National Centre for Excellence in Residential Child Care

Regional Care Cooperatives best practice service specification

A discussion and development document

This document draws together sector specific knowledge and expertise.
It is a response to paragraph 210. *We recognise the wide variety of views on how RCCs could operate*

This document represents the consensus of diversity of views.

This document provides the foundation for discussion and development.

It is a starter not a statement.

This document has 4 parts Premise; Three illustrations of the theory and practice to underpin Reg Care Coops; No market mechanism; Service specification

To appreciate the service specification it is suggested the document is read in sequence.

The document has 12 pages (+ relevant extracts from consultation).

1. Premise

It is necessary to base the development of RegCare Coops on established child care theory and practice.

Any move from this needs to be conscious and deliberated as to its effects.

The current arrangements of commissioning and procurement have not been developed child care theory and practice at the forefront. Currently administrative and financial matters are the priority. This has led to compromise and dilution that is now able to be rectified.

Reparative and restorative actions are needed for arrangements to deliver best practice child care. The RegCare Coops present and opportunity that must be taken.

2. Three illustrations of the theory and practice to underpin Reg Care Coops
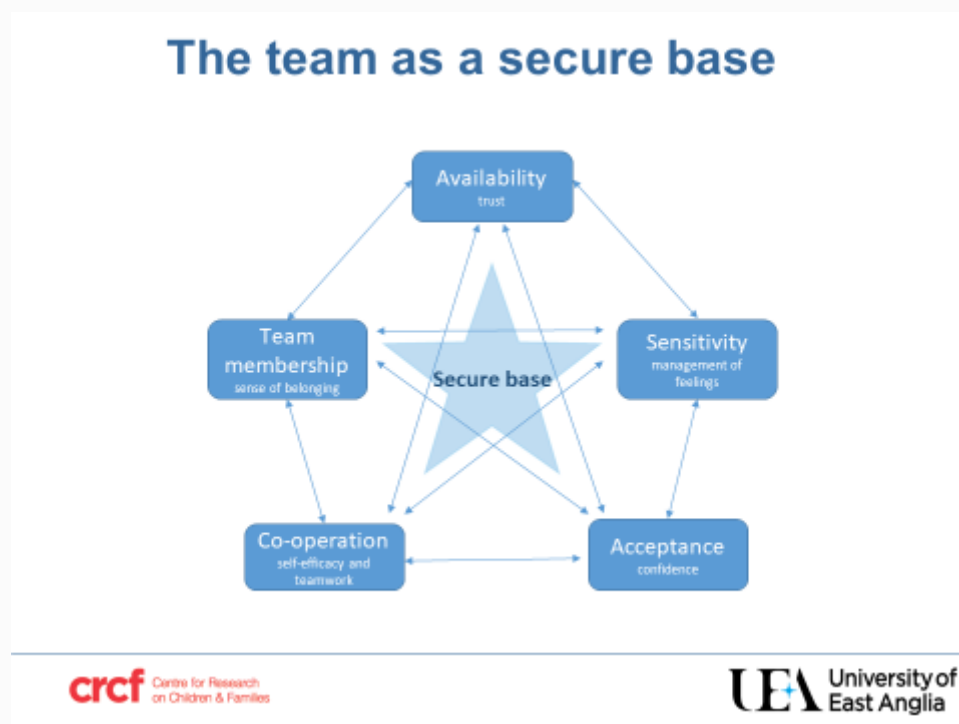
2.1 Secure base

The Secure Base model, drawn from attachment theory, has five dimensions of caregiving, each of which is associated with a corresponding developmental benefit for the child. The dimensions overlap and combine with each other to create a secure base for the child, as represented below:

An introduction to the Secure Base model - Groups and Centres (uea.ac.uk)

Relevant attachment concepts - Groups and Centres (uea.ac.uk)

Secure Base in teams

The Team as Secure Base model was developed as part of the Economic and Social Research Council-funded research project **Emotional Intelligence in Social Work** and is an adapted version of Gillian Schofield and Mary Beek's Secure Base model used in foster care, adoption, residential care and schools.

The Team as Secure Base draws from social workers' experiences and their articulation of what helps create trust as a foundation for effective teamworking (**Biggart et al 2017**).

