Research Report DCSF-RR085

Safeguarding and Promoting the Welfare of Children

Perceptions of Senior Stakeholders on how Public Organisations have responded to Section 11 of the Children Act 2004

Ipsos MORI

department for
children, schools and families

Research Report No DCSF-RR085

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1. Executive summary

Background

The Department for Children, Schools and Families (DCSF) commissioned Ipsos MORI to conduct a survey among those agencies that have a statutory duty to safeguard and promote the welfare of children under section 11 of the Children Act 2004[1]. The survey aimed to understand senior stakeholders' views of the extent of progress made to date towards achieving the standards set out in the guidance, as well as any barriers experienced.

Methodology

The research was conducted through an online survey and follow up telephone interviews with non-responders. Fieldwork ran from 10 September to 22 October 2008[2]. In total, 647 organisations responded to the survey. The person with overall responsibility for safeguarding children within each organisation was invited to take part. The survey therefore represents the views and perceptions of these individuals and may not reflect the views of all staff working on the ground. In some cases the survey was delegated to other staff. However, in those cases, delegates were asked to forward the survey back to the person with overall responsibility for safeguarding to review their responses, sign off, and submit them. The responses were then made available to the original lead figure who was asked to submit the survey. Both signed-off responses and complete but non-signed off responses are included in the analysis, although where appropriate this difference is highlighted in the report.

Section 11 - Progress so far

Almost all respondents perceive their organisation to have section 11 arrangements in place to at least some extent (99%). Over half (55%) say that most arrangements are in place and a third (34%) say all arrangements are in place. Top tier local authorities (48%) and health trusts (43%) are the most likely to say they have *all* the arrangements in place, while district councils are much more likely than other organisations to say that only *some* arrangements are in place (22% compared to nine percent overall, seven percent of NHS Acute Trusts and two percent of top tier local authorities).

Arrangements perceived to be in place tend to be more of a *strategic* type than *practical*. For example, just under nine in ten say they are committed and have the appropriate leadership from senior staff (87%) fully in place. In contrast, only three in ten say they actually have the mechanisms to include the views of parents, children and young people in policy making across the organisation (29%) fully in place and less than half have the IT systems to manage information effectively (47%).

[1] Section 11 of the Children Act 2004 established statutory duties on local agencies with regards to key arrangements they should make to safeguard and promote the welfare of children. Statutory guidance was produced and forms a basis for this research.
http://www.everychildmatters.gov.uk/_files/CB6A73D97A171A201EF5ED4F26B0B55D.pdf

[2] It should be noted that the DCSF commissioned this research in September 2007. Both the commissioning of the research and the fieldwork took place before November 2008 when the criminal court case and extensive media coverage of 'Baby P' commenced.

Some examples of section 11 arrangements which representatives of organisations are most likely to perceive as having *fully in place* are:

- clear procedures for staff to report child safeguarding and welfare concerns (91%);
- strong commitment and leadership regarding safeguarding and promoting welfare from senior staff (87%);
- systems to deal with any complaints by staff, children or members of the public who feel that the organisation has not taken appropriate action to safeguard children (87%); and
- recruitment practices which seek as far as possible to ensure that all new staff who come into contact with children are safe for working with children (85%).

In addition, only two thirds of organisations say they have the following arrangements *fully in place:*

- service development which takes account of the need to safeguard and promote welfare (66%);
- working protocols for effective inter-agency working to achieve more effective outcomes (66%); and
- working protocols for effective information sharing between agencies (64%).

Responses of representatives from top tier local authorities and health organisations suggest that they have made more progress in carrying out their section 11 duties than other organisation types. In particular, top tier authorities are more likely than district councils to say they have a number of arrangements *fully in place*, such as:

- leadership regarding safeguarding and promoting welfare from senior staff that is clearly visible to all staff (87% vs. 56%, respectively);
- clear procedures for staff to report child safeguarding and welfare concerns (97% vs. 74%, respectively);
- a clear statement within their organisation of responsibilities towards children (92% vs. 73%, respectively);
- systems to deal with any complaints by staff, children or members of the public who feel that the organisation has not taken appropriate action to safeguard children (90% vs. 72%, respectively); and
- they are more likely than district councils to say that effective dissemination of their organisation's arrangements to safeguard and promote the welfare of children has been achieved among all staff who come into contact with children and young people *to a great extent* (46% vs. 31%, respectively).

Health organisations are also particularly likely to say they have section 11 arrangements *fully in place.* For example, they are more likely than average to say they have the following fully in place:

- clear procedures for staff to report child safeguarding and welfare concerns (97% vs. 91%, respectively);

- strong commitment and leadership regarding safeguarding and promoting welfare from senior staff (91% vs. 87%, respectively);
- leadership regarding safeguarding and promoting welfare from senior staff that is clearly visible to all staff (89% vs. 80% respectively);
- clear lines of accountability for safeguarding and promoting welfare across staff at all levels (88% vs. 78%);
- a clear statement within their organisation of responsibilities towards children (87% vs. 81%, respectively);
- training and guidance for staff such that all who work with or may come into contact with children are able to identify safety and welfare concerns (85% vs. 71%); and
- working protocols for effective inter-agency working to achieve more effective outcomes (77% vs. 66%).

