



# North East Lincolnshire Learning and Improvement Framework

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## **1. Introduction**

1.1 The aim of the North East Lincolnshire Local Safeguarding Children board Learning and Improvement framework is to

- Enable the development of a culture of continuous learning and improvement across the safeguarding children system in North East Lincolnshire.
- Enable organisations to be clear about their responsibilities, to learn from experience and improve services as a result
- To learn from good practice as well as from cases meeting statutory criteria for serious case reviews
- To follow an outcomes based accountability approach which asks, how much did we do, how well and what difference it made to outcomes for children and young people

## **2. Equality and Diversity**

2.1 All development are intended to ensure that none is treated in anyway less favourably on the grounds of race, colour, national or ethnic or social origin, race, disability, gender, sexual orientation, gender reassignment, marriage & civil partnership, pregnancy & maternity, age, religion/ belief or political/ other personal beliefs.

### **3.Context/ Background and Legislation**

3.1 Working Together 2015 requires all LSCBs to maintain a local learning and Improvement Framework. In order to fulfil the statutory function under regulation 5 a Local Safeguarding Children Board should use data and, as a minimum, should:

- assess the effectiveness of the help being provided to children and families, including early help;
- assess whether LSCB partners are fulfilling their statutory obligations set out in chapter 2 of Working Together 2015;
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children

3.2 Professionals and organisations protecting children need to reflect on the quality of their services and learn from their own practice and that of others. Good practice should be shared so that there is a growing understanding of what works well. Conversely, when things go wrong there needs to be a rigorous, objective analysis of what happened and why, so that important lessons can be learnt and services improved to reduce the risk of future harm to children.

3.3 Local Safeguarding Children Boards (LSCBs) should maintain a local learning and improvement framework which is shared across local organisations who work with children, young people and families.

3.4 The local framework should cover the full range of reviews and audits which are aimed at driving improvements to safeguard and promote the welfare of children. Some of these reviews (i.e. SCRs and child death reviews) are required under legislation. It is important that LSCBs understand the criteria for determining whether a statutory review is required and always conduct those reviews when necessary.

3.5 Learning & Improvement activity must be able to demonstrate improvements in:

- safeguarding arrangements and multi-agency working;
- ensuring C&YP receive 'the right service at the right time;'
- outcomes for vulnerable C&YP.

3.6 The Principles of learning and improvement should promote

- A culture of **continuous learning and improvement** across organisations who work together to safeguard and promote the welfare of children.
- Improvement must be sustained through regular monitoring and follow up so that findings from reviews make a real impact on improving outcomes for children

### **4. Accountability**

4.1 NEL LSCB is committed to these principles and this learning will be implemented and monitored through the LSC leadership Board and its subgroups.

- Operational board
- Quality Assurance
- Neglect
- Serious case review
- Learning and development
- Child death overview panel

- Safeguarding in health
- Safeguarding in education
- Keeping Children Safe (Domestic Abuse, Missing, HSB, CSC)

4.2 The LSC leadership board through the work of the Operational board, sub groups and the challenge of the Quality assurance sub group will challenge services to improve practice and therefore outcomes for children. **The LSCB operational board will be responsible for overseeing the progress against the Learning and Improvement Framework.**

4.3 Evidence of progress/ transparency and public accountability will be achieved through,

- The operational board will evidence the impact of the learning and improvement framework
- The LSCB learning and improvement plan which is managed by the quality assurance and best practice sub will demonstrate the impact of the quality improvement plans
- The involvement of children, young people and their families and lay members in improving the work of the LSCB.
- Publication of learning and improvement activity and its impact on outcomes for vulnerable children and young people.
- Production and publication of the LSCB Annual Report evaluating the effectiveness of Safeguarding arrangements in North East Lincolnshire

4.4 The framework will measure the effectiveness of meeting the Board's four main priorities as outlined in the Business Plan:

- 1) Multi agency early support - **Rationale for priority** - Early intervention and supporting children at an early stage are known to reduce incidences of abuse, neglect and family breakdown.
- (2) Addressing Neglect - **Rationale for priority** - Neglect continues to be the highest stated issue impacting on children at all levels of referral in NEL.
- (3) Addressing Child Sexual Exploitation -**Rationale for this priority** - The Sexual Exploitation of children/ young people is a national priority in ensuring children and young people at risk are identified and safeguarded.
- (4) Maintaining continuity in child safeguarding arrangements, in a changing public landscape

