





Local Safeguarding Children Board Chairs' perspectives on responding to recommendations outlined in the Munro Review of Child Protection: Findings from a national survey



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Introduction

The Childhood Wellbeing Research Centre was commissioned by the Department for Education, on behalf of Professor Eileen Munro, to undertake a piece of rapid response work¹ to explore how local areas were responding to recommendations outlined in her report, The Munro Review of Child Protection: Final Report. A Child Centred System (Cm 8062, 2011). In February 2012 an online survey was distributed to the Chairs of all 148 LSCBs in England to explore the following key issues:

- The potential implications of increasing local autonomy and reducing prescription by central government;
- Interagency working relationships to support effective safeguarding practice; •
- Prevention and early help; •
- Strengthening accountabilities and creating a learning system; •
- Developing social work expertise and supporting effective social work practice. •

Timescales for completion of the survey were short. Fifty seven LSCBs responded to the survey; a 39% response rate². Further details on the geographical spread of these LSCBs and the types of authority represented are provided in the appendices (see Tables 1 and 2). This working paper provides an overview of the key findings from the survey and offers an insight into the activities that LSCBs, children's services and partner agencies have been engaged in as they have sought to respond to the ambitions outlined in the Munro Review.

Inter-agency working relationships: from Laming to Munro (see Tables 3 and 4)

In 2010 a national survey was undertaken by the Centre for Child and Family Research, Loughborough University, on behalf of the Local Government Association (LGA) to explore the cost and capacity implication of implementing recommendations from Lord Laming's report on The Protection of Children in England (Holmes, Munro and Soper, 2010). The LGA survey sought the perceptions of Assistant Directors of Children's Social Care Services³ on partner agencies' understanding of the referral process, understanding of thresholds for referral and the quality of referral information. LSCB Chairs were asked to respond to the same questions to inform the Munro Review of Child Protection Progress

¹ Work was undertaken between January and March 2012. ² Four LSCB Chairs provided data on more than one LSCB.

³ Or Heads of Safequarding

Report. It was suggested that they might wish to consult the Director of Children's Services and/or other partners to assist them in completing the survey; however, it is not known how many Chairs opted to do so to inform their responses. Chairs and Assistant Directors from children's social care may have different knowledge and perceptions of partner agencies' practices and therefore caution is needed in interpreting the findings and drawing direct comparisons between the two datasets.

Data from the LGA survey revealed that:

- Agencies' understanding of the referral *process* was consistently higher than their understanding of the *threshold* for referral. Few rated the *quality* of referral information as good; figures ranged from 9% (youth services and the third sector) to 39% (health).
- The police were most frequently cited as having a good understanding of the referral process (67%) and a good understanding of thresholds (43%), followed by health (59% and 33% respectively).
- Health was most frequently perceived to provide good quality referral information to children's social care services (39%), followed by the police (28%).

Data from the Munro survey is shown in Table 3 and suggests that:

- There has been a substantial increase in the percentage of partner agencies judged to have a good understanding of the referral process⁴, a good understanding of thresholds and supplying good quality referral information.
- Only a small percentage of LSCB Chairs perceived that partner agencies' understanding of the referral process, understanding of thresholds and the quality of information they supplied was poor.
- Health was most frequently cited as having a good understanding of the referral process (74%) and a good understanding of thresholds (68%). Over half (53%) of the LSCBs reported that the quality of referral information supplied by health was of good quality (compared to 39% in 2010). However, research highlights challenges and issues concerning referrals from certain groups of health professionals. For example, adult mental health and substance misuse workers can be wary of making referrals because of the impact this may have on their client/the parent (Davies and Ward, 2012).

⁴ Figures for the police remained constant but were higher than any other agency in 2010 (67% rated the police as having a good understanding of referral processes in 2010 and in 2012).

Understanding of respective roles and responsibilities and trust are also important to facilitate information sharing and effective inter-agency working (Cooper *et al.*, 2003; Ward *et al.*, 2004). Research demonstrates that inter-agency working relationships are improving but that continued work is required to develop these further (Davies and Ward, 2012; France, Munro and Waring, 2010; Holmes, Munro and Soper, 2010). Data from the LGA and Munro surveys are presented in Table 4. The findings reveal that:

- On the whole, ratings of inter-agency working relationships to support practice, agencies' willingness to share information and trust have improved over time.
- At least 60% of LSCB Chairs rated health, the police, probation, education, youth services and children's social care as 'good' in terms of their willingness to share information. Lower proportions attained good ratings for inter-agency working relationships or trust.
- Over 50% of LSCB Chairs rated health, the police, probation, education, youth services and children's social care as having 'good' inter-agency working relationships; ratings of the third sector were lower (with 26% rated as 'good').

