

**ITEM No ...9.....**

**REPORT TO:** POLICY AND RESOURCES COMMITTEE – 4 JUNE 2018  
**REPORT ON:** HEALTH AND SOCIAL CARE STANDARDS  
**REPORT BY:** CHIEF SOCIAL WORK OFFICER  
**REPORT NO:** 188-2018

**1.0 PURPOSE OF REPORT**

1.1 To inform Committee of the new Health and Social Care Standards, which will inform future models of external scrutiny of health and social care services and advise of work being undertaken in preparation for the standards. A report on the revised standards has already been considered by the Scrutiny Committee (Article III of the Minute of the Meeting of the Scrutiny Committee of 18 April 2018, Report No 140-2018 refers) and the Performance and Audit Committee of the Integrated Joint Board.

**2.0 RECOMMENDATIONS**

It is recommended that Committee:

- 2.1 Notes the content of the new Health and Social Care Standards (section 4.3 and 4.4 and appendix 1).  
2.2 Notes the planned approach to incorporating the content of the new standards into the scrutiny of health and social care service (section 4.5 to 4.7).

**3.0 FINANCIAL IMPLICATIONS**

3.1 None

**4.0 MAIN TEXT**

4.1 In 2017 the Scottish Government published 'Health and Social Care Standards: My support, my life' under section 50 of the Public Services Reform (Scotland) Act 2010 and section 10H of the National Health Services (Scotland) Act 1978. The standards replace the previous National Care Standards published in 2002. They do not replace or remove the need for health, social care and social work services to comply with legislation but are designed to complement relevant legislation and best practice. The new standards have been informed by knowledge gained from inspections and complaints investigations but also by the views of people experiencing care and extensive public consultation.

4.2 All services and support organisations, whether registered service or not, are encouraged to use the guidelines to support them to improve, develop flexible services and innovate. The new standards will apply to all parts of the care system across health care, social care, early learning and childcare, and social work; meaning they will have a far wider impact and apply to many more people's experiences of care than the previous 2002 National Care Standards.

4.3 The standards set out what people can expect when using health, social care or social work services in Scotland. They aim to support the delivery of better outcomes for people, ensure that individuals are treated with dignity and respect and that their human rights are upheld. The standards contain five headline outcome statements:

- I experience high quality care and support that is right for me.
- I am fully involved in all decisions about my care and support.
- I have confidence in the people who support and care for me.
- I have confidence in the organisation providing my care and support.
- I experience a high quality environment if the organisation provides the premises.

Each headline outcomes is supplemented by a set of descriptive statements (of which there are 146 in total), contained in full in appendix 1, which explains what achieving the outcome looks like in practice. It is recognised that not every descriptor will apply to every service. In addition, the standards are underpinned by five principles that reflect the way in which everyone should be treated: dignity and respect, compassion, be included, responsive care, and support and wellbeing.

- 4.4 The new standards are relevant across planning, assessment, commissioning and delivery. The new standards have been aligned to sector specific standards and guidance, including guidance issued by the Care Inspectorate.
- 4.5 From 1 April 2018 the standards will be taken into account by the Care Inspectorate, Healthcare Improvement Scotland and other scrutiny bodies in relation to inspections and registration of health and care services. It is intended that the standards will support a change of regulatory culture; encouraging a move away from policing compliance with a minimum baselines to a more collaborative approach to continuous improvement within and across services. It is recognised that this will require a different approach to inspection which promotes collaborative working with providers, staff and people experiencing care and has a focus on observing the quality of relationships and discussing how care is being provided and experienced.
- 4.6 The Care Inspectorate also intends to take a phased approach to the incorporation of the standards into their inspection methodology. Consideration is currently been given to whether existing themes and grades used for inspection require to be amended and they will consult before introducing any revisions to current arrangements. A new inspection methodology, informed by the new standards, is currently being tested within care homes for older people. The standards will be considered in relation to strategic inspections of how public bodies plan and commission care, as well as inspections of care services.
- 4.7 Briefings on the standards will be held over the summer to raise awareness across the workforce. The first of these took place for staff involved in early years on 21 May with a further one scheduled for 21 June.
- 4.8 The Children and Families Service will continue to work with the Care Inspectorate to consider how changes in their methodologies require to be incorporated into local self-evaluation and quality assurance activities. This will include incorporating relevant outcome and descriptive statements into case file auditing and other self-evaluation tools.
- 4.9 In terms of Health and Social Care the revised standards have been discussed at the Clinical Care and Professional Governance Group and the intention is to map the standards against the different areas of the service and further reports on compliance will be presented.
- 4.10 Services do already have a number of measures in place to gather feedback from service users particularly those services which are registered and the approach will be to build on existing practice.