The following sections summarise findings around some specific issues covered within the survey.

Leadership and monitoring

Almost all (98%) organisations have a **designated person who is responsible for championing safeguarding**, and many (86%) have a representative who sits on the Local Safeguarding Children Board (LSCB). Those organisations most likely to have a representative on the local LSCB are local authorities, Youth Offending Teams and health organisations - in contrast, district councils and prisons are least likely say they are represented on the LSCB.

Organisations were asked about the frequency with which they receive reporting updates on key safeguarding issues internally. Most say that they are updated either monthly or quarterly via systematic, formal reports (63%), contact with operational managers (64%) and reports on issues identified through service delivery (65%). Other types of reporting are less common, with for example a quarter saying they have not received reports on complaints/concerns about staff in the last 12 months (25%) and one in seven saying they have not been updated on CRB checks in the last 12 months (14%).

Safe recruitment

Virtually all (97%) organisations interviewed say that **CRB checks, either standard or enhanced**, are currently being implemented or are fully in place *for all relevant staff*. However, fewer have **CRB checks being implemented or fully in place** *for contractors* (79%). Just over nine in ten (91%) say that their organisation has implemented **written guidance on safeguarding children provided for all operational managers on their agency's policies and procedures**, with four in five (81%) saying this written guidance is *fully in place.* Just over nine in ten (91%) say they have implemented **written guidance on safeguarding children provided to all relevant frontline staff** (91%). Nearly eight in ten say it is *fully in place* (79%).

A much smaller proportion of organisations say they have implemented written guidance on safeguarding children included in contractors' contracts. Just over half have this implemented (56%) while a further 16% have it planned. However, senior managers' awareness of the status of this requirement within their organisations is limited in many cases, with many saying they don't know (28%).

Local authorities are more likely to say they have procedures in place than district councils. For example, top tier local authorities (65%) are more likely to say they have CRB checks fully in place for all relevant contractors than district councils (41%). They are also more likely to say they have written guidance on safeguarding children provided for all operational managers on their agency's policies and procedures (90% compared to 61% of district councils) and written guidance on safeguarding children provided to all relevant frontline staff (90% compared to 58% of district councils). Prisons (93%), Youth Offending Teams (82%) and top tier authorities (65%) are more likely than district councils (41%) to say they have a policy fully in place to carry out CRB checks on contractors.

Success, barriers and support needs

Organisations spontaneously mention 'raising awareness' and 'improving staff training' as both successes and barriers to achieving the full array of section 11 arrangements. Developing and maintaining awareness of safeguarding is among the areas mentioned by the greatest proportion of organisations as having improved. Almost half consider awareness and communication of arrangements as an area where they have successfully changed or improved practice (46%). Staff training is noted by two-fifths of organisations as an aspect of marked improvement brought about by implementing the section 11 guidance (39%). Many respondents also consider safeguarding procedures to be much improved as part of implementing the section 11 guidance (25%).

However, raising awareness of arrangements to safeguard and promote the welfare of children and achieving effective communication is also the area which the largest proportion of organisations say has provided the biggest challenge (35%). This may be because of the vast array of staff in different policy areas. Further perceived challenges include partnership working and improving training opportunities for staff.

Organisations are most likely to say they need support to raise awareness of the necessary section 11 arrangements. The need for additional resources gets the second highest mention, just ahead of the request for assistance so that national policy is clear and easy to implement.

Acknowledgements

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2. Introduction

Background

Safeguarding children is a central priority of government policy. Following the Victoria Climbié Inquiry (2003), the Children Act 2004 initiated radical developments to ensure the safety and welfare of children within the broader policy framework of improving outcomes for children under the *Every Child Matters* programme (2003).

Section 11 of the Children Act 2004[3] established statutory duties on local agencies with regard to *"the key arrangements [they] should make to safeguard and promote the welfare of children in the course of discharging their normal functions".* Such organisations must also ensure that anybody providing services on their behalf does same.

Statutory guidance on section 11[4] sets out specific key features required at an organisational or strategic level. These include senior management commitment; clear statements of the agency's responsibilities; clear lines of accountability; appropriate staff training and recruitment practices; and inter-agency working and information sharing.

The Department for Children, Schools and Families (DCSF) commissioned Ipsos MORI to conduct a survey among those agencies that have a statutory duty to safeguard and promote the welfare of children under section 11 of the Children Act 2004. The research aimed to understand senior stakeholder views of the extent of progress made to date towards achieving the standards set out in the guidance in their organisations, as well as any barriers experienced.