Overarching issues concerning implementation of the Munro recommendations (See Tables 5 to 7)

- Seventy two percent of Chairs are confident that: children's social care and partner agencies have secured a shared understanding of the developments needed to implement the Munro recommendations.
- Eighty six percent were positive or very positive (86%) about developing a childcentred system and moving away from central prescription, to place a greater trust and responsibility at a local level and at the front-line.
- The majority of respondents agreed that greater local autonomy and reduced prescription by central government created opportunities to: move from 'risk averse' to 'risk sensible practice'; for frontline workers to exercise their professional judgement; to strengthen relationships with children, young people and families and; encourage innovation to improve outcomes for children.
- Thirty seven percent agreed that changes were likely to lead to undesirable inconsistency in the delivery of services, while 28% disagreed that greater local autonomy and reduced central prescription would have this effect.

- Fifty eight percent agreed or strongly agreed that developments would expose the local authority and partner agencies to increased criticism if actions taken do not lead to intended outcomes.
- Forty six percent of the LSCB Chairs who responded to the survey disagreed with the
 proposition that greater local autonomy and reduced prescription by central
 government may increase delay and drift in decision-making to meet the needs of
 children. However, a quarter of respondents agreed that this was a likely
 consequence of these changes.
- Around two fifths (42%) of respondents perceived that greater local autonomy and reduced central prescription were likely to have a limited impact due to resource constraints and capacity issues, however, 30% disagreed that this was the case.

Prevention and early help (See Table 8)

- Seventy eight percent of LSCB Chairs agreed or strongly agreed that there was a willingness amongst partner agencies to provide an 'early help offer'. However only 41% were confident that 'the local authority and partner agencies could secure the provision of early help for children and their families *when this was needed* (emphasis added).
- Forty two percent of LSCB Chairs agreed (30%) or strongly agreed (12%) that high levels of unmet need and demand for services inhibit capacity to provide early help.
- Over 50% of respondents agreed (42%) or strongly agreed (12%) that thresholds for intervention are high as a result of resource constraints.
- Forty four percent of respondents disagreed (39%) or strongly disagreed (5%) with the following statement: 'There are sufficient services available in the locality to meet the needs of children and their families'. A further 35% neither agreed nor disagreed.
- Nearly 50% of LSCB Chairs were confident that managers have the skills and capacity to manage reforms to facilitate effective delivery of the 'early help offer'. There was less confidence that social workers with the necessary expertise were readily available to support frontline professionals in universal services; 37% agreed that social workers were available to fulfil this function but 41% disagreed.
- Staff recruitment and retention issues were perceived to inhibit capacity to provide an 'early help offer' in nearly a quarter of LSCBs (24%).
- Fifty four percent of LSCB Chairs were confident that safeguarding training was improving practice.

• Just under one in five (19%) respondents agreed that professionals are generally confident in holding cases just below the threshold for statutory children's social care intervention.

Strengthening accountabilities and creating a learning system (See Table 9)

- More than four fifths of Chairs agreed that central government guidance on levels of funding from different partner agencies to support the operation of LSCBs would be welcomed.
- Seventy percent agreed or strongly agreed that a separate funding stream for independent Chairs would be desirable. Over half of Boards in another national survey of LSCBs reported that their budget was inadequate for their LSCB to function effectively; and a common complaint amongst Chairs, Business Managers and Board members was the absence of a funding formula (France *et al.*, 2009; France, Munro and Waring, 2010).
- The national evaluation into the effectiveness of LSCBs revealed that the most effective Boards had been realistic about what they could achieve and had avoided taking on an overly ambitious remit (France, Munro and Waring, 2010; Munro and France, 2011). Eighty four percent of Chairs responding to the Munro survey agreed or strongly agreed that it would be helpful if central government clarified LSCBs' core priorities (early help/child protection/safeguarding) given capacity issues.
- If LSCBs are to contribute to safeguarding children it is important that their recommendations are taken seriously and engender change (Munro and France, 2011). Perspectives differed as to whether or not the fact that LSCBs cannot impose formal sanctions on partner agencies for non-compliance with recommendations limits their effectiveness (France, Munro and Waring, 2010; Munro and France, 2011). Just under half of respondents to the Munro survey agreed (40%) or strongly agreed (9%) that the introductions of sanctions against partner bodies for non-compliance would strengthen the role of the LSCB.