## **5.0 POLICY IMPLICATIONS**

- 5.1 This report has been screened for any policy implications in respect of Sustainable Development, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management. There are no major issues.

## **6.0 CONSULTATIONS**

The Council's Management Team has been consulted in preparation of this report.

## **7.0 BACKGROUND PAPERS**

- 7.1 None.

JANE MARTIN  
Chief Social Work Officer



# **Health and Social Care Standards**

## **My support, my life**





I am delighted to be able to introduce the new Health and Social Care Standards and commend all of the hard work that has gone into creating these new, human rights based Standards.

The new Standards are wide reaching, flexible and focussed on the experience of people using services and supporting their outcomes. One of the major changes to these Standards is that they will now be applicable to the NHS, as well as services registered with the Care Inspectorate and Healthcare Improvement Scotland.

Everyone is entitled to high quality care and support tailored towards their particular needs and choices. This might be in a hospital; a care home; a children's nursery; or within their own home. Each and every one of us at some point in our lives will use or know someone who uses a health or social care service. These Standards are therefore hugely important to ensure that everyone in Scotland receives the care and support that is right for them.

I would like to thank everyone across the health and social care sectors involved in creating these Standards. You have worked hard to make them innovative and aspirational. Contributions from professional bodies, people who use services, service providers, private and third sector organisations, have created Standards that are applicable to a wide range of health and social care services.

Moving forward, there is still work to be done to ensure that the Standards are implemented successfully. We will support health and care providers, commissioners of services and inspection agencies to ensure a full understanding of what is required to meet the Standards and improve levels of care and support in Scotland.

A handwritten signature in black ink that reads "Shona Robison". The signature is fluid and cursive, written in a professional style.

**Shona Robison MSP**  
Cabinet Secretary for Health and Sport

## Introduction

These Health and Social Care Standards (the Standards) set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

The objectives of the Standards are to drive improvement, promote flexibility and encourage innovation in how people are cared for and supported. All services and support organisations, whether registered or not, should use the Standards as a guideline for how to achieve high quality care.

### **Why have these Standards been developed?**

The standards and outcomes set out in the Standards are published in exercise of the Scottish Ministers' powers under section 50 of the Public Services Reform (Scotland) Act 2010 and section 10H of the National Health Service (Scotland) Act 1978. They do not replace previous standards and outcomes relating to healthcare that have already been produced under section 10H of the National Health Service (Scotland) Act 1978 but they will replace the National Care Standards, published in 2002 under section 5 of the Regulation of Care (Scotland) Act 2001.

From 1 April 2018 the Standards will be taken into account by the Care Inspectorate, Healthcare Improvement Scotland and other scrutiny bodies in relation to inspections, and registration, of health and care services.

### **What are the Standards?**

Throughout this document, 'standards' is used as a collective term to describe both the headline outcomes, and the descriptive statements which set out the standard of care a person can expect. The headline outcomes are:

- 1: I experience high quality care and support that is right for me.
- 2: I am fully involved in all decisions about my care and support.
- 3: I have confidence in the people who support and care for me.
- 4: I have confidence in the organisation providing my care and support.
- 5: I experience a high quality environment if the organisation provides the premises.

The descriptive statements, set out after each headline outcome, explain what achieving the outcome looks like in practice. Not every descriptor will apply to every service.

The Standards are underpinned by five principles: dignity and respect, compassion, be included, responsive care, and support and wellbeing. The principles themselves are not standards or outcomes but rather reflect the way that everyone should expect to be treated.