This report is one of several commissioned recently by DCSF with the aim of strengthening the evidence base in the area of child protection, and supporting the Government's programme of reform to improve early recognition and effective intervention to safeguard and promote the welfare of children. In particular, the Safeguarding Children Research Initiative (link: http://tcru.ioe.ac.uk/scri/) will be contributing to the evidence base in three areas highlighted by the Laming Inquiry - neglect, emotional abuse and inter-agency working. A Joint Chief Inspector's Report on Arrangements to Safeguard Children has collated and reviewed the evidence on how well organisations are undertaking their statutory responsibilities to safeguard and promote the welfare of children every three years. The last combined report was published in 2008 (link: http://www.safeguardingchildren.org.uk/Safeguarding-Children/2008 -report).

Aims and objectives

The research aimed to explore the views of Chief Executives and others named as having overall responsibility for relevant organisations (within the guidance for section 11 of the Children Act 2004), with regard to progress made in implementing the section 11 arrangements and any barriers experienced. The research is designed to inform the government agencies themselves of the current situation and to facilitate the design of further action for assisting those responsible for implementing the legislation to undertake their duties more effectively.

[3] The Children Act 2004 provides a legislative spine for the wider strategy for improving children's lives. This covers the universal services which every child accesses, and more targeted services for those with additional needs. http://www.opsi.gov.uk/acts/acts2004/ukpga_20040031_en_1

[4] Section 11 of the Children Act 2004 established statutory duties on local agencies with regard to the key arrangements they should make to safeguard and promote the welfare of children. Statutory guidance was produced and forms a basis for this research.
http://www.everychildmatters.gov.uk/_files/CB6A73D97A171A201EF5ED4F26B0B55D.pdf

It is important to note that this research is not an audit of what is actually occurring at ground level, but a survey designed to review perceived progress so far and to gather opinions of senior people about their organisations.

The particular objectives of the study were:

- To provide a high level snapshot of the *extent* and *nature* of compliance at this point in time; and

- To provide informative data on any *barriers* to compliance which can usefully inform the on-going development of policy and practice.

3. Methodology

Introduction

The research was conducted through an online survey and follow up telephone interviews with non-responders. A pilot exercise pre-empted the main stage fieldwork which ran from 10 September to 22 October 2008[5]. A more detailed account of the methodology used can be found in Appendix 1.

Questionnaire

The survey questions were developed to cover the extent to which section 11 arrangements are perceived to be in place by the person with overall responsibility for safeguarding within each organisation. The questionnaire covered the following three broad topic areas:

- Leadership and staff responsibilities
- Recruitment training and guidance
- Barriers and support needs

Respondents

A census was carried out of all organisations responsible for safeguarding and promoting the welfare of children under section 11 of the Children Act 2004. In total, of the 1,153 organisations approached, 647 organisations completed the survey, representing a response rate of 56%. Of these, 318 organisations completed the survey online and 329 completed it by telephone. Response rates varied by organisation type. They were highest among probation services (75%), top tier local authorities (74%) and Mental Health Trusts (74%) and lowest among prisons (31%), young offender institutions (35%) and police forces (46%)[6]. It should be noted that the person with overall responsibility for safeguarding within each organisation was invited to take part. This person was often the Chief Executive. The survey therefore represents the views of these individuals and may not reflect the views of all staff working on the ground.

It should also be noted that whilst YOIs and Secure Training Centres are part of the Youth Justice System, and look after children and young people under the age of 18, the 'prisons' category only accommodates those over the age of 18. Prisons were included in the sample because they have section 11 responsibilities around children and young people visiting the establishments. The fact that prisons only accommodate those aged over 18 may be a reason why they were found by the survey to have less focus on implementing section 11 duties than other organisations.

[5] It should be noted that the DCSF commissioned this research in September 2007. Both the commissioning of the research and the fieldwork took place before the Government asked Lord Laming to submit a report at the end of February 2009 on the progress that has been made on safeguarding.

[6] Some of the bases are low. See Table 4 in Appendix 1 for response rates.

Reasons for the success of the methodology

Overall an extremely high response rate was achieved, given the seniority of the audience. This success can be attributed to the following:

- A long fieldwork period ensured that many respondents had time to complete the survey;
- Significant buy-in and support from a range of government agencies encouraged respondents to take part in the research; and
- The resources put into the project such as time spent monitoring bounced back and undeliverable email addresses, and responding to these and any queries as soon as possible, and following up those who did not respond to the online survey with an option to complete the survey over the telephone.