Developing social work expertise and supporting effective social work practice

Many different activities have been initiated around the country in response to recommendations concerned with improving social work expertise and the design of services. Further details on developments are outlined below.

Promoting reflective practice

Thirty four LSCBs reported that they had taken measures to promote reflective practice. The most frequently cited activity was promotion of, and enhanced training in, reflective supervision practices (18 LSCBs). Other activities included:

- Practice forums (single or multi-agency) (5 LSCBs);
- Learning sets (4 LSCBs);
- Conferences and/or engagement in Research in Practice events (4 LSCBs).

Changes to supervision systems and processes

Findings from the LGA survey indicate that the majority of local authorities have a formal supervision policy in place (91%:42) and that in most authorities (85%) supervision sessions are held monthly (Holmes, Munro and Soper, 2010). Two thirds of frontline workers reported that more time should be spent on constructive challenge of practice and professional development; a third reported that more time should be spent addressing their welfare needs (ibid). Baginsky and colleagues (2010) also identify that supervision has become increasingly focused on case management and that workers highlight the need for, and importance of, more time for reflection, challenge and psychological support.

Thirty six LSCBs indicated that authorities had made changes to supervision systems and processes in response to Munro's recommendations concerning the development of social work expertise and supporting effective social work practice. As outlined above, the changes authorities had instigated were primarily designed to promote reflective practice.

Use of motivational interviewing

Eight LSCBs indicated that motivational interviewing techniques were used within their area. One respondent reflected that:

MI is part of our approach for engaging children and families in working towards change. Our practice forum is in the process of compiling a best practice toolkit arising from work we have done on 'live' cases from front line practitioners. We have commissioned training on MI and our local educational psychologists have attended practice forums to further equip practitioners with MI skills. MI skills training is the preferred and chosen model of working by our educational psychology team.

Use of the Hackney 'reclaiming social work' model

Six LSCBs reported that they had, or were in the process of considering, using the Hackney 'reclaiming social work' model; two of these LSCBs had discounted implementation of this

approach. Four LSCBs indicated that teams had been restructured with reference to the Hackney model.

Use of the 'signs of safety' approach

Eighteen LSCBs indicated that the 'signs of safety approach' was used in their area or that implementation of this approach was being actively considered.

Evidence based interventions

Thirty five LSCBs reported that they had implemented one or more evidence based interventions. The most commonly cited was the triple P-positive parenting program followed by multi-systemic therapy. One LSCB reported that they had developed a resource bank of evidence based approaches to promote purposeful effective intervention and inform training needs analysis.

Improving feedback to professionals making referrals to children's social care

Davies and Ward (2012) highlight the need for social workers and social care agencies to ensure that feedback to referrers is given a high priority. Feedback is important because it mitigates the risk that practitioners feel ineffectual and powerless, clarifies the decision taken and offers scope for this to be challenged (Cleaver and Walker, 2004; Broadhurst *et al.*, 2010). There is also evidence that decisions to refer are influenced by previous responses from social workers and that inadequate feedback discourages referral (Davies and Ward, 2012; Horwath, 2007).

Thirty three LSCBs reported that they had taken action to improve feedback to professionals making referrals to children's social care.

Implementing changes to reduce the number of changes of social worker experienced by children and families

Changes of social worker (due to staff turnover and/or transitions due to the organisational delivery of services to children with different levels of need⁵) can serve as a barrier to forming relationships with children and families and influence their willingness to engage with professionals (Munro, 2011). Thirty two LSCBs reported that they had, or were taking, measures which were intended to reduce the number of changes of social worker experienced by children and families. Mechanisms to do this included: redesigning services

⁵ Children and families experience a lack of continuity because when they transfer between teams their social worker changes.

to minimise 'system led' change; and strategies to maximise recruitment and retention of social workers.

Redesigning the Common Assessment Framework (CAF) to meet local needs

The policy emphasis placed on early intervention and prevention has raised the prominence of CAF across all agencies working with children and families. Holmes and colleagues' (2012) research on the costs and impact of the CAF reveals that local innovations continue but it is not clear whether authorities are able to systematically follow a child's pathway through CAF and social care services (Holmes *et al.*, 2012).