**Who are these Standards for?**

The Standards are for everyone. Irrespective of age or ability, we are all entitled to the same high quality care and support. The Care Inspectorate and Healthcare Improvement Scotland will take into account the Standards when carrying out their inspections and quality assurance functions, and when making decisions about care and health services which are, or are applying to be, registered. Our aim is that non-registered services also use the Standards as a guideline for how to achieve high quality care. The Standards can be applied to a diverse range of services from child-minding and daycare for children in their early years, housing support and care at home for adults, to hospitals, clinics and care homes.

The Standards do not replace or remove the need to comply with legislation which sets out requirements for the provision of services. Health and care services will continue to follow existing legislative requirements and best practice guidance which apply to their particular service or sector, in addition to applying the Standards. The Standards should be used to complement the relevant legislation and best practice that support health and care services to ensure high quality care and continuous improvement. Current best practice guidance can be found on the Care Inspectorate and Healthcare Improvement Scotland websites.

# Principles

## **Dignity and respect**

- My human rights are respected and promoted.
- I am respected and treated with dignity as an individual.
- I am treated fairly and do not experience discrimination.
- My privacy is respected.

## **Compassion**

- I experience warm, compassionate and nurturing care and support.
- My care is provided by people who understand and are sensitive to my needs and my wishes.

## **Be included**

- I receive the right information, at the right time and in a way that I can understand.
- I am supported to make informed choices, so that I can control my care and support.
- I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.
- I am supported to participate fully and actively in my community.

## **Responsive care and support**

- My health and social care needs are assessed and reviewed to ensure I receive the right support and care at the right time.
- My care and support adapts when my needs, choices and decisions change.
- I experience consistency in who provides my care and support and in how it is provided.
- If I make a complaint it is acted on.

## **Wellbeing**

- I am asked about my lifestyle preferences and aspirations and I am supported to achieve these.
- I am encouraged and helped to achieve my full potential.
- I am supported to make informed choices, even if this means I might be taking personal risks.
- I feel safe and I am protected from neglect, abuse or avoidable harm.

# 1: I experience high quality care and support that is right for me

## Dignity and respect

- 1.1 I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation.
- 1.2 My human rights are protected and promoted and I experience no discrimination.
- 1.3 If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.
- 1.4 If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.
- 1.5 If I am supported and cared for in the community, this is done discreetly and with respect.

## Compassion

- 1.6 I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.
- 1.7 I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.
- 1.8 If I experience care and support in a group, the overall size and composition of that group is right for me.

## Be included

- 1.9 I am recognised as an expert in my own experiences, needs and wishes.
- 1.10 I am supported to participate fully as a citizen in my local community in the way that I want.
- 1.11 I can be with my peers, including other people who use my service, unless this is unsafe and I have been involved in reaching this decision.

## Responsive care and support

### Assessing my care and support needs

- 1.12 I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.
- 1.13 I am assessed by a qualified person, who involves other people and professionals as required.
- 1.14 My future care and support needs are anticipated as part of my assessment.
- 1.15 My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.
- 1.16 As a child or young person needing permanent alternative care, I experience this without unnecessary delay.

### Choosing my care and support

- 1.17 I can choose from as wide a range of services and providers as possible, which have been planned, commissioned and procured to meet my needs.
- 1.18 I have time and any necessary assistance to understand the planned care, support, therapy or intervention I will receive, including any costs, before deciding what is right for me.



### **Experiencing my care and support**

- 1.19 My care and support meets my needs and is right for me.
- 1.20 I am in the right place to experience the care and support I need and want.
- 1.21 I am enabled to live in my own home if I want this and it is possible.
- 1.22 I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment.
- 1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.
- 1.24 Any treatment or intervention that I experience is safe and effective.

### **Wellbeing**

- 1.25 I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.
- 1.26 I can choose to spend time alone.
- 1.27 I am supported to achieve my potential in education and employment if this is right for me.
- 1.28 I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services.
- 1.29 I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect.
- 1.30 As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling.
- 1.31 As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials.
- 1.32 As a child, I play outdoors every day and regularly explore a natural environment.

### **Eating and drinking**

- 1.33 I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.
- 1.34 If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.
- 1.35 I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.
- 1.36 If I wish, I can share snacks and meals alongside other people using and working in the service if appropriate.
- 1.37 My meals and snacks meet my cultural and dietary needs, beliefs and preferences.
- 1.38 If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible.
- 1.39 I can drink fresh water at all times.