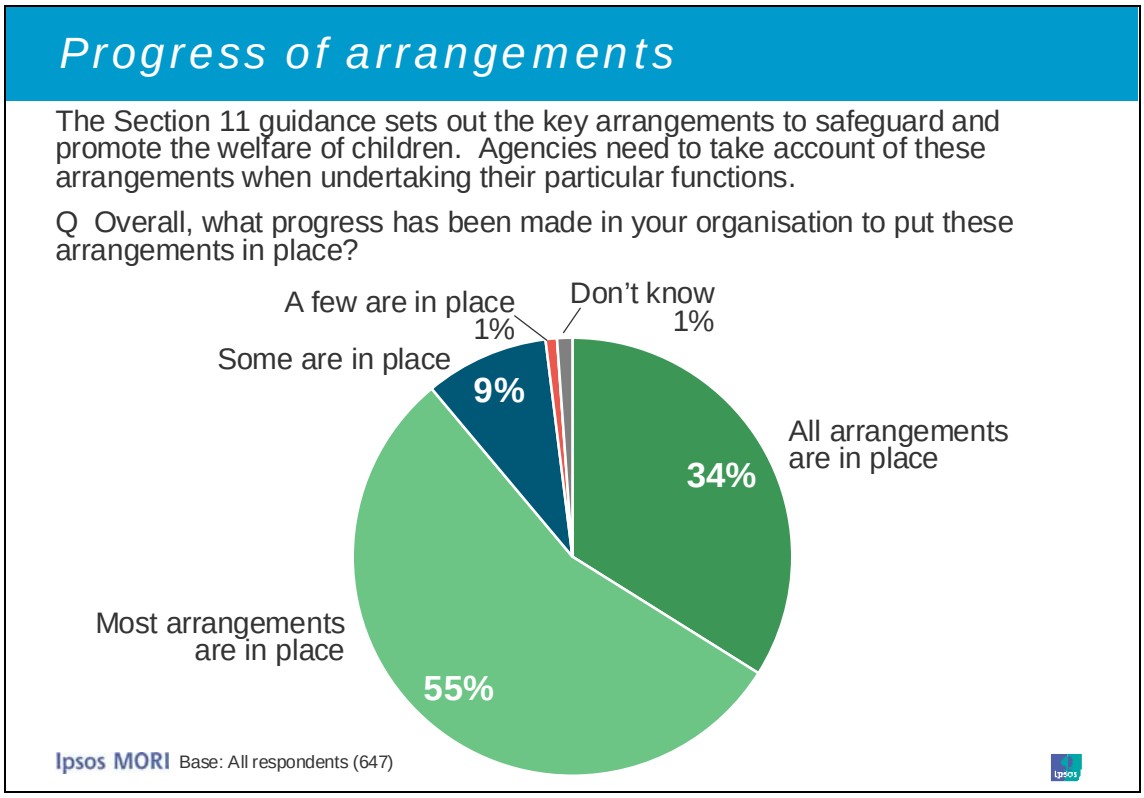
4. The extent to which section 11 arrangements are in place

This chapter looks at the extent to which the section 11 guidance is perceived by heads of organisations and their representatives to have been implemented and the extent to which they consider that key messages have been disseminated throughout organisations.

Which arrangements are in place?

The section 11 statutory guidance sets out the key arrangements to safeguard and promote the welfare of children. Organisations to which the guidance applies need to take account of these when undertaking their particular functions. Respondents were asked to estimate overall the extent to which these arrangements are in place in their organisations. Nearly all (99%) are of the opinion that at least a few of these arrangements are in place. Over half state that most arrangements are in place and a third say that all arrangements are in place.

Figure 1



While nearly all say they have made some progress, some variation in the extent of implementation can be seen. Top tier local authorities (48%) and health trusts (43%) are most likely to say that that all arrangements to safeguard and promote the welfare of children are in place, versus an average of 34% among all organisations, while district councils are least likely to say they have all arrangements in place (18%). District councils are more likely than other organisations to say that only some arrangements are in place (22% compared to 9% overall). Table 1 shows the differences by organisation type.

Table 1: Extent to which arrangements are in place by organisation type

Q The section 11 guidance sets out the key arrangements to safeguard and promote the welfare of children. Agencies need to take account of these arrangements when undertaking their particular functions.

Overall, what progress has been made in your organisation to put these arrangements in place?

	All arrangements are in place	Most arrangements are in place	Some are in place	A few are in place	None are in place	Don't know
	%	%	%	%	%	%
Health Trusts** *(Base, 125)*	43	53	3	0	0	1
Health organisations** *(Base, 238)*	39	56	4	0	0	1
Criminal Justice organisations** *(Base, 161)*	33	55	8	1	0	3
Local authorities** (district and top tier combined) *(Base, 248)*	29	54	14	2	0	*
NHS Direct* *(Base, 1)*	N=1	N=0	N=0	N=0	N=0	N=0
Mental Health Trusts* *(Base, 20)*	50	50	0	0	0	0
Top Tier Local Authorities *(Base, 111)*	48	50	2	0	0	1
NHS Foundation Trusts* *(Base, 49)*	47	51	0	0	0	2
Prisons* *(Base, 41)*	41	37	12	2	0	7

