



Responsible Individual training - Welcome back!

Session 4

Today's session will focus on quality assurance across the breadth of the provision and will include the involvement of children and their influence on the home.

The RI standard- feedback from children

For the RI this is seen as the standard which captures the views of children and can give a clear picture of the child's voice in the home, if it is heard and acted upon in their home and lives. The RI has clear examples of children being heard and their wishes being acted upon. If not they are offered a clear explanation as to why it cannot happen.

The RI should support the RM and team in the practice of listening to children taking their views, wishes and feelings into account when planning and undertaking their care as well as in the further development of the service in the short, medium and long term.

Cross references to : leadership and management, quality of care, education, health and well being, enjoy and achieve, PROTECTION OF CHILDREN, health and well being, positive relationships, care planning



The RI Standard feedback from children-evidence base

Potential evidence :

- Reg 44 & 45 evidence-patterns and trends
- Children's Guide
- Care plans, transition plans & other documents
- EHCP/PEP /IEP documents / plans
- Observation-positive relationships , advocacy.
- Children's views- formal and informal
- RM supervision and appraisal, meetings with RI
- Team meetings
- Home Development plan
- Ofsted reports
- LA monitoring reports
- Staff views



The RI standard-quality assurance

The RI must satisfy themselves that the RM oversees the welfare of each child in their care through observation and direct engagement with each child, each member of staff, family /carers for each child (if appropriate), professionals involved in the care or protection of each child i.e. SW, IRO, teachers, clinicians, other health professionals.

The RI should ensure that the Reg 44 and Reg 45 are fit for the purpose of ensuring continuous development of the home. The RI should test out the skill of the RM in anticipating difficulties, reviewing incidents, learning from placement breakdown, implementing lessons learned and sustaining good practice

Cross references to quality and purpose of care, 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

The RI standard-quality assurance evidence base

Potential evidence:

- Reg 44 & 45 evidence-patterns and trends
- RM meetings, supervision and appraisal
- Home Development plan, Statement of Purpose/contents
- Children's views, response to grumps/grumbles/complaints
- Ofsted reports & LA monitoring reports
- Care plans and supporting documents
- Staff views/stakeholder views
- Regular visits to the home, observations
- Approachable – evidence by direct communication with staff and observation of relationships in the home.
- Supervision/appraisal records for staff

