



Developing an outstanding service

December 2025

Areas of focus.

- The outstanding leader
- The voice of the child
- Progress
- Monitoring





It starts with you.....

...

do you recognise these elements in yourself

Starting point-

- You must evidence the “good” criteria too.
- The good criteria has a focus on management; the outstanding criteria are definitely about leadership. The change in language is clear.....
- Is this you ?
- <https://www.gov.uk/government/publications/social-care-common-inspection-framework-sccif-childrens-homes>
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What language does the SCCIF use?

The outstanding criteria are much more qualitative, descriptive and grounded in your leadership skills



O/S Leadership- words from the SCCIF

- “Best possible
- Inspirational
- Confident
- Positivity
- Aspirational
- Excellence
- High expectation
- Innovation”
- “Sustained improvement
- Excellent quality of care
- Enhancing life chances
- Research informed practice
- Creative
- Proactive
- Child involvement”

You “think ” you are outstanding ...

“ Anecdotal or real evidence ? You have a feeling you are What evidence do you have? Always double check.

Using the SCCIF, as an action planning and review tool is useful

The key priority-the child's voice.

- are you really hearing the voices of children ? How do you know?
- a number of recent enquiries and reports are clear that not enabling the child's voice has contributed to significant harm
- your leadership sets the aspiration , ambition and culture of practice.



UN Convention:

- enshrined in law- UN Convention on human rights and UN Convention on the rights of disabled people to communicate
 - to enable communication
 - to listen and act on their voice
 - to give their view
 - what help would they like and from whom?



Team discussion

- Why are children and young people with disability / difference not heard ?



Breadth of difference and disability.....

- The breadth is enormous and thus hearing the voices of children is highly individual with practice approaches tailored to fit the unique needs.
- Generic approaches run the risk of capturing only “broad brush “ information or missing an individuals’ viewpoint.
- Can include
 - a range of additional needs
 - special needs- primary and secondary
 - hidden disabilities
 - ANYTHING ELSE?



The issues.....

- We know that there are still issues in relation to the voices of children with difference or disability being heard
- Why?
 - ignorance / lack of knowledge
 - fear
 - paternalism
 - medical model
 - time
 - tokenism
 - communication needs and rights not understood
 - parents' and professional's voices dominate
 - abuse



Principles of practice – are they in place?

- Giving disabled **children** a **voice** promotes self esteem and self worth
- By giving **children**, a **voice**- choice, opinion, feelings and emotions can be expressed
- **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
- Individual approaches across a range of communication styles and types including pre and non- verbal children



Challenge in achieving outstanding

- Are your team accurately capturing the child's voice?
- How do you know that they are not applying an adult filter , making assumptions , applying bias ?
- Is adequate training in place in relation to communication?
- Has everyone committed to the practice?
- Is this strength reflected in your SoP; your Reg 45;RI visits ; Reg 44reports?
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Challenge in achieving outstanding

- Specific communication needs may be linked to:
 - Processing
 - Vocabulary
 - Comprehension
 - Complex needs
 - Alternative methods- Makaton , PECS, Grid, Pro Loquo to Go, Widget, Eye Gaze, photo cues, social stories, BSL, Big Mack,Braille, objects of reference
 - Pre and non-verbal communication
 - Mental health/trauma/PTSD
 - Depression

ARE YOU CONFIDENT IN HEARING THE CHILD'S VOICE,
WHERE THESE DIFFERENCES/ BARRIERS ARE IN PLACE?



- Staff training- essential..... and often overlooked unless a formal alternative method of communication is in place
- Ask the young person / involve them in how they express their views
- Work in partnership- young person and other professionals
- Value , respect , time
- Patience
- Positivity
- Active listening and hearing
- Alternative methods equipment – working , available , charged ?
- Body language
- Reflection
- ANYTHING ELSE?

What next? Evidence ?





Outstanding progress

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Evidence in place ?

Current context

- You have set the culture.
- You hear your children and young people ?
- They make progress----- or do they? Can you prove this within the outstanding criteria?



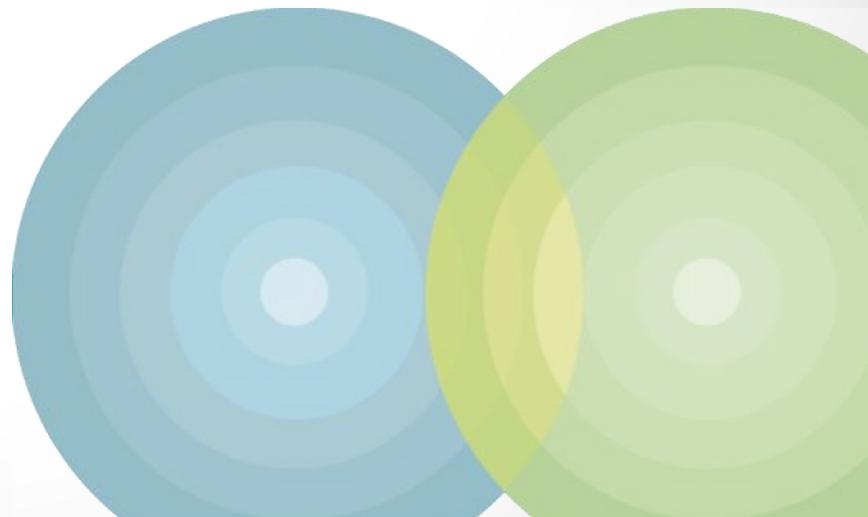
Setting the scene- the Leader's role in enabling progress