Table 1 continued

	All Arrangements are in place	Most arrangements are in place	Some are in place	A few are in place	None are in place	Don't know
	%	%	%	%	%	%
Ambulance Trusts* *(Base, 8)*	N=2	N=4	N=0	N=0	N=0	N=0
NHS Acute Trusts* *(Base, 56)*	37	55	7	0	0	0
Primary Care Trusts* *(Base, 96)*	33	61	5	0	0	0
Young Offender Institutions (YOIs)* (*Base, 6)*	N=3	N=6	N=0	N=0	N=0	N=0
Youth Offending Teams (YOTs)* (*Base, 68)*	31	62	7	0	0	0
Police Forces* (*Base, 18)*	N=6	N=15	N=1	N=0	N=0	N=0
Probation Services* (*Base, 27)*	22	74	4	0	0	0
District Councils *(Base, 137)*	18	58	22	3	0	0
Strategic Health Authorities (SHAs)* *(Base, 8)*	N=1	N=4	N=1	N=0	N=0	N=0
Secure Training Centres (STCs)* *(Base, 1)*	N=0	N=1	N=0	N=0	N=0	N=0
TOTAL %	34	55	9	1	0	1

*Caution small base. Where bases are below 20 actual numbers (N) have been reported rather than percentages. Because data were weighted by organisation type, in some cases such as YOIs, N appears to add up to more than the base.
**See Table 4 in Appendix 1 for details of which organisations form these groups.

Source: Ipsos MORI

In order to gain more detailed insight, organisations were asked what progress they have made in putting specific arrangements into place. Table 2 shows the progress heads of organisations or their representatives consider has been made for each arrangement, to date. Overall, the vast majority of organisations say that arrangements are fully in place or currently being implemented at a strategic level. Just under nine in ten (87%) say they have **strong commitment and leadership regarding safeguarding and promoting welfare from senior staff** fully in place and eight in ten (81%) state they have a **clear statement within the organisation of responsibilities towards children** fully in place.

Similarly, most say they have the following arrangements fully in place:

- **Clear procedures for staff to report child safeguarding and welfare concerns** (91%);

- **Systems to deal with any complaints by staff, children or members of the public who feel that the organisation has not taken appropriate action to safeguard children** (87%);

- **Recruitment practices which seek as far as possible to ensure that all new staff who come into contact with children are safe for working with children** (85%);

- **Leadership regarding safeguarding and promoting welfare from senior staff that is clearly visible to all staff** (80%); and

- **Clear lines of accountability for safeguarding and promoting welfare across staff at all levels** (78%).

Arrangements that are considered to be fully in place in less than half of all organisations include **IT systems to record information for management and planning purposes** (47%) and **mechanisms to ensure that parents', children's and young people's views are actively taken into account in policy making across the organisation** (29%).
In addition, just two thirds of organisations say they have the following arrangements fully in place:

- **Service development which takes account of the need to safeguard and promote welfare** (66%);

- **Working protocols for effective inter-agency working to achieve more effective outcomes** (66%); and

- **Working protocols for effective information sharing between agencies** (64%).

Table 2: Progress made in putting key arrangements in place

Q The grid below outlines the key arrangements set out in the Government's guidance which are key to safeguarding and promoting the welfare of children and young people. For each one, please specify what progress had been made in putting them in place, to date.

Base: All respondents (647) and all excluding Strategic Health Authorities (639)[7]	**Arrangements fully in place**	**Arrangements currently being implemented**	**Arrangement planned but not implemented**	**At the planning stage**	**Don't know**
	%	%	%	%	%
Clear procedures for staff to report child safeguarding and welfare concerns *(647)*	91	6	2	1	*
Strong commitment and leadership regarding safeguarding and promoting welfare from senior staff *(647)*	87	11	1	1	*
Systems to deal with any complaints by staff, children or members of the public who feel that the organisation has not taken appropriate action to safeguard children *(647)*	87	9	2	1	1
Recruitment practices which seek as far as possible to ensure that all new staff who come into contact with children are safe for working with children *(647)*	85	12	1	1	1
Clear statement within the organisation of responsibilities towards children *(647)*	81	14	3	2	1
Leadership regarding safeguarding and promoting welfare from senior staff that is clearly visible to all staff *(647)*	80	15	2	1	1
Clear lines of accountability for safeguarding and promoting welfare across staff at all levels *(647)*	78	17	3	1	1
Training and guidance for staff such that all who work with or may come into contact with children are able to identify safety and welfare concerns *(639)*	71	24	3	2	*
Service development takes account of the need to safeguard and promote welfare *(639)*	66	26	5	2	2
Working protocols for effective inter-agency working to achieve more effective outcomes *(639)*	66	28	3	2	2
Working protocols for effective information sharing between agencies *(639)*	64	28	4	3	1
IT systems in place to record information for management and planning purposes *(647)*	47	27	8	11	8
Mechanisms to ensure that parents' children's and young people's views are actively taken into account in policy making across the organisation *(647)*	29	43	12	10	6

Source: Ipsos MORI

Overall, those who perceive their organisations to have arrangements fully in place are generally more likely to:

- Have representation from their organisation on their LSCB;
- Receive regular updates on training; and
- Have been audited by their LSCB.