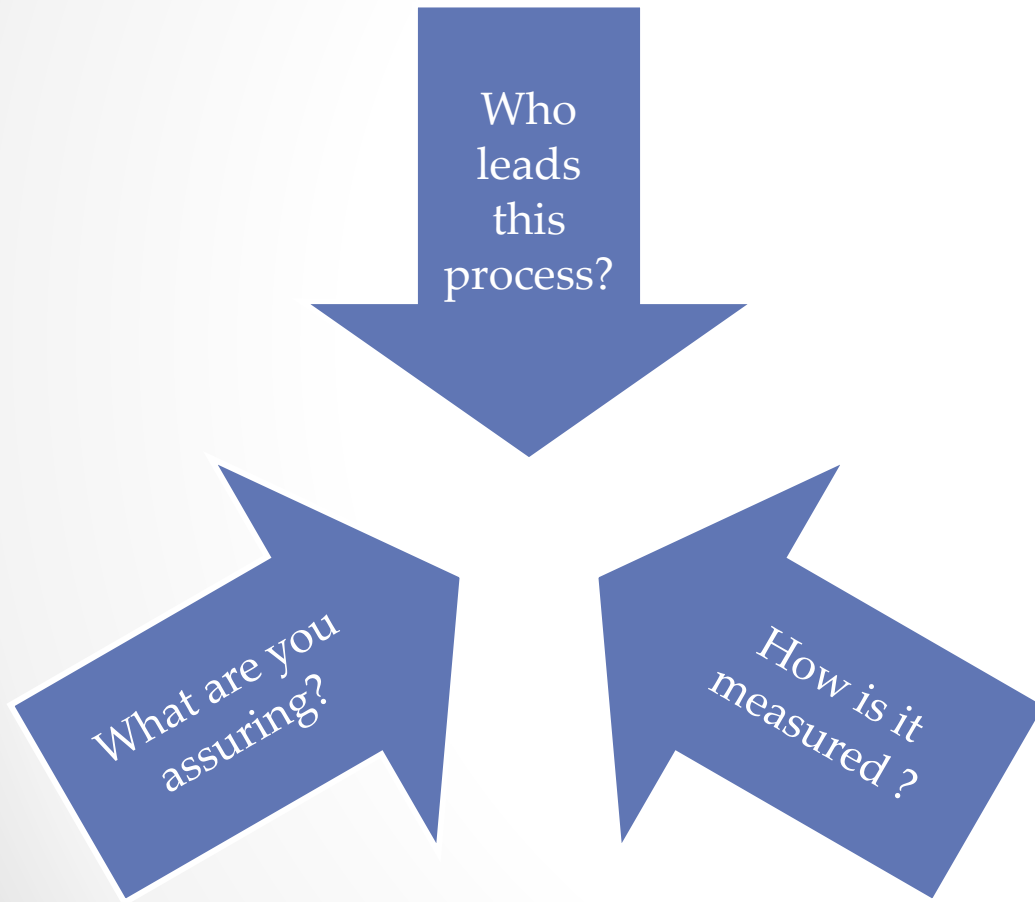
Root cause analysis and findings



What do the words "quality" and "assurance" mean to you?

- Qualities are defined as the features or characteristics of a person or thing. Examples of qualities are charisma, intelligence and responsiveness.
- Assurance- a promise , confidence
- Quality, attribute, meaning a particular characteristic (of a person or thing). A quality is a characteristic, innate or acquired, that, in some particular, determines the nature and behavior of a person or thing: naturalness as a quality; the quality of a product.
- Assure- to confirm the quality of
- **So how does this apply to the RI?**

What do the words “quality” and “assurance” mean to you?

