



Responsible Individual training - Welcome back!

Session 2

Today's session will focus on the quality of care which underpins all aspects of a child's experience when in your care

Working together

- Sharing experiences
- Confidential to the room- this includes the recording- not to be passed on
- Ask naïve questions- they are always helpful
- Manage your other devices so that you have this time for the session
- If you have to leave please send me a message on chat / let me know
- Remember to unmute yourself in order to speak !
- Enjoy!



Learning focal points today:

- To use the standards as a format for the RI role
- To review and discuss key aspects of the RI as leader
- To work in small groups to review , discuss , network
- Assessing and judging the quality of care in the service
- Is the team getting it right? How do you know?



Defining roles

Group work

What is the fundamental difference between the RI and RM role?

Think of the job descriptions for each role to better understand the differences

Have you managed to do an analysis of roles?



What did you find out?



Any cross over points?



Are these influenced by the size of the organisation – e.g. in a smaller organisation this is more likely?



Have you encountered issues?



Did you / how did you resolve them – or not?

Key aspects of the RI role :

1. The RI as an OBSERVER is seen to be key. This role encompasses all aspects of the home- safeguarding, behaviour management, relationships, practice

2. The RI as the DRIVER of the therapeutic approach. Tested through observation, feedback and sampling of a full range of records

3. The RI as the BALANCE to the RM role. Recognising that the RI is not usually the Registered Manager and the balance to be maintained in support of the RM and not undermining them by being perceived to do their job.

4. The RI as the VOICE of the child within the organisation or within escalation processes as to their legal right to services

Key aspects of the RI role:

5. The RI acting as ADVOCATE for the children and young people, RM and staff team as required to outside agencies and to the internal organisation as required.

6. The RI as COACH to the RM and staff on a day to day basis and with more focus as required. e.g. inexperienced Manager, outcome of an inspection/ monitoring process.

7. The RI offering CHALLENGE to the RM and the team across all aspects of the provision. Challenge can and will vary over time and events. It can be direct (such as at a visit), within formal processes such as supervision, following key events such as an inspection or incident. Challenge can act as a stimulant for culture change.

8. The RI as a SAFEGUARDING expert – for events as they arise, representation at strategy meetings, multi- agency meetings, Section 47 processes, investigation and disciplinary processes, Reg 40 notifications and follow up, involvement in recruitment and training processes.

Key aspects of the RI role:

9. The RI as a key face of the organisation with involvement in referrals, matching, placement processes, interface with the larger organisation, communicator.

10. The RI as the ACCOUNTABLE individual with the RM



Question
arising :

How do you avoid undermining the Manager- day to day and at an inspection or commissioners visit?

Are you totally clear re. the boundaries between RM and RI about admissions to the home?

The Leadership and Management regulation / standard sets out eight key areas which form the start of the analysis for the RI and the heart of the SW Standards :

- Responsibility for leadership and management
- Work in partnership
- Supporting children
- Workforce
- Quality of care and impact
- Feedback from children
- Research and development
- Quality assurance and quality of care



The RI standard (SW)- quality of care- using the standards

- For the RI this is seen as the standard which underpins the experience the child has at the home from the Statement of Purpose to the relationships the children form.
- The RI must satisfy themselves that the Statement of Purpose accurately reflects the service provided within the home. That the policies, procedures and available resources enable the service to provide the stated quality of care and supporting positive outcomes for service users. The RI should ensure that the RM has sufficient capacity to ensure that the quality standards are met for each of the children and young people in the home.
- The RI inspires staff that care for young people within relationships in which they feel loved, happy, healthy, safe from harm and able to develop, thrive and fulfil their potential. Talent and interests are fostered and valued to provide young people with a strong sense of self.
- The RI drives an ambitious culture of aspiration evidenced through the celebration of success no matter how small. There are daily opportunities for learning new skills and where risk taking is valued as part of the learning process
- *Cross references to : leadership and management, children's views , wishes and feelings, education , health and well being , enjoy and achieve, PROTECTION OF CHILDREN, health and well being, positive relationships, care planning*

What do you see and how do you judge quality of care when you visit?

The quality of care-standard, what to look for.

What documents are in place against which to measure this. e.g. SoP , Children's Guide, care plans ,behaviour support plans etc

The RI Standards give you a comprehensive range of evidence options for you to report against



Potential evidence base..... anything else?

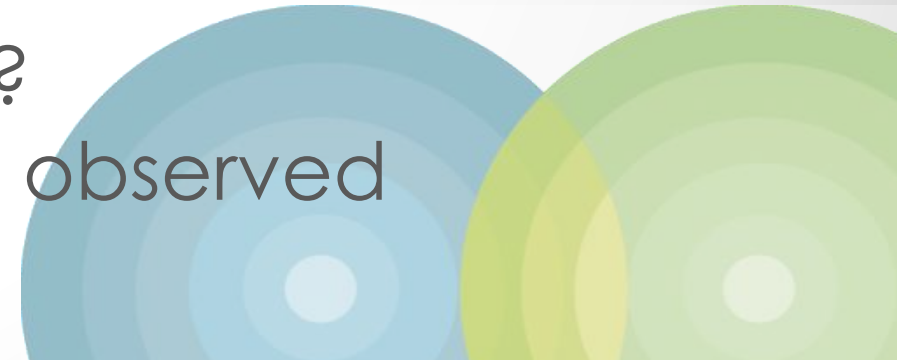
- Reg 45 evidence-patterns and trends-**Quality of Care standard underpins this process and is set in regulation**
- Reg 44 evidence
- Statement of Purpose
- Care plans and other documents
- Transition or moving on plans
- Observation-nurturing / supportive environment
- Children's views- formal and informal
- RM supervision and appraisal
- RM meetings with RI
- Team meetings
- Home Development plan
- Ofsted reports
- LA monitoring reports
- Staff views



Q of care.....