## 2: I am fully involved in all decisions about my care and support

### Dignity and respect

- 2.1 I can control my own care and support if this is what I want.
- 2.2 I am empowered and enabled to be as independent and as in control of my life as I want and can be.
- 2.3 I am supported to understand and uphold my rights.
- 2.4 I am supported to use independent advocacy if I want or need this.
- 2.5 If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.
- 2.6 I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.
- 2.7 My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used.

### Compassion

- 2.8 I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.

### Be included

- 2.9 I receive and understand information and advice in a format or language that is right for me.
- 2.10 I can access translation services and communication tools where necessary and I am supported to use these.
- 2.11 My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.
- 2.12 If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.
- 2.13 If a decision is taken against my wishes, I am supported to understand why.
- 2.14 I am fully informed about what information is shared with others about me.
- 2.15 I am enabled to resolve conflict, agree rules and build positive relationships with other people as much as I can.
- 2.16 If I am fostered, my foster family is supported to fully include me in family life.

### **Responsive care and support**

- 2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me.
- 2.18 I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.
- 2.19 I am encouraged and supported to make and keep friendships, including with people my own age.
- 2.20 If I need or want to move on and start using another service, I will be fully involved in this decision and properly supported throughout this change.

### **Wellbeing**

- 2.21 I take part in daily routines, such as setting up activities and mealtimes, if this is what I want.
- 2.22 I can maintain and develop my interests, activities and what matters to me in the way that I like.
- 2.23 If I need help with medication, I am able to have as much control as possible.
- 2.24 I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.
- 2.25 I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.
- 2.26 I know how different organisations can support my health and wellbeing and I am helped to contact them if I wish.
- 2.27 As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity.

### 3: I have confidence in the people who support and care for me

#### Dignity and respect

- 3.1 I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.
- 3.2 If I experience care and support where I live, people respect this as my home.
- 3.3 I have agreed clear expectations with people about how we behave towards each other, and these are respected.
- 3.4 I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me.
- 3.5 As a child or young person, I am helped to develop a positive view of myself and to form and sustain trusting and secure relationships.

#### Compassion

- 3.6 I feel at ease because I am greeted warmly by people and they introduce themselves.
- 3.7 I experience a warm atmosphere because people have good working relationships.
- 3.8 I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with.
- 3.9 I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me.
- 3.10 As a child or young person I feel valued, loved and secure.

#### Be included

- 3.11 I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support.
- 3.12 I can understand the people who support and care for me when they communicate with me.
- 3.13 I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me.

#### Responsive care and support

- 3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.
- 3.15 My needs are met by the right number of people.
- 3.16 People have time to support and care for me and to speak with me.
- 3.17 I am confident that people respond promptly, including when I ask for help.
- 3.18 I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.
- 3.19 My care and support is consistent and stable because people work together well.

## Wellbeing

- 3.20 I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.
- 3.21 I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.
- 3.22 I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made.
- 3.23 If I go missing, people take urgent action, including looking for me and liaising with the police, other agencies and people who are important to me.
- 3.24 If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies.
- 3.25 I am helped to feel safe and secure in my local community.

## 4: I have confidence in the organisation providing my care and support

### Dignity and respect

- 4.1 My human rights are central to the organisations that support and care for me.
- 4.2 The organisations that support and care for me help tackle health and social inequalities.

### Compassion

- 4.3 I experience care and support where all people are respected and valued.
- 4.4 I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.

### Be included

- 4.5 If possible, I can visit services and meet the people who would provide my care and support before deciding if it is right for me.
- 4.6 I can be meaningfully involved in how the organisations that support and care for me work and develop.
- 4.7 I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.
- 4.8 I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.
- 4.9 I can take part in recruiting and training people if possible.
- 4.10 As a child or young person unable to live with my immediate family, I can live with wider family members alongside my brothers and sisters if I want this and where it is possible and safe.