What makes a placement a success? The role of the Leader is crucial:

- Do you share your vision/culture for your service? Is it clear? is it evident in practice ?
- Are you transparent in wanting to achieve excellence for and with the child?
- Are you clear in your pursuit of shared positive outcomes?
- Are you and do you support reflective practice -for the staff and the child?
- Are you aiming for success from the start?
- Do you and the team have a “never give up “ attitude.

Evidence of progress

- Are you consistently good as a starting point?
- Is everyone aware of what outstanding looks like or only you ?
- Are you gathering the evidence you need ? Is the RI? Is the Regulation 44 Visitor?



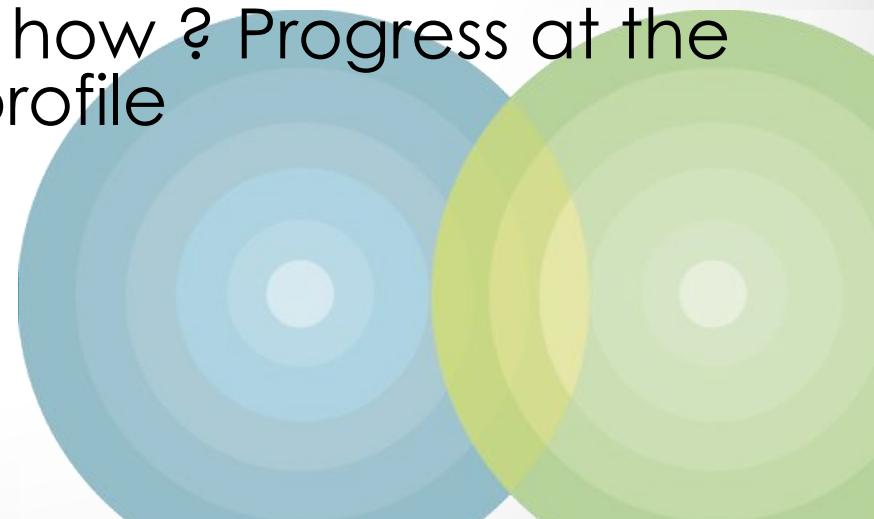
What evidence?

- Child's view-
 - formal and informal
 - their influence in the home
 - their direct involvement in decision making
- Independent views
- Your observation is key. Think like an inspector - what are you seeing, hearing, reading? What is the environment like? Sensory diet and sensory awareness?

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What evidence ?

- Patterns , trends
- Use of something like the Well Being Web model
- Keep a “journey log”
- Ensure you tell the child's story/support the child in telling their story and making long lasting progress
- Capture the story as video, photos, staff reflection . Use appropriate communication methods.
- Capturing the tiny steps – how ? Progress at the child's pace- likely spiky profile
- Data



Outcomes and impact

- While **outcome refers to specific and measurable short-term effects**, impact can adopt a more comprehensive viewpoint, looking to broader and long-term effects.
- Measuring and recording outcomes and impact:
 - Keep a clear narrative.
 - Review regularly –sometimes we can fall into the trap of thinking “outcomes achieved – job done.....”
 - Review regularly , reflect and keep a strong narrative of progress and those seemingly backward steps- are they really? Does the child move forward quite quickly this time? Have they reached a plateau?
 - In terms of impact ask, “so what?”

reflection

...

... and checking it out

Reflection-think like an inspector

- What are you seeing? Observation is key- homely , relationships , communication , interaction , respect , dignity , value , positive relationships , trust.....
- What are your senses telling you? What are you hearing? Simple things like the smell in the house, warmth , laughter, noise , welcoming.....
- Can you see the links – education , health , other professionals . Can you see their impact in the child's support and progress?
- What do the records tell you?
- What does supervision , appraisal and line management tell you?
- Most importantly – what do children tell you? What do families say?
- What next- have you got the culture right? Check the SCIFF, standards and regulations.



reflection

- WHAT ARE YOU DOING WITH YOUR FINDINGS? HOW ARE YOU CAPTURING THOSE OUTSTANDING CRITERIA.
- CAN YOU HOLD A POINT OF CONVICTION AND DEAL WITH CHALLENGE AT AN INSPECTION ?



CAN YOU PROVE IT?

- Any queries or questions ?
- Follow up ?
- Thank you. Chris

