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 tour 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!
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Update

- Keeping children safe in education (KCSIE) 2026: summary of changes | NSPCC Learning
- News | NSPCC Learning Blog: Why language matters: 130+ articles
- Children's perceptions of crime and online safety in England and Wales - Office for National Statistics
- The_loneliest_generation_Sept26.pdf
- Inspection tips



Key starting points for the RI-challenge!

- Does your JD adequately define your role?
- Are lines of accountability clearly defined?
- How many services are you responsible for ? Too many?
- Delegated lines of monitoring when you are the RI for a number of homes? Are these secure? Do you get the information you need?
- How well do you know the Quality Standards?
- Will you supervise the RM(s); if you delegate how will you be assured that all is well- or not? -How will you maintain your accountability in this situation? Remembering that accountability always sits with you too.

Getting the foundations right

- Who will give you meaningful supervision? Are they the right person to do so?
- Are you up to date with the regulatory processes/inspection processes?
- Are you up to date with current issues?
- How will you make sure that you are "happy" with the home and what you are being told , documents you are seeing, reports you are reading?

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?

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 RI standard (SW)- quality and purpose 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 must ensure resources are available to adequately train staff to have sufficient knowledge to help each child understand and manage the impact of any experience of abuse and/or neglect.**
- **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***

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

Evidence base

- R45 Review and Report [Regulation 45 reviews and reports – what you need to know – Ofsted: social care]
- Reg 44 evidence
- Statement of Purpose
- Care plans and other documents
- Transition or moving on plans
- Observation-nurturing / supportive environment
- Walk throughs

- 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
- External feedback
- Professional meetings
- What else?



Statement of Purpose: Key points

- Key document
- (3) The registered person must -
  (a) keep the statement of purpose under review and, where appropriate, revise it; and
  (b) notify HMCI of any revisions and send HMCI a copy of the revised statement within 28 days of the revision.
- Guide:
- **3.6** The information set out in the Statement of Purpose is an essential part of the process of agreement between the registered person and placing authority that a placement in that home is the right one for that child, and that the home will be able to respond effectively to the child's assessed needs. Emergency admissions should not be taken unless the home's Statement of Purpose and its capacity and support systems mean that it has the capability to care for children admitted at very short notice while continuing to offer high quality care to children already living in the home.

SCCIF

- Practice is consistent with the home's ethos and objectives.
- These are clearly stated within the statement of purpose, which is reviewed and updated as necessary.
- If a statement of purpose sets out that the home provides specialist care to children, the specialist nature of the arrangements is clearly defined.
- Staff to have the appropriate experience, qualifications and skills for the work they will perform.
- The home's statement of purpose should be available on its website and form part of the pre-inspection data. Ofsted should also hold a copy in their database because homes are required to submit this document to Ofsted whenever they are changed.

Q of care.....

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

Are they: planned/unplanned/themed/ random

- 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 ?
- Gather their views
- Regular
- Enough staff?
- Sufficient capacity
- Relationships observed

Protecting and creating capacity

- Group work
- How do you assess RM's capacity
- What might be signs of poor capacity?
- What might you do?

Capacity

- **Signs of lack of capacity**
- Signs of stress/burnout
- Unmet issues
- Sickness
- Lack of focus
- Unwilling to meet?
- Covering up shortfalls
- Avoidance
- Raise in safeguarding
- State of home
- Staff making the decisions….

- **Creating and protecting capacity**
- Regular oversight-look for burnout
- Protect down time
- Take time to understand what's being asked of the RM-is it reasonable?
- On call-is it 24/7?
- Bridge between RM and RP
- Know and protect employment rights
- Pick up the slack where appropriate (and where you have capacity)
- Regular meaningful supervision
- What else?



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/

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

- Liz.cooper@dialogueltd.co.uk
- Dialogue offices: 01803 493030
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