## **5. Single agency expectations**

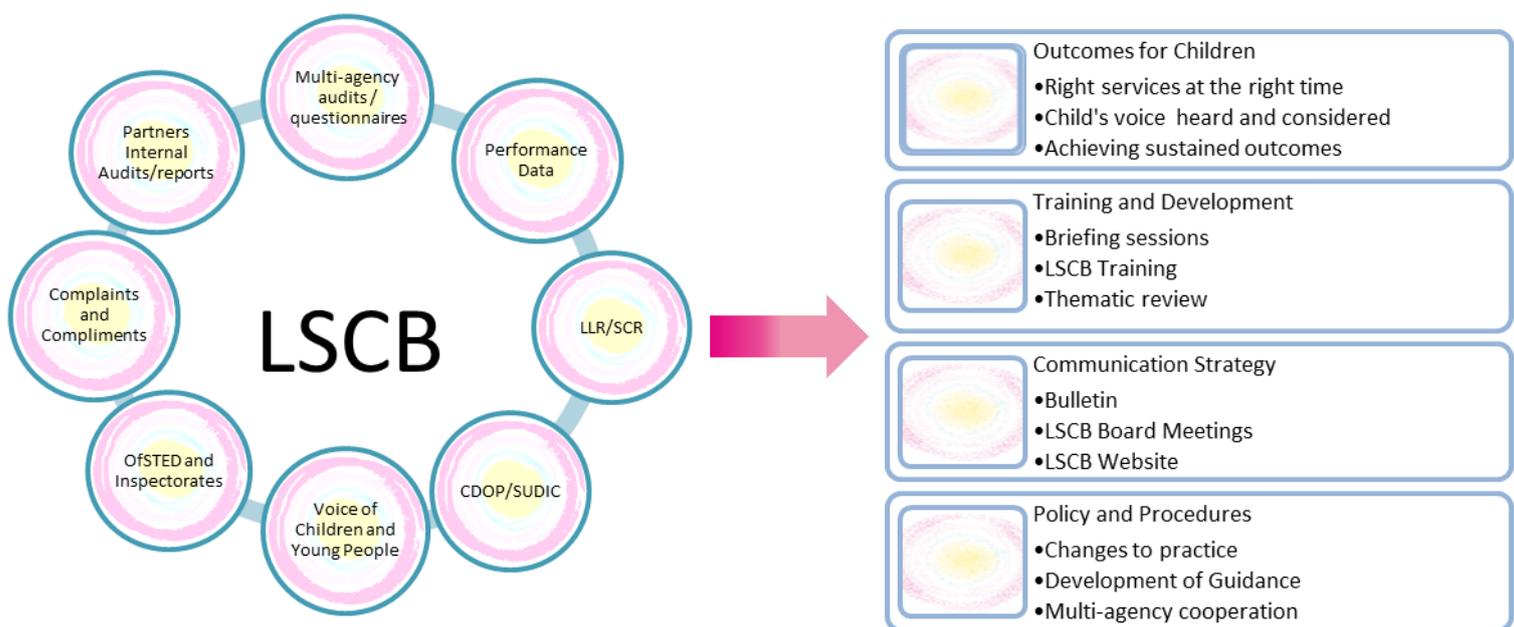
- Employing agencies are responsible for ensuring that their workforce is suitably recruited, qualified and enabled to safeguard children
- Employing agencies are responsible for providing appropriate supervision and support for staff, including undertaking safeguarding training
- Employing agencies are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;
- Employing agencies are responsible for offering their staff mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare; and
- Employing agencies are responsible for ensuring that all professionals have regular reviews of their own practice to ensure they improve over time.
- Employing agencies are responsible for releasing staff to assist in delivering multiagency learning as well as attending multi-agency learning
- Employing agencies are responsible for ensuring that all staff have undertaken suitable

safeguarding training. They are also responsible for ensuring evidence of updated safeguarding training every three years

- Agencies are responsible for responding to audits under section 11 of the Children Act 2004.
- Agencies are responsible for reporting on their compliance and quality of single agency Work

## **6. Learning methodologies**

Learning will be drawn from a range of sources (see diagram below) and all LSCB member organisations have an obligation to provide LSCBs with relevant, detailed and up to date information:



## **7. Quality and outcomes**

7.1 The Munro review of child protection included the recommendation that local authorities and their partners should use a combination of nationally collected and locally published performance information to help them benchmark their own performance, facilitate improvement and promote local transparency and accountability.