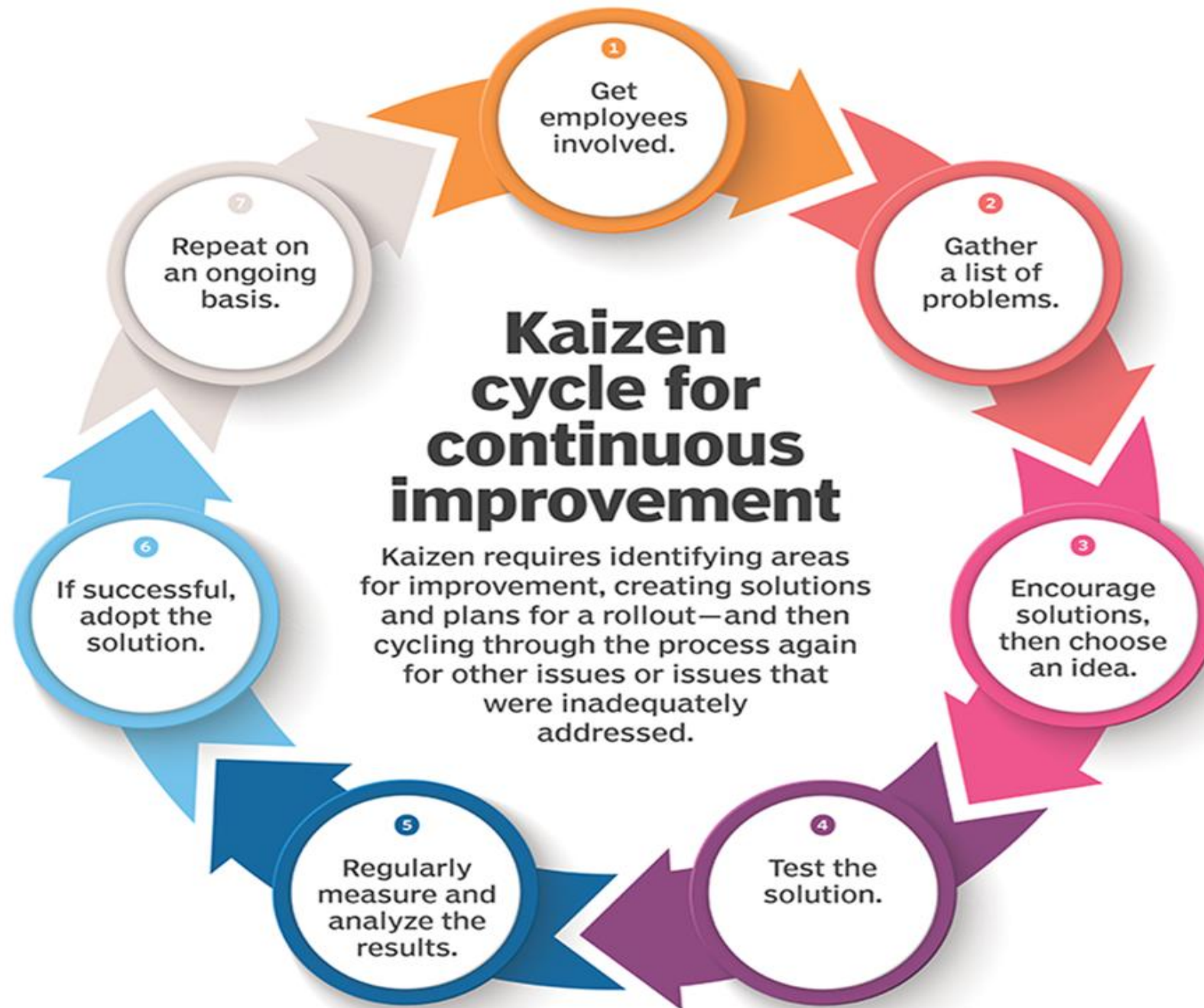


- Whose responsibility is this process?
- Why does it have to be “checked out”?
- What do you do with the findings?
- To whom are you giving feedback?

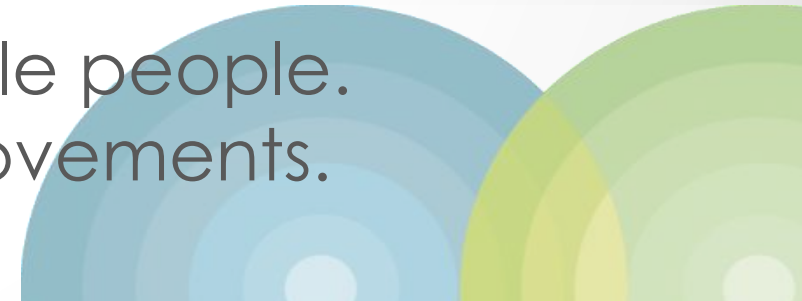
What is QA and where does it come from?

It comes from the manufacturing sector originally particularly manufacturing such as Toyota , Nissan and has been adapted to fit all sectors – industrial , service , professional etc.