Significant differences in perceptions of progress by organisation type are as follows:

- Health trusts (95%) and criminal justice organisations (90%) are more likely than local authorities of all types (79%) to say they have fully in place **systems to deal with any complaints by staff, children or members of the public who feel that the organisation has not taken appropriate action to safeguard children.** Top tier local authorities (90%) are also more likely to have such systems in place than district councils (72%).

- Health organisations in general are more likely than local authorities of all types to say they have fully in place **recruitment practices which seek as far as possible to ensure that all new staff who come into contact with children are safe for working with children** (96% vs. 85% respectively).

- Health organisations in general (77%) are more likely than criminal justice organisations (65%) and local authorities in general (54%) to say they have fully in place **working protocols for effective inter-agency working** and are more likely than local authorities in general to say they have fully in place **working protocols for effective information sharing between agencies** (71% vs. 51% respectively). Representatives from prisons[8] (80%) are also more likely than top tier local authorities (63%) and district councils (43%) to say they have **working protocols for effective information sharing between agencies** fully in place.

- Organisations most likely to say that they have **clear lines of accountability for safeguarding and promoting welfare across staff at all levels** fully in place **are** NHS Foundation Trusts (92%) and NHS Acute Trusts (91%), while NHS Acute Trusts (100%), Primary Care Trusts (98%) and top tier local authorities (97%) are most likely to have **clear procedures for staff to report child safeguarding and welfare concerns** fully in place. Top tier local authorities (97%) are more likely than district councils (74%) to say they have clear procedures for staff fully in place. Again, top tier local authorities (92%) are more likely than district councils (73%) to say they have **a clear statement of responsibilities towards children** fully in place. They are also more likely than Primary Care Trusts (80%) and Youth Offending Teams (76%) to say they have this fully in place. Representatives from health organisations (87%) are more likely than those from criminal justice organisations (75%) to say they have such a statement fully in place.

- Arrangements that are more likely to be perceived to be **fully in place** for criminal justice organisations are **IT systems to record information for management and planning purposes** (68% vs. 36% of health organisations) and **service development that takes account of the need to safeguard and promote child welfare** (75% vs. 55% of local authorities in general). Both of these arrangements are also more likely to be regarded as fully in place for top tier local authorities (66% and 83%, respectively).

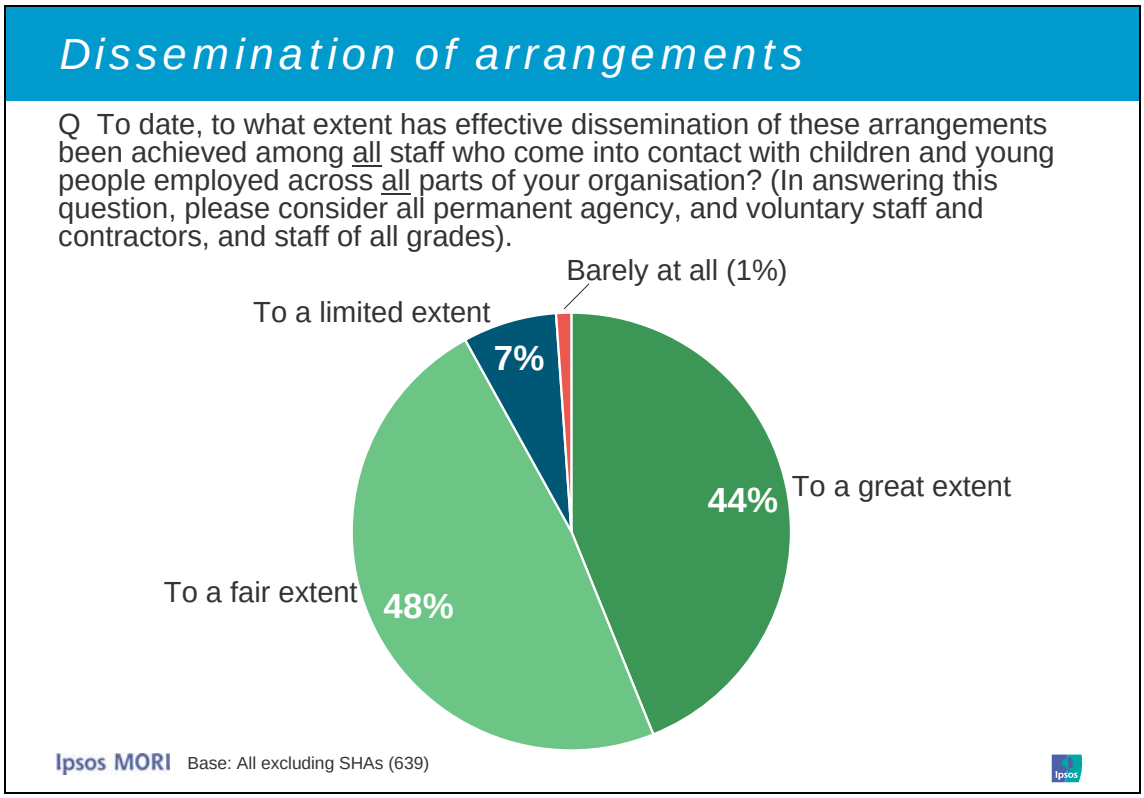
- Health trusts (91%), Youth Offending Teams (90%) and top tier local authorities (87%) are more likely than the average of all organisations (80%) to regard their organisations as having **leadership regarding safeguarding and promoting welfare from senior staff that is clearly visible to all staff** fully in place and top tier local authorities (87%) are more likely than district councils (56%) to say this arrangement is fully in place. Similarly, health organisations (85%) and Youth Offending Teams (82%) are more likely than the average for all organisations (71%) to perceive themselves to have **training and guidance for staff such that all who work with or may come into contact with children are able to identify safety and welfare concerns.** Those from health organisations (85%) are more likely than those from criminal justice organisations (67%) and local authorities in general (62%) to say they have such training fully in place.