Thirty two LSCBs reported that they were reviewing the design of the CAF or had already implemented changes to meet local needs. Developments included introducing eCAF locally, redesigning the forms and/or simplifying procedures.

Developing systems to obtain better feedback from children, young people and families in relation to their experiences of services

Thirty nine LSCBs reported that systems were being developed to obtain better feedback from children, young people and families in relation to their experiences of services. The following developments and feedback mechanisms were identified:

- Redesigning feedback forms
- Conducting surveys (for example, a survey of parental experiences of child protection conferences to inform strategies to improve parents' experiences and engagement)
- Interviews and/or focus groups (for example, interviews with children who are or have been the subject of a child protection plan and their families to obtain their views of the services they have received or are receiving)
- Introduction of a Participation Strategy
- Engagement in academic research
- Use of Viewpoint software to obtain the views of children on their experiences
- Feedback from Children in Care Councils and other groups.

Data collection and analysis to inform plans

The national evaluation into the effectiveness of LSCBs (France, Munro and Waring, 2010) found that although Boards acknowledged the importance of monitoring and evaluating agencies' performance with regards to safeguarding children, meaningful comparison and analysis of data could prove challenging due to definitional issues and variations in the quantity and quality of data collected by different agencies. They also identified a tendency

towards judging performance in narrow terms (for example, whether assessments were completed within statutory timescales) without giving due consideration to qualitative analysis of the quality of the service response, although there were exceptions (France, Munro and Waring, 2010).

Forty LSCBs stated that data collection and analysis had been undertaken to inform developments in response to recommendations from the Munro Review. The actions they reported were predominately concerned with reviewing data requirements (and generally expanding data sets) or redesigning performance frameworks. A small number of LSCB Chairs specifically acknowledged the increasing sophistication of reporting mechanisms and/or the importance of analysing both qualitative and quantitative data to monitor performance.

Barriers and challenges to implementing the Munro recommendations

Although the Munro Review recommends a reduction in prescription from central government a small number of LSCB Chairs reflected that a clearer steer was required from the centre with regards to priorities and timescales for implementation. One Chair reflected that:

There appears to be an impasse between the view that locally people should 'get on with it'; and the view that central clarification of key points would be helpful. Changes elsewhere, both within partner agencies and at a broader strategic level may also be compounding a cautious wait and see approach.

Another described:

Leaving changes to be developed locally is a double edged sword – which means each local area devoting ever diminishing resources to developments which probably need a similar approach across the country; broad guidance without being overly prescriptive would seem to be sensible.

It was also identified that many partner agencies, including health, police and probation work across boundaries and therefore may be expected to adopt various 'local' solutions, leading to confusion and inconsistencies.

Organisational changes in health (and to a lesser extent education) were also identified as a concern because they were perceived to have the potential to undermine the advances that have been made in recognising safeguarding children as a shared responsibility. For example, one Chair suggested that:

The reorganisation of health services [will] mean that [there is] less capacity and a potential loss of expertise; [there is] also a risk that children will not be high on the agenda during the period of transition.

The following issues were also highlighted:

- Changing the ethos and culture within children's social care services is challenging and staff need to be trained and equipped with the necessary skills to exercise their professional judgement: these workforce issues need to be addressed to realise the ambitions of the Munro Review;
- Austerity measures and a rise in referrals and the number of looked after children mean that diverting resources to providing early help is difficult in practice;
- The Review recommends strengthening the role of LSCBs and expanding their remit at a time when partner agencies are trying to reduce their expenditure. Without sufficient funding it was suggested that LSCBs would not be in a position to fulfil an expanded remit or implement the SCIE/systems approach to Serious Case Reviews⁶.

Leadership from central government to facilitate change (See Table 10)

- Over four fifths of respondents indicated that it was very important (51%) or important (30%) for the government to provide a clearer articulation of their priorities in the current economic climate to realise the ambitions outlined in the Munro Review. The same proportions identified that ring fenced funding for children's social care services was necessary.
- The vast majority (86%) of Chairs agreed that greater local autonomy and a reduced central prescription were to be welcomed, yet over half also indicated that more guidance from central government would be very important (12%) or important (37%) to assist with improving practice and implementing recommendations outlined in the Munro Review.
- Over three quarters of respondents perceived the removal of a statutory distinction between initial and core assessments in children's social care (and leaving this to local discretion) to be important (46%) or very important (30%) to realise the ambitions outlined in the Munro Review. Just under two thirds viewed removal of statutory timescales for the completion of assessments (and leaving this to local

⁶ France, Munro and Waring (2010) concluded that 'LSCBs that have been able to determine their main priorities have been realistic about what is feasible, have maintained focus and have been more effective than those that have been overly ambitious and opted for a very broad remit (in the context of the resources available to them)' (p. i).

management) as important (46%) or very important (18%) in progressing with the changes recommended in the Munro Review.