Ten principles of Kaizen

- Let go of assumptions.
 - Be proactive about solving problems.
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- Don't accept the status quo.
 - Let go of perfectionism and take an attitude of iterative, adaptive change.
 - Look for solutions as you find mistakes.
 - Create an environment in which everyone feels empowered to contribute.
 - Don't accept the obvious issue; instead, ask "why" five times to get to the root cause.
 - Cull information and opinions from multiple people.
 - Use creativity to find low-cost, small improvements.
 - Never stop improving.
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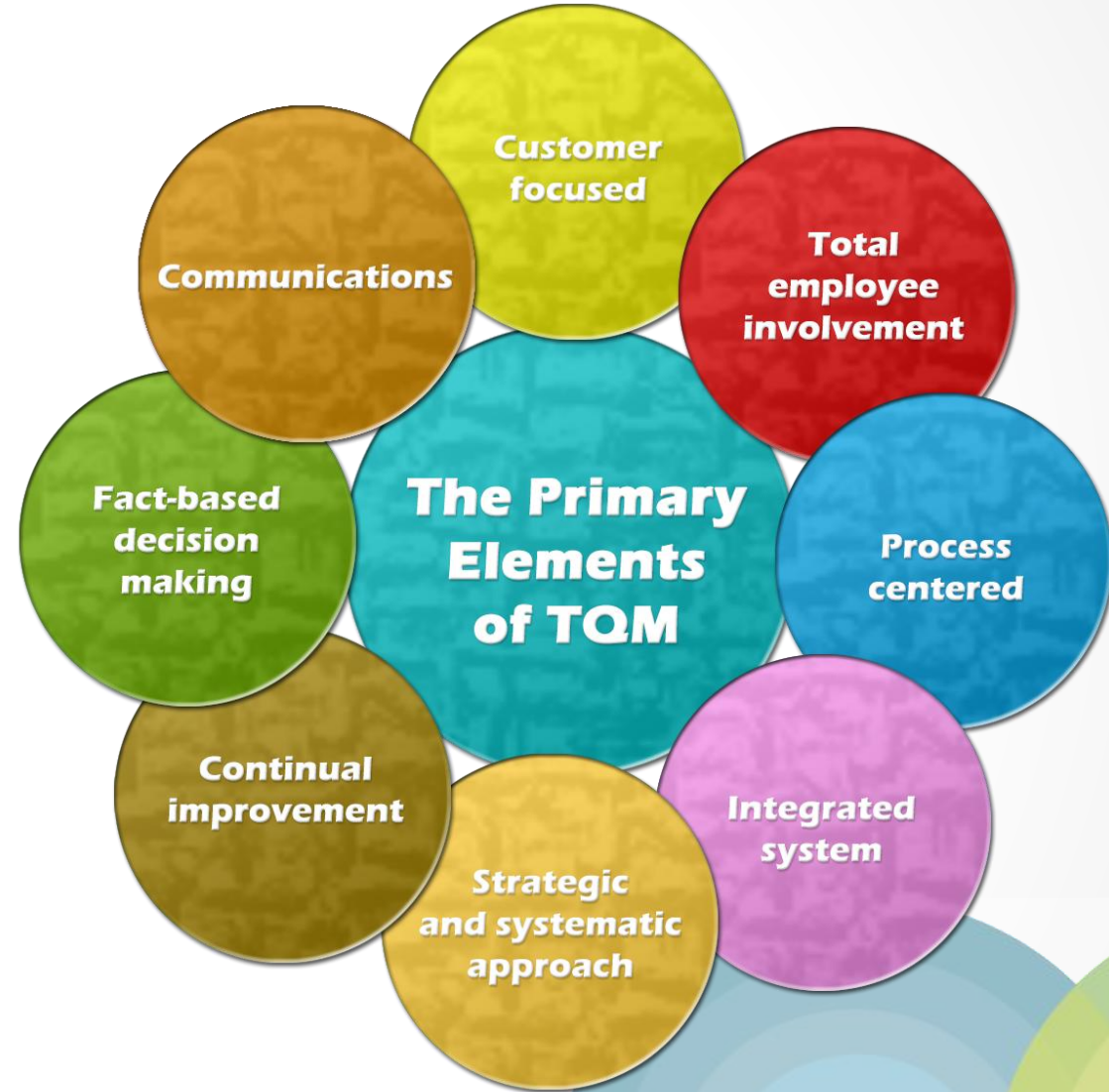
Kaizen cont'd

- Kaizen is based on the belief that everything can be improved and nothing is status quo. It also rests on a [Respect for People principle](#). Kaizen involves identifying issues and opportunities, creating solutions and rolling them out -- and then cycling through the process again for other issues or problems that were inadequately addressed. The next slide shows the seven steps to create a cycle for continuous improvement and give a systematic method for executing this process.
- KEY UNDERPINNING PRINCIPLES:
- RESPECT: We respect others, make every effort to understand each other, take responsibility and do our best to build mutual trust.
- TEAMWORK: We stimulate personal and professional growth, share the opportunities of development and maximize individual and team performance."