Health organisations are significantly more likely than the average of all organisations to say they have section 11 arrangements *fully in place.* For example they are more likely than average to say they have fully in place **clear procedures for staff to report child safeguarding and welfare concerns** (97% vs. 91%, respectively), **strong commitment and leadership regarding safeguarding and promoting welfare from senior staff** (91% vs. 87%, respectively); **leadership regarding safeguarding and promoting welfare from senior staff that is clearly visible to all staff** (89% vs. 80% respectively), **clear lines of accountability for safeguarding and promoting welfare across staff at all levels** (88% vs. 78%); and **a clear statement within their organisation of responsibilities towards children** (87% vs. 81%, respectively).

Dissemination of arrangements among staff

The section 11 guidance states that *"All staff should be made aware of their agency's policies and procedures on safeguarding and promoting the welfare of children"*. The majority (99%) of organisations say their arrangements to safeguard and promote the welfare of children and young people have been effectively disseminated to at least some extent among all staff who come into contact with children and young people employed across all parts of their organisation. Most say that their organisation has achieved this either to a fair extent (48%) or to a great extent (44%).

Figure 2: [9]



Those most likely to say that their arrangements have been disseminated among staff to a great extent are health trusts (56%), particularly NHS Foundation Trusts (67%). Top tier local authorities (46%) are more likely than district councils (31%) to say that their arrangements to safeguard and promote the welfare of children have been disseminated among staff to a great extent; those from health organisations (55%) are more likely than criminal justice organisations (41%) to say they have done this to a great extent. Once again, commitment in other areas correlates positively with effective dissemination of results. The following sub-groups are likely to say that they disseminate information about arrangements to a great extent:

- Those who say they require staff who may come into contact with children and young people, to receive regular updates on their safeguarding children training (51%) compared to those who say they do not require this (30%);
- Those who work in both adult and children's services (51%) compared to those who work in just adult services (28%).

5. Responsibility and monitoring within organisations

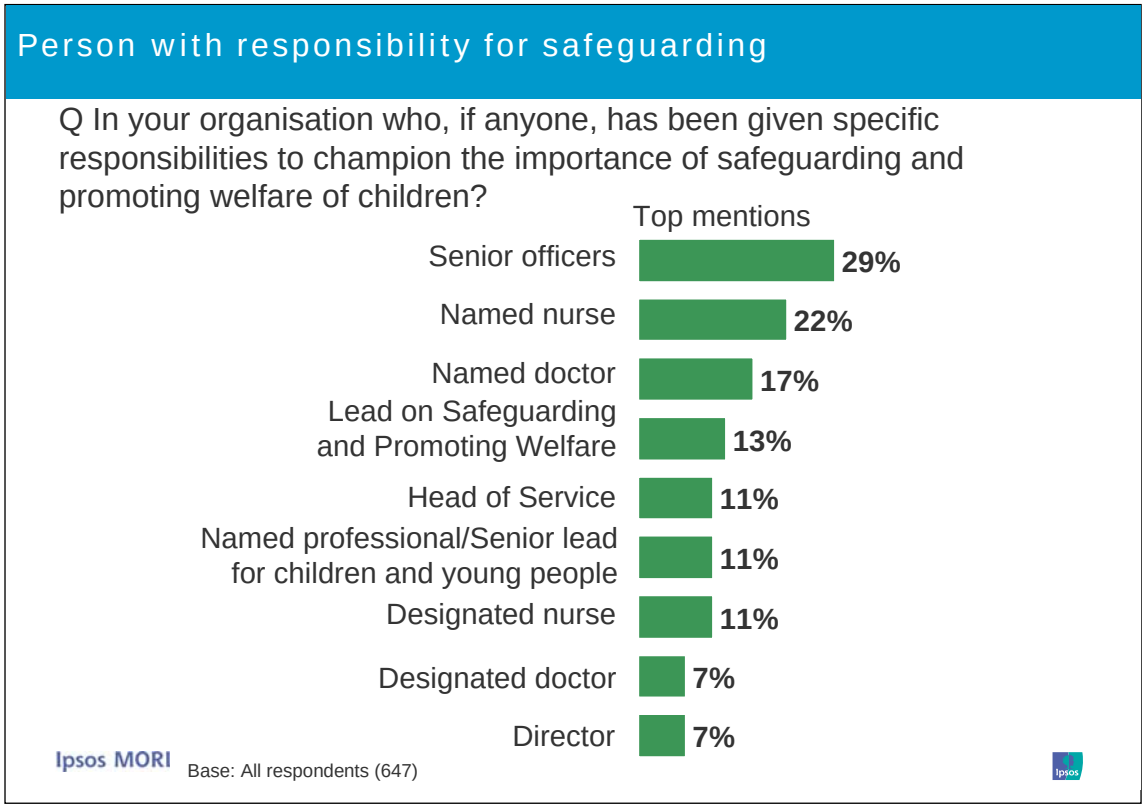
The following chapter reviews who takes responsibility for promoting safeguarding and welfare within each organisation, and how progress is perceived to be being monitored.

