views directly to you. We circulated the draft principles widely to our membership and held a number of focus group style discussions over the past few weeks. We also know that a number of members worked with their own staff to gather their views on the consultation.

The general consensus is that the principles are the right ones, except for the principles of compassion and personal well-being, which attracted a considerable amount of disagreement among members. As expected there was a range of views on the specific wording used to describe some of them, which we have tried to reflect in our comments below. And there were questions about the enforcement of the principles by individuals receiving support, and about the context in which they will be applied.

There was a notable level of surprise and concern about the loss of the rights-based language given that the consultation documents and responses to date have supported a human-rights based approach to the development of new standards. A rights-based approach is normally understood to require the recognition of rights as legally enforceable entitlements. There is some concern that with the loss of the term 'rights', the principles lose some strength and there is less certainty about their status.

A couple of options might be considered, including the replacement of 'entitlement' with 'I have a right to...' which reflects the way the current standards are expressed. Alternatively, the standards could be described in a very simple direct way, e.g. 'I am safe', 'I am included'. Either way, we suggest that further work is needed to clarify the status of the principles, the right, or entitlement that a person has as a result of them, and how a person can claim these rights.

We also want to clarify that these principles will apply to the work of the Care Inspectorate and Healthcare Improvement Scotland when it scrutinises public bodies and in particular the strategic commissioning of services, as we believe that the way social care and support services are planned and procured has a significant impact on the resulting quality of care and outcomes achieved.

Finally, we did not delve into the questions about what next, in terms of generic and specific standards. Some of our members have provided you with their thoughts at this stage. We intend to work closely with our CCPS and HSEU care standards reference groups in the New Year to support the development of the more specific standards and will be very keen to involve them in the work of the Development Group once that begins.

Below are our comments relating to each of the principles:

Principles	Description
I am entitled to be respected	My <b>opinions</b> , privacy, beliefs, values and cultures are respected.  I am treated with dignity.
<b>Comments</b>	There is some concern about the use of the term 'opinions'. How do service providers deal with difficult opinions? There is a general view that the term 'opinions' is not appropriate here and that this principle should be rights based, so things like privacy (art 8), beliefs, values and culture (art 9) are rights under the ECHR and should be the focus of this principle. We also suggest including 'relationships' in the list of things that will be respected. We think the concept of dignity is very important and suggest that the principle includes it from the outset i.e.: 'I am entitled to be respected and to be treated with dignity'.
I am entitled to compassion	I experience warm, compassionate and nurturing care and support provided by people sensitive to my needs and my wishes
<b>Comments</b>	There is a good deal of debate over this principle, but the overall majority view is that it is inappropriate and should be removed. It is viewed as patronising and a step backwards towards a relationship of dependency between the person providing support and the person receiving it. It is not seen as empowering. Furthermore, providers have concerns about how this is going to be measured. The general view is that if we have a skilled, experienced

	workforce, that is professional, well supported and providing person-centred support, that will be much more effective at achieving the results we are aiming for in terms of the quality of support provided to people and achieving the desired outcomes.
I am entitled to be included	<p>I receive the right information, at the right time and in a way I can understand.</p> <p>I am supported in my right to make informed choices and decisions about my care and support.</p> <p>I am involved in wider decisions about the way the service is provided. When I make suggestions and complaints I will be listened to.</p> <p>I can play a full role in the community around me.</p>
Comments	We are happy with this principle and the description of what it means. We note that it uses the term 'right'. We support the use of the term but note that this is inconsistent with the way other principles have been expressed.
I am entitled to be treated fairly	<p>I am valued as an individual and am treated fairly.</p> <p>My human rights are respected and promoted.</p> <p>I do not experience discrimination.</p>
Comments	There is some concern about who decides what fairness is. On the other hand this is a principle that spans across a number of Scottish Government policy areas, e.g. Fair Work. We would also like to suggest the idea of creating a preamble that sets out the human rights basis on which these principles flow from, instead of mentioning human rights in this particular one – because there are human rights based elements to many, if not all of these principles, so it seems illogical to reference them specifically here.
I am entitled to a responsive service	<p>I am supported to have personal goals and aspirations and to achieve them.</p> <p>I receive the right support and care at the right time.</p> <p>My care and support responds when my needs, views and decisions change.</p>
Comments	There is a unanimous view that the use of the term 'service' is inappropriate here. The direction of public policy in a number of key areas is to move away from 'serviceland' and associated language, e.g. the self-directed support legislation. We

	<p>suggest changing it to read ‘... entitled to person-centred care and support’ or ‘... entitled to responsive care and support’</p> <p>We note that promoting independent living does not appear in the principles and it should do so as a basic principle in its own right or at least referred here.</p> <p>We also have concerns that the sub text currently appears to put the onus on the existing provider to accommodate changing needs whereas in practice their role may be to link with or signpost to other services. After ‘My care and support responds when my needs, views and decisions change’ the following additional point could be made: ‘This may involve linking or referring onto other sources of care and support’.</p>
I am entitled to be safe	<p>I am safe, free from harm and abuse.</p> <p>My care and support is provided in an environment in which I feel safe.</p> <p>I am supported and encouraged to achieve my aspirations and potential, even when this means I might be taking risks.</p>
Comments	<p>We support the reference to risk taking and the implication that people must be allowed to make mistakes. We suggest that the middle statement ‘<i>my care and support is provided in an environment in which I feel safe</i>’ should be removed because it does not add anything that is not already covered by the first statement i.e. ‘I am safe’.</p>
I am entitled to personal wellbeing	<p>I have individual health and wellbeing preferences and outcomes.</p> <p>I am supported to achieve these, and to realise my potential.</p>
Comments	<p>There is a mixture of views about this principle. On the one hand, many of our members expressed concern that the principle is unnecessary because it repeats ideas that are already found within other principles, e.g. the concept of choice; being valued as an individual; personal goals and aspirations;</p> <p>Having health and wellbeing preferences and outcomes is included in the principle on responsive service; and being supported to achieve these is about choice and control which is also referenced in the principle on inclusion.</p> <p>However, there was at least one person who felt that it was important to maintain the focus on health and wellbeing.</p>

#### About CCPS, HSEU and SFHA

**CCPS is the Coalition of Care and Support Providers in Scotland.** Its membership comprises more than 70 of the most substantial providers of care and support in Scotland’s voluntary sector, supporting approximately 350,000 people and their families, employing around 43,000 staff and

managing a combined total income of over £1.3bn, of which an average of 78% per member organisation relates to service provision that is commissioned, purchased or otherwise funded by the public purse. CCPS members provide services right across the spectrum of care and support, including services for older people; children, young people and families; adults with physical and learning disabilities, sensory impairment, dementia, acquired brain or spinal injury; and people facing a range of challenges in their lives, including mental health problems, addictions and involvement in the criminal justice system.

**The Housing Support Enabling Unit (HSEU)** is jointly hosted with the Scottish Federation of Housing Associations and CCPS. It works with providers of housing support services in Scotland across registered social landlords, voluntary and private sector providers.

**The Scottish Federation of Housing Associations** is the national representative body for housing associations and co-operatives in Scotland.

**7<sup>th</sup> December 2015**