Ninety one per cent of respondents to the survey recognised that dissemination of
research findings on evidence based interventions and models of best practice were
very important (44%) or important (47%); none viewed this as unimportant. *Safeguarding Children Across Services: Messages from research on identifying and
responding to child maltreatment* (Davies and Ward, 2012) has recently been
published and provides an overview of the key messages from fifteen studies in a
research programme jointly funded by the Department for Education and the
Department of Health, the purpose of which was to strengthen the evidence base for
the development of policies and practice to improve the protection of children in
England. As Davies and Ward (2012) outline:

Although the studies focus on specific topics, their subject matter overlaps and intertwines. Putting them all together is like viewing a building through many different windows, each showing a different perspective, but each shedding a different light on the wider picture (p.25).

Research programmes such as these are important as they focus on key topics but adopt a number of different methodological designs. These initiatives are a sound investment, particularly given the complexities of child protection and the need for a strong evidence base to inform policy and practice development. Forrester (2008) highlights that:

The Government and major charities spend £25 per year on research for each person working in social care, compared to £1,613 for each person in the National Health Service (Forrester, 2008, p.209).

Conclusion

In May 2011 Professor Eileen Munro made a number of recommendations that were intended to promote a child-centred and less bureaucratic child protection system (Cm 8062, 2011). Ten months on, findings from a survey returned by 57 LSCBs reveal that 86% are positive about developing a child-centred system and moving away from central prescription of practice to a system in which greater trust and responsibility is held at a local level and at the frontline. The majority also perceive that the proposed reforms create opportunities to move from 'risk averse' to 'risk sensible' practice and have the potential to promote

opportunities for frontline workers to exercise their professional judgement and strengthen relationships with children, young people and families. However, it was also identified that resource and capacity issues may inhibit developments and progress. Just over four fifths of respondents agreed that it was important for the Government to offer a clearer articulation of priorities given current austerity measures, as well as providing ring fenced funding for children's social care services.

Tables

Introduction

Table 1: Survey returns by local authority type

Local authority type	Number of survey returns	Response rate as a percentage of total returns (%)	
London Boroughs	8	26	14
Metropolitan	15	36	26
Unitary	19	35	33
County	9	33	16
Not specified	6	-	11
Total	57	-	100

Table 2: Survey returns by geographical location

Geographical location	Number of survey returns		
North East	8	67	14
North West	12	52	21
Yorkshire and Humberside	6	40	11
East Midlands	0	0	0
West Midlands	4	29	7
East of England	7	64	12
Inner London	3	21	5
Outer London	5	26	6
South East	7	37	12
South West	1	6	2
Not specified	4	-	7
Total	57	-	100

Inter-agency working relationships: from Laming to Munro

Table 3: Ratings of existing inter-agency working relationships to support effective practice: Understanding of thresholds and referral process by agency (professional perspectives shortly after publication of the Laming Progress Report (2009-10) and shortly before publication of the Munro Progress Report (2012))

Understanding of referral process	Healt	n (%)	Police	e (%)	Probati	on (%)	Educati	ion (%)	Youth Ser	vices (%)	Third Se	ctor (%)		i's social e (%)
	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro
Good	59	74	67	67	30	51	41	49	32	46	17	25	-	81
Reasonable	28	14	17	19	46	33	43	33	28	33	48	60	-	9
Poor	2	0	2	2	11	2	2	5	20	4	15	9	-	0
Don't know	11	12	13	12	13	14	13	12	20	18	20	16	-	11
Understanding of thresholds	Неа	lth	Poli	ice	Proba	ation	Educa	ation	Youth S	ervices	Third S	Sector		i's social are
	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro
Good	33	68	43	65	11	65	15	40	15	35	9	19	-	83
Reasonable	52	21	39	19	57	19	59	39	39	46	48	56	-	7
Poor	4	0	7	4	27	4	15	11	30	4	26	11	-	0
Don't know	11	11	11	12	11	12	11	11	15	16	17	14	-	11
Quality of referral information	Hea	lth	Poli	ice	Proba	ation	Educa	ation	Youth S	ervices	Third S	Sector		i's social are
	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro
Good	39	53	28	49	17	40	15	30	9	28	9	14	-	63
Reasonable	43	28	50	30	54	39	61	51	46	47	52	56	-	18
Poor	4	2	9	4	13	4	9	4	24	2	17	9		0
Don't know	13	18	13	18	15	18	15	16	22	23	22	21	-	19