The concept of the secure base comes from attachment theory (Bowlby, 1969) in which the characteristics of our relationships with significant others affects the development of trust. Relationships which demonstrate availability, sensitivity to our needs, and reliability, provide us with a safe haven to return to when life is stressful. These relationships also contribute to our being able to access comforting internal mental models when we are physically away from significant others.

Adults also draw upon their social networks in times of need to provide comfort and engage in reflective thinking to help manage their emotions. Secure attachments enable us to engage with the world and help us remain resilient when life is stressful. In the context of emotionally-demanding occupations, practice supervisors and their teams often provide a work-related secure base.

The Team as Secure Base model can be used by supervisors and managers to reflect on how they can behave in a way to promote a secure base for their team across five different domains: availability, sensitivity, acceptance, cooperation, and team belonging.

Summary information about the five domains of the Team as Secure Base model

Availability

Teams work well as a secure base when members of the team are available, either in real time or virtually, and if members of the team can also rely on other members to be available to them.

Sensitivity

Team members who demonstrate empathy (e.g. by noticing other people's feelings, offering advice or opportunities to talk, or sympathy, tea or food) and help each other believe they can manage their feelings.

Acceptance

Team members who can provide constructive help and advice when things go wrong show an understanding that everyone makes mistakes and that it's unrealistic to expect to be perfect all the time. Beliefs around the need to be seen as 100% competent at work can create unrealistic expectations, which can lead to stress.

Co-operation

Team members who work together to provide direction and give advice help each other feel confident that solutions to problems will be found. This helps alleviate feelings of isolation, which can be a source of stress.

Team membership

Shared ownership of work, and recognition of each other as both colleagues and human beings, helps contribute to social workers believing that they're valued and they belong, which helps sustain self-worth.

2.2 Resilience

Resilience exists in the surrounding environment of the child and is absorbed by the activities before being able to make contributions.

The RegCare Coop is seen as providing the experiencing of 'I have' for the child enabling their achievement of identity, and supporting their abilities.

I HAVE	I AM	I CAN
Trusting and loving relationships with others: parents, siblings, teachers, friends.	Loveable: the child possesses, or is helped to develop, qualities that appeal to others.	Communicate: the child is able to express feelings and thoughts, and listen to those of others.
Structure at home: clear rules and routines, comprehensible and fair sanctions when breached, praise when followed.	Loving: the child is able to express affection to others, and is sensitive to their distress.	Solve problems: the child can apply themselves to problems, involve others where necessary, and be persistent.
Role models: parents, other adults, peers, siblings, who model good behaviour and morality.	Proud of myself: the child feels they have the capacity for achievement and resists discouragement.	Manage my feelings: the child knows and understands emotions, recognises the feeling of others, and controls impulsive behaviour.
Encouragement to be independent: people who offer praise for growing autonomy.	Responsible: the child accepts and is given responsibilities, and believes that their actions can make a difference.	Understand my temperament: the child has insight into their personality and that of others.
Access to health, education and social care: consistent direct or indirect protection for physical and emotional health.	Hopeful and trustful: the child has faith in institutions and people, is optimistic for the future and is able to express their faith within a moral structure.	Seek out trusting relationships: the child has the ability to find people "peers or adults "in whom they can confide and develop mutual trust.

2.3 Containment

Caring for the most vulnerable young people is emotionally, psychologically, intellectually, and physically exhausting work. Commissioning is one aspect of this work. Menzies Lyth argued that carers and systems, including commissioning, have to create the ability to be impersonal out of an unconscious desire to block out distressing feelings and ward off anxiety. In this way commissioning acts as a defence against anxiety

Commissioning has multiple anxieties, the needs of the young people, working with social work colleagues and other agencies, working with providers, its awareness of its vulnerability, ineffectiveness and inefficiency and that there is a projected magic and miracle expectation of their work.

The concept of "containment" is widely used in human relations consulting to describe a psychological state where people feel robust, secure and resourceful. They have the presence of mind to think clearly, can tolerate their difficult thoughts and feelings, and know that these anxieties will pass. They can modulate the way they express their feelings, and know when and where it is safe to discharge them. If they know that they can take care of themselves, or if they understand how the organisation will take care of their needs, they are freed up to tend to the needs of the organisation.