7.2 NEL SCB quality assurance and best practice sub / Operational board will monitor national indicators and local information that will monitor how partners are improving outcomes for children and young people in NEL. It will reflect both quantitative, qualitative and outcome focused information. This will include strengthening information captured in terms of experiences and outcomes.

## **8. Continuous Learning Cycle**

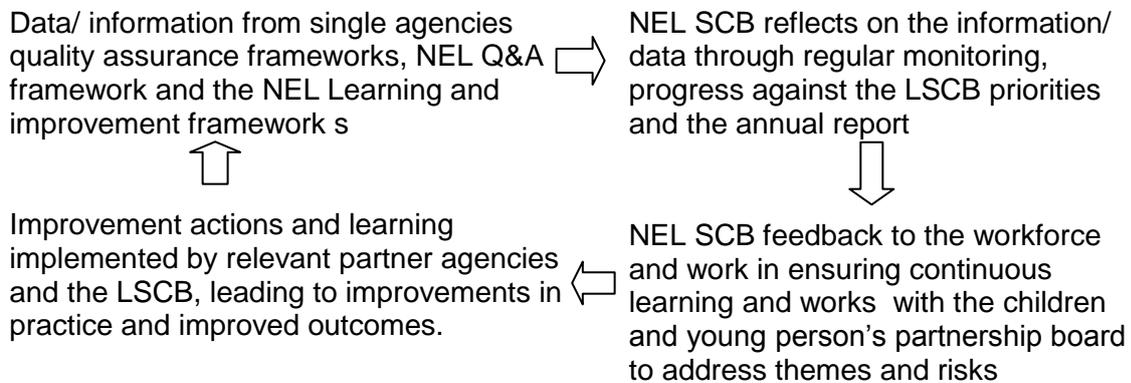
6.1 As a learning organisation it is important to be clear how the learning them a variety of sources will be used to drive improvement in practice policy and procedure. The following elements will measure the effectiveness of service intervention and will support in developing a learning culture

- The voice of children young people and families
- Performance information including outcomes
- Audits
- Serious case reviews, child death reviews
- Workforce
- Effectiveness of the LSCB

6.2 The framework has been developed to meet all statutory responsibilities, ensure robust oversight and focuses on improving outcomes for children through a systematic approach to learning and improvement

6.3 It is necessary to triangulate information from different sources to gain the best understanding of quality and impact in respect of the elements in order to enable a complete and not a partial picture.

The diagram below shows how the LSCB should incorporate organisational learning



## **9. Key elements of the NEL Learning and improvement framework**

### **A) The voice of children, young people and families**

#### **What does good look like for children and young people**

- Children and young people are safe
- Children and young people feel safer
- Children and young people feel listened to
- Children and young people feel involved in decisions that effect their lives
- Children's experience of the social work relationship is positive
- Young people attend or have their views represented at child protection conferences
- Young people attend and have their views represented at looked after children reviews.

#### **What does good look like for parents/ carers**

- Parents and carers feel listened to
- Parents and carers are included in decisions that affect their lives
- Services help children understand what is happening
- Services make it clear what needs to happen
- Services recognise what is working well within the family
- They feel more positive about the child's future
- They feel more positive as parents

- The family feel they can manage difficult situations or problems better

#### **How will the board make a difference**

- The operational board/ Q&A sub group

#### **B) Performance including outcomes**

##### **How will NEL SCB implement learning?**

- The Quality assurance and best practice sub group scrutinise and challenge performance

##### **What does good look like for children and young people?**

- Children and young people are safe and protected
- Children and young people are achieving educational outcomes
- Children attend school and education settings
- Children experience positive health outcomes
- Our arrangements for early identification and intervention are well understood and effective
- The multi-agency Children's Front Door Service is acting as an intelligence

#### **Inter-agency audit calendar**

The QA interagency audit calendar is aligned to the LSCB priorities, the purpose is to provide a schedule of audits on identified safeguarding themes in assessing and informing practice and continuous learning.