*Laming data collected for a study exploring the cost and capacity implications of implementing the Laming Recommendations (Holmes, Munro and Soper, 2010). Data collected through a national survey of Assistant Directors of Children's Social Care (N=46) **Munro data collected through a national survey of LSCB chairs to inform the progress report into the implementation of recommendations from Professor Eileen Munro's review of child protection (N=57). A 5 point rating scale was adopted. 'Very good' and 'good' ratings and 'poor' and 'very poor' ratings have been conflated to facilitate comparisons.

Table 4: Ratings of existing inter-agency working relationships to support effective practice: Willingness to share information, trust and inter-agency communication by agency (professional perspectives shortly after publication of the Laming Progress Report (2009 -10) and shortly before publication of the Munro Progress Report (2012))

Willingness to share information														
	Healt	n (%)	Police	e (%)	Probati	on (%)	Educati	ion (%)	Youth Ser	vices (%)	Third Se	ector (%)	Children care	
	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro
Good	67	65	70	67	50	67	59	60	43	60	30	40	-	75
Reasonable	15	18	15	16	26	16	24	26	22	28	39	42	-	11
Poor	0	5	0	5	7	4	0	2	9	4	4	4	-	2
Don't know	17	12	15	12	17	14	17	12	26	18	26	16	-	12
Trust				1		1		1					Children	's social
	Hea	lth	Pol	ice	Probation		Education		Youth Services		Third Sector		care	
	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro
Good	52	63	50	61	30	54	33	49	33	51	30	40	-	67
Reasonable	26	14	30	18	35	26	39	30	28	23	37	32	-	16
Poor	2	5	0	4	15	0	7	4	11	4	7	9	-	0
Don't know	20	18	20	18	20	19	22	18	28	23	26	21	-	18
Interagency working				I		I		I					Children	's social
	Hea	lth	Pol	ice	Proba	ation	Educa	ation	Youth S	ervices	Third	Sector	ca	re
	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro	Laming	Munro
Good	52	60	63	58	26	51	43	54	33	56	20	26	-	58
Reasonable	28	19	20	21	37	28	37	25	33	19	50	49	-	23
Poor	2	5	2	5	22	4	2	6	13	4	9	5	-	4
Don't know	17	16	15	16	15	18	17	16	22	21	22	19	-	16

*Laming data collected for a study exploring the cost and capacity implications of implementing the Laming Recommendations (Holmes, Munro and Soper, 2010). Data collected through a national survey of Assistant Directors of Children's Social Care (N=46) **Munro data collected through a national survey of LSCB chairs to inform the progress report into the implementation of recommendations from Professor Eileen Munro's review of child protection (N=57). A 5 point rating scale was adopted. 'Very good' and 'good' ratings and 'poor' and 'very poor' rating have been conflated to facilitate comparisons.

Overarching issues concerning implementation of the Munro recommendations

Table 5: Extent to which children's social care and partner agencies have secured a shared understanding of the developments needed to implement the Munro recommendations.

Response	Frequency	Percentage
Strongly agree	3	5
Agree	38	67
Neither agree nor disagree	8	14
Disagree	8	14
Strongly disagree	0	0
Total	57	100

Table 6: LSCB Chairs' perspectives on local feeling about developing a child-centred system and moving away from central prescription, to place greater trust and responsibility at local level and at the frontline

Response	Frequency	Percentage
Very positive	13	23
Positive	36	63
Mixed	8	14
Negative	0	0
Very negative	0	0
Total	57	100

Table 7: Perspectives on the implications of greater local autonomy and reduced prescription by central government on agencies, professionals and children and their families