Focus- RI visits- seeing practice and hearing children and young people.

- What do you see?
- Meeting the children?
- Having a meal with them?
- Do they know who you are?
- Announced or unannounced visits? Time of day ?
- Talk with them. Gather their views
- Regular visits
- Enough staff?
- Relationships observed



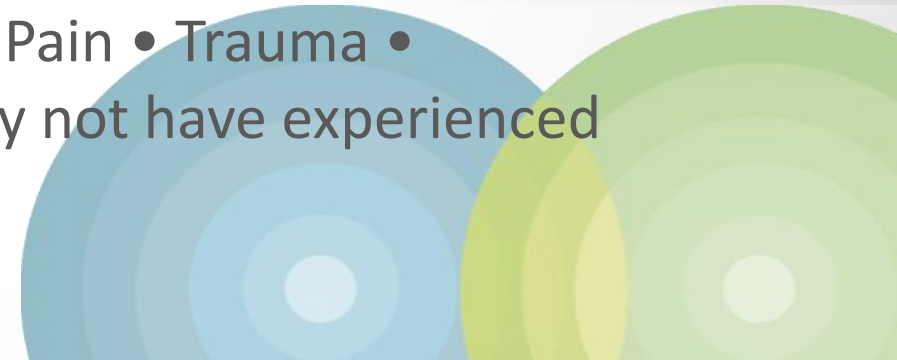
Example of practice based visit focus / evidence

Introduction The 'Guide to the Children's Homes Regulations including the quality standards' tells us:

- *Children in residential childcare should be loved, happy, healthy, safe from harm and able to develop, thrive and fulfil their potential (page 6)*
- The definition of Love
- Love is a variety of different emotional and mental states, typically strongly and positively experienced, that ranges from deepest interpersonal affection to simple pleasure • It is the concept of a human being caring about another • Love refers to an experience one person feels for another. Love often involves caring for, or identifying with, a person or thing

Focus visit continued:

- Truths about love
- All human beings need love? • Love is a profound sense of attachment? • Love is always two way? • Love needs not be glorious or romantic? • Love takes time? • Love cannot be commanded. It can only be given?
- What do YOU know about the children's experiences of 'love' living in your children's home? How does it underpin the quality of care?
- We know our children will be living on a daily basis with any or all of the following: • Abuse • Loss • Rejection • Pain • Trauma • Separation They may not have experienced love as defined



Focus visit continued:

- Truths about love
- working in small groups define how you would expect to see love and affection demonstrated in the home?
- how would you manage / or how have you managed challenge from the staff re. expressing love to the children in our care



Research on love

- Love-led practice in children's residential care: Margaret Davies Scottish Journal of Residential Child Care: An international journal of group and family care experience Volume 21.1
- Do you love me? An empirical analysis of the feeling of love amongst children in out of-home care. Mette Lausten & Signe Frederiksen Scottish Journal of Residential Child Care 2016 – Vol.15, No.3
- The growth of love: Keith J. White. Scottish Journal of Residential Child Care 2016 – Vol.15, No.3
- Lovin' Care Evaluation Project Report: Children's Home Quality 2022 <https://childrenshomesquality.com/>

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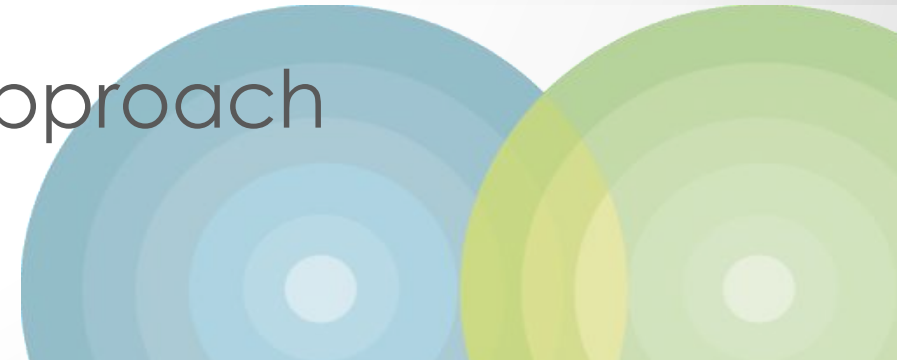
Excellent outcomes:-

- Quality of Care is key to positive outcomes
- Define “excellent outcomes” for children and how the RI can recognise them- small group work and feedback.



Any queries , thoughts?

- Review your visits and their structure?
- Are you capturing a broad evidence base?
- Is there evidence and information to feed into the RM's supervision?
- Have you evidence to feed in strategically to the development of the home and the business plan?
- Do your visits capture observation , children's and staff views?
- Next time- safeguarding and the RI approach
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Any queries

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