Total Quality Management

- **Employee Commitment:** This creates empowerment through training and suggestion mechanisms.
- **Fact-Based Decision Making:** Teams collect data and process statistics to ensure that work meets specifications.
- **Effective Communications:** There should be an open dialogue throughout an organization.
- **Strategic Thinking:** Quality must be part of an organization's long-term vision.
- **Integrated System:** A shared vision, including knowledge of and commitment to principles of quality, keep everyone in a company connected. Taiichi Ohno recognized that even suppliers are an important part of the system.
- **Process-Centered:** You can deconstruct every activity into processes, and, therefore, locate and repeat the best process.
- **Continuous Improvement:** Every employee should always be thinking about how to better perform their job.



Quality Management cycle continued

In each of the principles the four following statements are defined and described:-

- Statement: Description of the principle
- Rationale : Explanation of why the principle is important for the organisation
- Key benefits: Examples of benefits associated with the principle
- Actions you can take: Examples of typical actions to improve the organisation's performance when applying the principle

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QA and the
team- how do
you quality
assure the
Manager/
team/ culture/
practice?

- Small groups
- How you capture and assure some of the most difficult to pin down evidence?



As the RI how does quality assurance

- Inform your feedback to the Manager?
- Inform the supervision and appraisal for the Manager?
- Support the development of the home?
- Sustain good practice in the home?
- Improve outcomes for children and young people?

SO :-

- Is your model clear? Is it too focussed / narrow?
- Are you assuring a broad range of topics/ issues?
- Are you capturing the right evidence?
- Are your findings being applied or blocked?

Feedback from children? Are we asking the right questions ? Are we listening?

Areas that children and young people reflect upon:

- *Coming into care and what that feels like*
- *Wanting to feel safe*
- *Honesty about families and siblings*
- *Honesty about placement changes*
- *Don't give me a "survey"*
- *Don't just ask me what I want- listen to me ?*
- *Being made to feel different. Stigma education , home*
- *Being surrounded by "care " language and processes*
- *Needing people to be honest about their past and help them fill in the gaps*
- *Ask me what I want to talk about- don't assume*

Quotes- pauses for thought.....

- *“we just want to be treated like normal kids”*
– do we do this? Do we ask them?
- *“telling someone you are being removed is like telling someone you have cancer”* –
young person reflecting on coming into care
- *“in care children should be given the best education and the best environment”*
- *“... be there, be consistent and available”*



Principles of practice

- Giving **children** a **voice** promotes self esteem and self worth
- By giving **children** a **voice**- choice, opinion, feelings and emotions can be expressed
- Giving **children** a **voice** keeps them safe
- **Children** can develop and learn that they are **important** and valued.
- Feeling valued plays a large role in how a **child** develops and relates to others



We say we
hear the
voice of
children, but
do we?

- discuss in your groups how we say we hear the voice of children and adults
- Ask yourself:
does this really give us a true picture?
do we hear what we want to ?
do we represent what we find honestly?
what do we do with the information?
do children and adults really influence
change in their homes?



Voice of the child.....

- Very much a point of focus after the various reports e.g. sexually harmful behaviour , Hesley /CSPR 1 and 2.
- Point of review / check for RI's are you happy that this active and reactive listening is in place?
- Do children influence change in the home ?
- Are they actively involved in decisions about their care?
- Have you seen the evidence of this ?



pause for thought....revisit these challenges

- How would you describe the culture of hearing children in your service?
- Have you tested it yourself?
- Do your findings align with what the children and team say, as well as records, observation, conversation?
- Do you need to make any changes, speak with the team / RI about change?
- Most importantly do you need to speak with the young people about their views and ideas? Are they core to this process?



Consistent messages from serious case reviews

- Pause for thought:
- There are five main messages with regard to the voice of the child. In too many cases:
 - the child was not seen frequently enough by the professionals/adults involved, or was not asked about their views and feelings
 - agencies did not listen to adults who tried to speak on behalf of the child and who had important information to contribute
 - parents and carers, prevented professionals from seeing and listening to the child
 - practitioners focused too much on the needs of the parents, especially on vulnerable parents, and overlooked the implications for the child
 - agencies did not interpret their findings well enough to protect the child.

What next?

- Review your role and how you monitor , review and comment on the home or service using a quality assurance process.
- Does this form a key element of your supervision and meetings with the Manager?
- Do you hold a developmental view with the Manager on the progress in the home?
- Anything else...?