Positive implications	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not specified	Total
Is likely to create opportunities to strength relationships with children, young people and families	4 (7%)	43 (76%)	8 (14%)	0 (0%)	0 (0%)	2 (4%)	57(100%)
Is likely to encourage innovation to improve outcomes for children	5 (9%)	42 (74%)	6 (11%)	2 (4%)	0 (0%)	2 (4%)	57 (100%)
Promotes opportunities for frontline workers to exercise their professional judgement	10 (18%)	40 (70%)	3 (5%)	2 (4%)	0 (0%)	2 (4%)	57 (100%
Facilitates a movement from 'risk adverse' to 'risk sensible' practice	3 (5%)	39 (68%)	11 (19%)	2 (4%)	0 (0%)	2 (4%)	57 (100%)
Negative implications or factors inhibiting implementation	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not specified	Total
Placed too much responsibility on frontline professionals who do not necessarily have the confidence or skills needed	0 (0%)	8 (14%)	12 (21%)	32 (56%)	3 (5%)	2 (4%)	57 (100%)
Exposes local authority and partner agencies to increased criticism if actions taken do not lead to intended outcomes	3 (5%)	30 (53%)	9 (16%)	11 (19%)	1 (2%)	3 (5%)	57 (100%)
Is likely to lead to undesirable inconsistency in the delivery of services	0 (0%)	21 (37%)	17 (30%)	16 (28%)	0 (0%)	3 (5%)	57 (100%)
Increases the risk of drift and delay for the child	2 (4%)	12 (21%)	14 (25%)	24 (42%)	2 (4%)	3 (5%)	57 (100%)
Is likely to have limited impact due to resource constraints and capacity issues	5 (9%)	19 (33%)	13 (23%)	17 (30%)	0 (0%)	3 (5%)	57 (100%)

Perspectives on prevention and early help

Table 8: Perspectives on the provision of early help to children and families

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not specified	Total
I am confident that the local authority and partner agencies can secure the provision of early help for children and their families	2 (4%)	21 (37%)	20 (35%)	11 (19%)	1 (2%)	2 (4%)	57 (100%)
There is a willingness amongst partner agencies to provide an 'early help offer'	9 (16%)	35 (61%)	9 (16%)	2 (4%)	0 (0%)	2 (4%)	57 (100%)
Managers have the skill and capacity to manage reforms to facilitate effective delivery of the 'early help offer'	3 (5%)	24 (42%)	18 (32%)	10 (18%)	0 (0%)	2 (4%)	57 (100%)
There are sufficient services available in the locality to meet the needs of children and their families	2 (4%)	7 (12%)	20 (35%)	22 (39%)	3 (5%)	3 (5%)	57 (100%)
Social workers with the necessary expertise are readily available to support frontline professionals in universal services	0 (0%)	21 (37%)	11 (19%)	21 (37%)	2 (4%)	2 (4%)	57 (100%)
Staff recruitment and retention issues are inhibiting capacity to provide an 'early help offer'	7 (12%)	7 (12%)	18 (32%)	21 (37%)	1 (2%)	3 (5%)	57 (100%)
Thresholds for intervention are high as a result of resource constraints	7 (12%)	24 (42%)	8 (14%)	15 (26%)	0 (0%)	3 (5%)	57 (100%)
The LSCB is confident that safeguarding training is improving practice	7 (12%)	24 (42%)	8 (14%)	15 (26%)	0 (0%)	3 (5%)	57 (100%)
Professionals are generally confident in holding cases just below the threshold for statutory intervention	0 (0%)	11 (19%)	15 (26%)	28 (49%)	1 (2%)	2 (4%)	57 (100%)
High levels of unmet need and demand for services inhibit capacity to provide an 'early help offer'	7 (12%)	17 (30%)	20 (35%)	9 (16%)	1 (2%)	3 (5%)	57 (100%)

Strengthening accountabilities and creating a learning system

Table 9: Ratings of the potential value of actions by central government to strengthen the role o	f LSCBs
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Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not specified	Total
Introduction of sanctions against partner bodies for non-compliance with LSCB recommendations	5 (9%)	23 (40%)	5 (9%)	16 (28%)	6 (11%)	2 (4%)	57 (100%)
Further guidance on levels of funding and contributions from different partners	22 (39%)	25 (44%)	4 (7%)	4 (7%)	0 (0%)	2 (4%)	57 (100%)
Clarification of core priorities given capacity issues (early help/child protection/safeguarding)	15 (26%)	33 (58%)	2 (4%)	5 (9%)	0 (0%)	2 (4%)	57 (100%)
A separate funding stream for Independent Chairs	25 (44%)	15 (26%)	8 (14%)	5 (9%)	2 (4%)	2 (4%)	57 (100%)

Leadership from central government to facilitate change

Table 10: Perspectives on the importance of specific actions on realising the ambitions of the Munro Review