#### **Performance scorecard**

NELSCB has agreed a Core Data Set, performance and success indicators by which to evaluate all agencies working together to safeguard children. The Core Data Set is aligned to/ informed by and mapped with performance indicators highlighted within JSNA, Early Intervention Strategy and the LSCBs Strategic Priorities and Business Plan.

The performance indicators and data set are designed to answer the following questions:

- What are the needs of children, young people and families in our area?
- How much have we done to meet those needs?
- How well have we done it and
- What do we still need to do?
- What other or further data needs are identified?

LSCB Sub Groups all have a set of performance indicators based on the Core data set, all groups provide quarterly Score Card reports to the Operational Board on qualitative data (i.e. how many) and quantitative data (i.e. outcomes), and impact i.e. 'what difference have we made for children and their families'. This enables the Operational Board to monitor performance and Sub Group activity in response to emerging themes, patterns or declines in performance. The Operational Board reports thematic information and performance shortfalls to the Leadership Board.

#### **C) Audits (Single agency, multi-agency )**

The Quality Assurance sub group will scrutinise and challenge performance

The LSCB uses case file audits including joint case audits to identify priorities that will improve multi-agency professional practice with children and families. Practitioners and managers working with families should be involved in practice audits, identifying strengths, areas for improvement and lessons to be learned. The experiences of children and young people are used as a measure of improvement.

### **What does good look like for children and families?**

- Risk is identified, responded to and reduced
- Children and young people are listened to; practice is focused on their needs and experiences and influenced by their wishes and feelings
- There is evidence of stable and meaningful relationships between professionals and families
- Support is timely and proportionate to early help and risk
- Information sharing is timely, specific and effective
- Help and protection for children and young people is sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation
- Decision making is effective and involves the family
- There is effective and timely management oversight
- There is effective coordination between agencies and quality joint working
- Assessments are timely, analytical, identify risk, needs and protective factors
- Professionals share plans and families understand expectations and what needs to change by when
- Reviews are regular, effective and demonstrate robust scrutiny and challenge of plans.

### **How will the board make a difference**

The Quality assurance and best practice sub group is responsible for coordinating and scrutinising audits. Audit activity includes:

- o Child sexual exploitation
  - o Common assessment framework neglect cases
  - Section 11 audits to be completed on a 2 yearly basis. The action plan is monitored by NEL SCB.
  - Single agency audit themes and trends to be reported as part of the section 11 audit process.
- Identify any areas which are working well and areas requiring improvement in practice or procedures.
- Monitoring of escalation and dispute resolutions

### **How will NEL LSCB implement learning**

Practitioners and managers working with families should be involved in practice audits, identifying strengths, areas for improvement and lessons to be learned.

- The Quality assurance sub group scrutinise and challenge audit activity.
- Audit themes and trends will be reported directly into NEL SCB training sub.
- Themes and trends will be disseminated through the communications.

### **D) Reviews**

Working Together 2015 states each local framework should support the work of the LSCB and their partners so that:

- reviews are conducted regularly, not only on cases which meet statutory criteria, but also on other cases which can provide useful insights into the way organisations are working together to safeguard and protect the welfare of children;
- reviews look at what happened in a case, and why, and what action will be taken to learn from the review findings;
- action results in lasting improvements to services which safeguard and promote the welfare of children and help protect them from harm; and
- there is transparency about the issues arising from individual cases and the actions which organisations are taking in response to them, including sharing the final reports of Serious Case Reviews (SCRs) with the public.

Reviews and audits are aimed at driving improvements to safeguard and promote the welfare of children. Some of these reviews (i.e. serious case reviews and child death reviews) are required under legislation. Reviews are not ends in themselves. The purpose of these reviews is to identify improvements which are needed and to consolidate good practice. NEL SCB and partner organisations should translate the findings from reviews into programmes of action which lead to sustainable improvements and the prevention of death, serious injury or harm to children.