What helps containment?

Here are some examples:

- Ensuring organisational clarity through rigorous analysis of vision, values, mission, and strategic direction, with regular reviews to ensure these are fit for purpose.
- Clear communications reinforce the core messages.
- Ensuring role clarity and appropriate role authority for each job, and supporting staff teams and divisions to manage relationships across the boundaries of their roles.
- Providing as much structure and consistency as possible.
- Holding your role authority and managing the boundaries.
- Challenging boundary breaches and 'speaking truth to power'.
- Involving others in developing these so they feel a sense of ownership through clear consultation processes with clear timescales.
- Being clear about the bottom line for what has to change and what will not change
- Modelling steady stewardship - by being thoughtful, being confident and competent. Bringing the temperature down when so that you feel robust and contained yourself.
- Describing your feelings when appropriate but not "emoting" or relying on staff for your own emotional support.

- Fostering a supportive culture which is mindful of difficult feelings, and which encourages peer support. Developing emotional literacy in the organisation by carefully naming the feelings that staff might be experiencing.
- Facilitating and enabling team discussions. Being clear about the task, helping the team to structure their thinking processes, and synthesising different perspectives into a coherent decision. Having agreed ground rules, and if necessary surfacing difficult issues, supporting the team to say what is unspeakable in a managed way, and to reach a resolution.
- Providing agreed spaces and opportunities where staff can let off steam and express their frustrations, especially during times of organisational change.
- Arranging ongoing structured psychological support for staff whose work is routinely stressful, so they can deal with the anxieties, projections and frustrations (e.g. counselling, clinical supervision, case conferences, staff support groups, debriefing sessions, or line management supervision etc.)

3. No market mechanism

The introduction of a market mechanism fundamentally breaks the secure base, resilience and containment. It introduces a split in all operations. It is split that has to be healed. It is on this basis that a market mechanism is not designed for the delivery of child care.

The introduction of commissioning can be seen as a flight to the market being an attempt to flee a present that was uncomfortable. Overwhelmingly transactional thinking has dominated this psychological understanding. Before the onset of commissioning and the development of the independent sector the diversity of homes needed at the time was not being provided in a sector that was LA provided. Amongst other things, many positive, commissioning was retreat from despair and loss of functioning. Commissioning and the independent sector were a pragmatic action. The following sense of purposelessness experienced by LA residential child care, notably few sustained their own provision, is only now being rectified.

A market mechanism involves a split at the core, purchaser and provider. In attachment terms throughout the relationships and boundaries are at least ambivalent, often disoriented and disorganised. Intermittent or absent boundaries do not assist working as one team. Open communication is compromised.

Thinking systemically and reflectively in fragmenting arrangements there is fragmenting of a child's experiences.

In such a situation of splitting dependencies on what happens now are frequently encountered. To counter any such dependencies on the practicality of current commissioning the service specification may be seen as a return to reality.

The Reg Care Coop idea of the Care Review is towards integration and to resolve the disintegration commissioning requires in order to operate. The Care Review has taken as view of 'common sense' commissioning as it is and concluded it is a pooling

of defensive efforts, the 'rationality' of the ideology of exchange pervades the social, emotional and psychological life of commissioning.

There is much more to be written on this analysis.

The service specification, nor the Care Review proposal, is not an ideal type. Even if it were, the time is for idealism not ideology.

4. Service specification

Primary task – that which cannot be compromised

Each RegCareCoop will provide a planned facilitating environment for each and all children in care designed to meet identified needs

Strategy of RCC to be directed by a needs audit - this determines how many, of what, where.

How?
An evidenced based assessment of need tool is applied to all children needing out of home accommodation by all local authorities. On this basis we will have data that can be aggregated.

Outcome.
For the first time we will have greater accuracy in understanding the needs of the population of children and the provision that is needed.

Trend forecasting

How?
Using the data provided by the ongoing needs audit.

Outcome
Planned development of provision to meet forthcoming and future need.