### Responsive care and support

- 4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.
- 4.12 I receive proper notice and I am involved in finding an alternative if the service I use plans to close or can no longer meet my needs and wishes.
- 4.13 I have enough time and support to plan any move to a new service.
- 4.14 My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.
- 4.15 I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.
- 4.16 I am supported and cared for by people I know so that I experience consistency and continuity.
- 4.17 If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity.
- 4.18 I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.

- 4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.
- 4.20 I know how, and can be helped, to make a complaint or raise a concern about my care and support.
- 4.21 If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.
- 4.22 If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative.

### **Wellbeing**

- 4.23 I use a service and organisation that are well led and managed.
- 4.24 I am confident that people who support and care for me have been appropriately and safely recruited.
- 4.25 I am confident that people are encouraged to be innovative in the way they support and care for me.
- 4.26 If I have a carer, their needs are assessed and support provided.
- 4.27 I experience high quality care and support because people have the necessary information and resources.

## 5: I experience a high quality environment if the organisation provides the premises

### Dignity and respect

- 5.1 I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.
- 5.2 I can easily access a toilet from the rooms I use and can use this when I need to.
- 5.3 I have an accessible, secure place to keep my belongings.
- 5.4 If I require intimate personal care, there is a suitable area for this, including a sink if needed.

### Compassion

- 5.5 I experience a service that is the right size for me.
- 5.6 If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax.
- 5.7 If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible.

### Be included

- 5.8 I experience a service as near as possible to people who are important to me and my home area if I want this and if it is safe.
- 5.9 I experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate.
- 5.10 If I experience 24 hour care, I am connected, including access to a telephone, radio, TV and the internet.
- 5.11 I can independently access the parts of the premises I use and the environment has been designed to promote this.
- 5.12 If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom.
- 5.13 If I live in a care home, I can decide on the decoration, furnishing and layout of my bedroom, including bringing my own furniture and fittings where possible.
- 5.14 If I live in a care home and there are separate facilities for people who support and care for me, these are in keeping with the homely environment.
- 5.15 If I am an adult living in a care home I can choose to see visitors in private and plan for a friend, family member or my partner to sometimes stay over.

### Responsive care and support

- 5.16 The premises have been adapted, equipped and furnished to meet my needs and wishes.

### Wellbeing

- 5.17 My environment is secure and safe.
- 5.18 My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.



- 5.19 My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.
- 5.20 I have enough physical space to meet my needs and wishes.
- 5.21 I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.
- 5.22 I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.
- 5.23 If I live in a care home, I can use a private garden.
- 5.24 If I live in a care home and want to keep a pet, the service will try to support this to happen.
- 5.25 As a child or young person living in a care home, I might need or want to share my bedroom with someone else and I am involved in this decision.
- 5.26 As an adult living in a care home, I have my own bedroom that meets my needs but can choose to live with and share a bedroom with my partner, relative or close friend.
- 5.27 As an adult living in a care home, I have enough space for me to sit comfortably with a visitor in my bedroom.
- 5.28 As an adult living in a care home, I have ensuite facilities with a shower and can choose to use a bath if I want. If I live in a small care home that has not been purpose built, I might need to share a bathroom with other people.



## Glossary

Below is a list of terms and phrases commonly used across health, social work and social care sectors, along with a description of how these apply for the purposes of the Standards.

| Term              | Description  |
|-------------------|--|
| 24 hour care      | Where people are cared for and supported throughout the day and night.   |
| advocacy/advocate | <p>Independent advocacy ensures that people know and better understand their rights, their situation and systems. Independent advocates help people to speak up for themselves and speak for those who need it.</p> <p>An independent advocate is someone who helps build confidence and empowers people to assert themselves and express their needs, wishes and desires.</p> <p>Collective advocacy happens when groups of people with a shared agenda, identity or experience come together to influence legislation, policy or services.</p> |
| assessment        | A health, social work or social care assessment will find out what help and support a person needs, such as healthcare, medication, advocacy, equipment, care at home, housing support or a care home.   |
| capacity          | Capacity refers to an individual's ability to make decisions about their care and support. This may change over time and may be different in particular aspects of their life. For people who have been medically assessed as having incapacity there is legislation to protect them.  |
| care home         | A care service providing 24 hour care and support with premises, usually as someone's permanent home. See also 'small care home' below.  |
| care plan         | See 'personal plan' below.   |
| carer             | A carer is someone of any age who looks after or supports a family member, partner, friend or neighbour in need of help because they are ill, frail, have a disability or are vulnerable in some way. A carer does not have to live with the person being cared for and will be unpaid.  |
| child             | Although legal definitions vary, for these Standards a child is aged 0 to 16 years.  |
| communal areas    | An area in a care service such as a living or dining room, activity room, hairdresser, library, café, garden or quiet area that everyone can use.  |