### **What does good look like for children and families?**

- recommendations arising from the lessons learned from Serious Case Reviews are implemented and positively impact on the improvement of safeguarding and promoting the welfare of children
- identify recommendations for action to reduce the number of preventable deaths

The Serious Case Review Sub Group commission

- Serious Case Review for every case where abuse or neglect is known or suspected and **either:**
  - o a child dies; or
  - o a child is seriously harmed and there are concerns about how organisations or professionals worked together to safeguard the child;
- review of a child protection incident which falls below the threshold for an SCR; and
- undertake reviews or audits of practice in one or more agencies from national serious case reviews

The Child Death Review Panel

- a review of all child deaths up to the age of 18

Peer review

- LSCB peer review

The Serious Case Review Panel, Child Death Overview Panel and Learning and Improvement groups will cascade and embed learning dependent on the lessons learnt.

- Learning will be incorporated into NEL SCB training.

## **E) Workforce**

NEL SCB ensures that sufficient, high-quality inter-agency training is available and evaluates its effectiveness and impact on improving front-line practice and the experiences of children, young people, families and carers. All board members support access to the training opportunities in their agencies. NEL SCB considers inter-training to be the bedrock for developing a culture and shared understanding of working together.

### **What does good look like for children and families?**

- The children's workforce is stable
- They have meaningful relationships with professionals and volunteers
- Professionals and volunteers know what to do if they have concerns about a child or young person's welfare
- Professionals and volunteers have a good understanding of what an appropriate referral to social care is
- Professionals and volunteers are aware of arrangements to meet the needs of children and young people that do not meet children's social care thresholds
- Professionals and volunteers have a good understanding of safeguarding procedures

### **does good look like for professionals and volunteers?**

- The workforce is suitably recruited, qualified and enabled to safeguard children

- Professionals receive regular and reflective support and supervision
- They are able to access appropriate safeguarding training needed to do their role
- They have manageable workload's

#### **How will the Board make a difference?**

- The NEL SCB is briefed about key workforce issues and takes action where necessary.
- NEL SCB training evaluation reflects on volume of practitioners accessing multi-agency training, training evaluations and learning into practice.
- The Management, Evaluation and Effectiveness group monitors;
  - o Vacancy Rate of social workers
  - o Turnover Rate of social workers
  - o Sickness Absence of social workers
  - o Percentage of agency workers
- The NEL SCB section 11 audit identifies:
  - o if the workforce can access safeguarding training
  - o if the workforce has a good understanding of safeguarding procedures
  - o if the workforce knows what to do if they have concerns about a child or young person
  - o if the workforce has a good understanding of what an appropriate referral to social care is
  - o if the workforce is aware of arrangements to meet the needs of children and young people that do not meet children's social care thresholds
  - o if regular and reflective supervision is provided
  - o the barriers to effective partnership
  - o the strengths of partnership working
  - o how the service shares best practice
  - o gaps in provision and support
  - o the methods used to seek the views of children and young people

#### **How does the NEL SCB implement learning?**

- Supervision frequency and caseloads are monitored by the Improvement and Quality Assurance sub group
- Gaps in training are identified in the training evaluation and incorporated into the Annual Report
- Key messages from practitioners are shared across the partnership and are informing planning and commissioning.

#### **F) Effectiveness of the LSCB**

Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are:  
 (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and  
 (b) to ensure the effectiveness of what is done by each such person or body for those purposes.

#### **What does good look like for children and young people?**

- Sustainable improvement in outcomes for children and families

#### **How will the Board make a difference?**

- The governance arrangements enable Board partners (including the Health and Well-Being Board and the Children's and young person's partnership board) to assess whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children and young people.
- Regular and effective monitoring and evaluation of multi-agency front-line practice to Safeguard children identifies where improvement is required in the quality of practice

and services that children, young people and families receive. This includes monitoring the effectiveness of early help.

- The Board effectively prioritises according to local issues and demands and there is
- evidence of clear improvement priorities identified that are incorporated into a delivery plan to improve outcomes.
- The LSCB is an active and influential participant in informing and planning services for children, young people and families in the area and draws on its assessments of the effectiveness of multi-agency practice. It uses its scrutiny role and statutory powers to influence priority setting across other strategic partnerships such as the Health and Wellbeing Board.

#### **How will NEL SCB implement learning?**

- The LSCB, through its annual report, provides a rigorous and transparent assessment of the performance and effectiveness of local services. It identifies areas of weakness and the causes of those weaknesses, and evaluates and where necessary challenges the action being taken. The report includes lessons from management reviews, serious case reviews and child deaths within the reporting period.