Specificity not sufficiency

Sufficiency = numbers, leads to generic admissions, 'heads on beds'
Specificity = needs determined provision

How?
Specificity leads to a different provision than we have now. It is much more diverse. It requires openness to appreciating the results of the data requires creating new provision that offers more precise matching of need and provision. This means we will need provision we do not currently have.

Outcomes
Effectiveness of care and efficiency of sending comes through meeting identified need first time rather than through sequential and hierarchical placements.

Placement determined by assessment

How?
Using the outcomes of the needs assessment for the identification of the right place for the right child at the right time. Assessment leads directly to care delivery rather than at 28 days

Outcomes
Compatibility assessment maximised. Care planning enabled as data will provide evidenced material for the Placement Request Form that leads to good matching decision and follow on care planning delivery by the placement. The care has the focus on strengths and those things that need attention.

N.B. Training for social worker completion of PRFs necessary, these need to be analytical not descriptive. Strengths and risk assessment to accompany PRFs.

RM has right of refusal

How?
The RM is valued as the guardian of the Quality Standards and the Statement of Purpose of the home. They have the responsibility and authority to ensure the matching of needs to the knowledge and skills of the staff, and to the current group of children. They ensure the 'most appropriate placement' is made.

Outcomes
Increased stability through child experiencing a resilient secure emotional base created by informed and supported staff able to meet the needs of that child and the group.

All children's homes to be included - no distinction in terms of ownership

How?
All homes to be included in the RegCare Coop

Outcomes.
Shaping of provision comes from the support from the RegCareCoop. Planning of each home and for all homes regionally is able to be maximised. Occupancy is maximised on the basis that it does not necessarily equate to full numbers and there are good reasons for homes operating below registered numbers..

No option - all homes mandatory must be included in Reg Care Coop

How?
Regulation states that all homes must be included. There is no potential for any unregistered placement.

Outcomes

All children and homes are supported

All placements nil cost to LAs

How?
Government funded

Outcomes
Reduced administration

Not using unit costs - all individually costed placements

How?
Each individual homes total costings known with costs for additional support and delivery for individual children as assessed and agreed.

Outcomes
Children will get what they need when they need without requiring panels and delay.

Placements = cost + reinvestment %.

How?
Homes operating costs known + reinvestment. Operating costs includes surplus/profit that re fixed at a ceiling (= known return on onvestment).

Outcomes
LAs = known expenditure

Workforce development and support for all homes to be provided by Reg Care Coop

How?
As the RegCareCoop is designed to deliver a planned environment the development and support need to be directed as required, the content identified and delivered to a specification. This will be provided by RegCareCoops trainers and consultants which collaborate across the country to offer a national training and consultancy service.

Outcomes
Children receiving care that is the best for their needs at this time. All homes will know they are delivering the care to the level required, and supported to do so

Collectively negotiated pay terms and conditions contractual for all homes in RegCare Coop

How?
All staff will be members of their new professional association/trades union who have the authority to act to support their members.

Outcomes
Assured pay, terms and conditions will ensure care as a low pay sector is ended. A profession requires a professional remuneration reflective of their knowledge and

skills and professional, not vocational, status. There will be no competition in recruitment.

No children to be placed outside of RegCareCoop area

How?
Regulation amendment. It is logical this is necessary to maximise the effects of the RegCare Coop beyond just being a rearrangement of existing procurement arrangements.

The North West ADCS have consistently held the view that there are enough places in their region if other regions did not use them.

Achieving this will require a planned development of provision over 5 – 10 years.

Where the child's needs meet the established criteria for secure children's home and no such home exists within the region the child must be placed as close as is possible to the region.

Outcomes
This levers care currently only provided nationally to be available as local as possible. The opting out of a provider to take children from other regiosn would not be possible.

No children to be placed inside RegCareCoop

How?
Regulation change. Providers only can accept children from their region.

Outcomes
As local as possible as specialist as necessary

R44 to be provided by/ licenced/audited RegCareCoop

How?
By application and interview.

Outcomes
Using a stated methodology will ensure consistency of quality of assessment and reporting.

RMs/RIs to be endorsed by RegCareCoop

How?
Ofsted and RegCareCoop collaboration. One interview.

Outcomes
Quality assurance of leadership. Identified need for development and support through interviewing. Links to involvement by new RMs/Ris in regional development

programmes for prospective role holders, and reaching down to prospective seniors to be deputies.