Statement	Very important	Important	Moderately	Of little	Unimportant	Not specified	Total
Statement Clearer articulation of Government priorities in the current economic climate	29 (51%)	17 (30%)	7 (12%)	1 (2%)	1 (2%)	2 (4%)	57 (100%)
Ring fenced funding for children's social care services	29 (51%)	17 (30%)	6 (11%)	3 (5%)	0 (0%)	2 (4%)	57 (100%)
Within the LSCB, the agencies and professions will draw on several sources of guidance to improve practice but how would you rate the need for more guidance from central government to support implementation	7 (12%)	21 (37%)	15 (26%)	11 (19%)	1 (2%)	2 (4%)	57 (100%)
Removing the statutory guidance that prescribes a distinction between initial and core assessments in children's social care and leaving it to local discretion	17 (30%)	26 (46%)	9 (16%)	2 (4%)	0 (0%)	3 (5%)	57 (100%)
Removal of statutory timescales for the completion of assessments in children's social care and leaving this to local management	10 (18%)	26 (46%)	12 (21%)	4 (7%)	1 (2%)	4 (7%)	57 (100%)
Dissemination of research findings on evidence based interventions and models of best practice	25 (44%)	27 (47%)	3 (5%)	0 (0%)	0 (0%)	2 (4%)	57 (100%)

References

Baginsky, M., Moriarty, J. Manthorpe, J., Stevens, M., MacInnes, T. and Nagendran, T. (2010) 'Social Workers' Workload Survey. Messages from the frontline. Findings from the 2009 survey and interviews with senior managers. London: Department for Children Schools and Families and Department of Health.

Broadhurst, K., Wastell, D., White, S., Hall, C., Peckover, S., Thompson, K., Pithouse, A., and Davey, D. (2010) 'Performing 'Initial Assessment': identifying the latent conditions for error at the front-door of local authority children's services.' *British Journal of Social Work 40*, 2, 352-370.

Cleaver, H. and Walker, S. with Meadows, P. (2004) *Assessing Children's Needs and Circumstances: The Impact of the Assessment Framework.* London: Jessica Kingsley Publishers.

Cm 8062 (2011) *The Munro Review of Child Protection: Final Report. A Child Centred System.* London: The Stationery Office.

Cooper, A., Hetherington, R. and Katz, I. (2003) *The Risk Factor: Making the child protection system work for children.* London: DEMOS.

Davies, C. and Ward, H. (2012) *Safeguarding Children across Services: Messages from research on identifying and responding to child maltreatment*. London: Jessica Kingsley Publishers.

Forrester, D. (2008) Is the care system failing children? *The Political Quarterly* 79, 2, 206–211.

France, A., Munro, E. R. Meredith, J., Manful, E. and Beckhelling, J. (2009) *Effectiveness of the new Local Safeguarding Children Boards in England: Interim report. DCSF Research Report 126.* London: Department for Children, Schools and Families.

France, A., Munro, E.R. and Waring, A. (2010) *The Evaluation of Arrangements for Effective Operation of the New Local Safeguarding Children Boards in England: Final Report. DFE-RR027.* London: Department for Education.

Holmes, L., Munro, E.R. and Soper, J. (2010) *Calculating the Cost and Capacity Implications* for Local Authorities Implementing the Laming (2009) Recommendations. London: Local Government Association.

Holmes, L., McDermid, S., Padley, M. and Soper, J. (2012) *Exploration of the Cost and Impact of the Common Framework*. London: Department for Education.

Horwath, J. (2007) 'The Missing Assessment Domain: Personal, Professional and Organizational Factors Influencing Professional Judgments when Identifying and Referring Child Neglect.' *British Journal of Social Work 37*, 1285-1303.

Munro, E.R. (2011) Professional Perspectives on Reducing Bureaucracy, Performance and Accountability and Early Help and Support to Inform Munro's Review of Child Protection. Report to the Department for Education. London: Childhood Wellbeing Research Centre.

Munro, E.R. and France, A. (2011) 'Implementing Local Safeguarding Children Boards: managing complexity and ambiguity.' *Child and Family Social Work* Advance Access Published 1 Aug 2011, doi: 10.1111/j.1365-2206.2011.00788.

Ward, H., Holmes, L., Moyers, S., Munro, E. R. and Poursanidou, D. (2004) *Safeguarding Children: A Scoping Study of Research in Three Areas*. Report to Department of Health. Loughborough: Centre for Child and Family Research, Loughborough University.