| <b>Term</b>                          | <b>Description</b>  |
|--------------------------------------|---|
| communication tools                  | These help people to communicate in a range of ways. For example, visual prompts, talking mats (system of simple picture symbols) or mobile phone apps.   |
| confidentiality                      | This means that information that is kept about someone by an organisation will not be shared with anyone else unless the person gives their consent for it to be shared. Confidentiality may only be broken if it avoids or reduces the risk of harm to a person.       |
| creativity                           | Includes artistic activities, such as arts, crafts, music, drama and dance.   |
| emergency or unexpected event        | This is an incident or emergency that could require immediate action, such as the premises being evacuated.   |
| emotionally resilient                | Someone's ability to cope with, or adapt to, stressful situations or crises.  |
| evidence, guidance and best practice | Written guidelines for agreed ways to provide care, support or carry out treatment. Often these are put together by professionals based on the best available evidence at the time. These guidelines often change so that they remain up to date.                       |
| human rights                         | Human rights are based on the principle of respect for the individual and they are the rights and freedoms that belong to every person, at every age. They are set out in international human rights treaties and are enshrined in UK law by the Human Rights Act 1998. |
| intimate personal care               | This relates to activities which most people usually carry out for themselves, such as washing, brushing teeth, going to the toilet, dressing or eating.  |
| open ended materials                 | Open ended materials (also called loose parts) are play materials that can be used in numerous ways indoors and outdoors by children. They can be moved, carried, combined and redesigned in any way the child decides.   |
| permanent alternative care           | Care provided to children to ensure they have stable, secure, nurturing relationships, normally within a family setting, that continues to adulthood.   |
| personal plan                        | A plan of how care and support will be provided, as agreed in writing between an individual and the service provider. The plan will set out how an individual's assessed needs will be met, as well as their wishes and choices.  |
| planned care                         | The term used to describe care, support or treatment which is carried out as detailed in someone's personal plan (see above).   |

| Term  | Description   |
|---|---|
| positive risks                                      | Positive risks means making balanced decisions about risks; it is the taking of calculated and reasoned risks, which recognises that there are benefits as well as potential harm from taking risks in day to day life.   |
| premises  | When an organisation providing care and support also provides premises, such as a nursery, hospital or care home. It does not apply when someone using a service is responsible for the premises, including housing support or care at home.  |
| professional and organisational codes               | These codes set out standards of conduct and competence, as well as the personal values, which people working and volunteering in health and care services are expected to follow.  |
| representative                                      | This may include someone appointed to have power of attorney, a guardian, family member, friend, neighbour or an agreed person who can speak on the individual's behalf. A representative may be formal or not formal.  |
| restrictions to my independence, control and choice | Involves any restriction to independent movement or freedom of choice, such as a physical barrier. In some exceptional circumstances, this could involve searches and physical or chemical restraint. If physical detention, restraint or searching is used, the individual concerned will usually be subject to a formal legal order authorising this. |
| small care home                                     | A care home for 6 people or less.   |
| small group living                                  | Small groups, usually numbering fewer than ten people, provided with their own lounge and dining facilities for their own group use in a homely environment. Small group living sometimes takes place within a larger care service such as a care home or hospital.   |
| technology and other specialist equipment           | Specialised equipment that helps people in their day to day life, such as telecare, telehealth or telemedicine, alarm call system, remote support and advice or mobility aids.  |
| therapy   | A specialised treatment or intervention, such as physiotherapy, occupational therapy, speech and language therapy, counselling and talking therapies.   |
| young person  | For these Standards, a young person is aged 16 to 21 years. And anyone over 21 will also be a young person for these Standards while they are being provided with continuing care by a local authority if they have been looked after by the local authority between the ages of 16 and 19.   |



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