R45s to be overseen by RegCareCoop analysed and used for solution focussed support

How?
R45s sent to RegCare Coop for analysis and adding to trend data.

Outcomes
Quality assurance and forward planning

Oversight of RegCareCoops by new monitoring and improvement agency

How?
Extension of HMI to recover SSI function. Removes impediment of Ofsted not having an improvement function

Outcomes
Homes to get advice at the right time from the right people in the right way

No market mechanism - no undercutting, or subsidy

How?
A planned environment holds and contains dynamics and variables. The premise is that the cost of the homes are known.

Outcomes
Focus on meeting needs.

No outsourcing to avoid pay terms and conditions

How?
The owner of the home runs the home. No LA outsourcing is necessary to a private or voluntary organisation as all staff are paid the same.

Outcomes
Reduced stress and increased focus on staffing knowledge and skills

Commissioning changes from transactional to relational

How?
Procurement under a market mechanism is removed. Price takes a disproportionate amount of resource (of both children's services and providers) in relation to attention that meeting the needs of the child.

Outcomes
Relational commissioning with a focus on needs

Each RegCareCoop provides consultancy + psychiatry/psychology/therapy for all homes = new national CLA knowledgeable and expd people (not local or forensic CAMHS) like FamilyHubs (discriminatory to provide for families and not other forms of childhood)

How?
See above

Outcomes
See above

Board of trustees to be an independent cooperative with its members being a balanced representation from LAs, directors, providers, staff, children (and ...?). Consensus decision making - not majority voting.

How?
The Board is directly representative drawing from and reporting to its relevant group. Chair taken by members for 6 months .

Outcomes
Management by ourselves for ourselves.

LAs will be required to provide an annual explanation of the numbers of children using the RCC.

How?
The numbers of children using the RCC will be actively monitored.

Outcomes
LAs bringing a proportionately greater number of children into the RCC will be required to present a good explanation to the Board of Trustees as to why their numbers are higher, or increasing. Peer support can be arranged by RCC LAs

RegCareCoops form National Steering Group to create and enable national resources

How?
Chair is representative to 2 monthly meetings.

Outcomes
National strategy development. Responsible for the delivery and oversight of national resources/

This document responds to the following parts of Stable Homes, Built on Love: Implementation Strategy and Consultation Children's Social Care Reform 2023 February 2023

[Children's social care stable homes built on love consulation (publishing.service.gov.uk)](publishing.service.gov.uk)

Extracts

210. We recognise the wide variety of views on how RCCs could operate, including those of local authorities, placement providers, foster carers and social workers.

Mission 2

- 187. '…several measures needed at a national, regional and local level to increase sufficiency… This includes supporting local authorities to improve their commissioning of homes for children ahead of moving to a regional model…. Boost the number of the right homes in the right places available for children as a matter of urgency… support with forecasting, procurement and market shaping to local authorities… Work with local authorities to develop a regional model of planning, commissioning and providing homes for children in care'
- 192 create more homes for children in their local area which meet their needs, significantly reducing the need for out of area places for children to live.
- 207 We will work with local authorities to co-design and co-create Regional Care Cooperative … they will need to build on the measures laid out at a local and sector level in order to boost sufficiency and ensure children can be matched to homes more effectively … forecasting, procurement and market shaping

(N.B. The problem is using a market mechanism to meet needs. They are different categories. Once price is included it becomes the predominating, and in some cases, the determining factor)

The vision for Regional Care Cooperatives (RCCs)

Better and more accurate information to improve planning for care
We agree with the CMA that local authorities are operating at too small a scale to forecast effectively for children's needs in 152 areas. Forecasting how many children will enter care in the future, where they will come into care and with what needs must be carried out at some scale. Working regionally will help us to better predict what homes will be needed for children, and where they will be needed.

Better economies of scale
With increased scale, there is increased capability. A regional model will have the financial force and shared risk to plan ahead and invest in homes and models of care that individual local authorities currently lack. It is good practice for children to be involved in decisions about where and with whom they live. A regional model of care will ultimately increase the availability of the right homes in the right places for children who need them - giving children more voice and choice in decision-making.