Who has been given responsibility for safeguarding and promoting welfare?

The section 11 guidance stipulates that *"It should be clear who has overall responsibility for the agency's contribution to safeguarding and promoting the welfare of children and what the lines of accountability are from each staff member up through the organisation to the person with ultimate accountability for children's welfare".* In some cases, the guidance stipulates who the person with overall responsibility is and names some of the lead people in implementing the arrangements within the organisation.

Most (98%) respondents were able to name someone in their organisation who has been given specific responsibilities to champion the importance of safeguarding and promoting the welfare of children, with just two percent saying no-one has. Senior officers (29%), a named nurse (22%), and a named doctor (17%) are most likely to have been given this responsibility.

Figure 3



In addition to Youth Offending Teams (six percent vs. two percent on average), other organisations most likely to say that no-one has been given specific responsibility to champion safeguarding and promoting the welfare of children are:

- Those agencies where no person in the organisation has been given formal responsibility to sit on their local LSCB (five percent vs. two percent on average); and

- Those agencies who are not aware of their LCSB having carried out a section 11 audit since April 2005 (five percent vs. two percent on average).

There are some notable differences between organisation type, when considering this expectation set out in the section 11 guidance:

- Local authorities in general are most likely to say that **senior officers** have been given responsibilities to champion the importance of safeguarding and promoting child welfare (84% compared with the average across all organisations of 29%), while a third (32%) of such organisations say that a **lead on safeguarding and promoting welfare** has been given such responsibilities (compared to 13% on average);

- As expected, health organisations are particularly likely to say that a **named nurse** (61%), **named doctor** (47%), **designated nurse** (30%) and **designated doctor** (21%) have been given these responsibilities;

- Organisations from the criminal justice sector are most likely to say that a **head of service** (35%) is responsible (compared to 11% on average); and

- Eighteen of the 22 police forces who responded to the survey said an **assistant chief constable** has these responsibilities and all of the 20 probation services mentioned a **chief officer or assistant chief officer.**

Within the section 11 guidance it states that *"Many organisations subject to the section 11 duty are also required to take part in Local Safeguarding Children Boards. They have shared responsibilities for the effective discharge of the LSCB's functions".* The majority of organisations say that a person from their organisation has been given formal responsibility to sit on the LSCB in their area (86%). Around one in ten say that no-one has been given this responsibility (12%) and two percent do not know if this has happened.

The following types of organisations are significantly likely to say that a person has been given formal responsibility to sit on the LSCB in their area:

- Top tier local authorities (97%) are significantly more likely than district councils (73%) to say this;

- Youth Offending Teams (96%) are more likely than prisons (46%) to say this; and

- Health organisations (95%) are more likely than criminal justice organisations (79%) and local authorities in general (83%) to say this.

Although base sizes are too small to test for statistical significance, it is worth noting that all (100%) police services, probation services, Ambulance Trusts, PCTs, YOIs and STCs who took part in the survey said that a person from their organisation has been given formal responsibility to sit on the LSCB in their area.

Organisations that are more likely than the average of all organisations to identify with their responsibilities or have a role in relation to children tend to have a representative on their LSCB. These include the following:

- Organisations where it is a requirement for staff who may come into contact with children and young people, to receive regular updates on their safeguarding children training (90%);

- Those who work in youth/children's services (95%); and

- Those whose LSCB has carried out a section 11 audit since April 2005 (95%).

Those more likely than others to say that **no-one has been given such responsibility** include:

- Prisons (44%) who are more likely to say this than Youth Offending Teams (four percent);

- District Councils (22%) who are more likely than top tier local authorities (one percent) to say this;

- Those who are not aware of their LSCB having carried out a section 11 audit since April 2005 (28%) compared to those who say an audit has been carried out (five percent); and

- Those who work in adult services (41%) compared to those working in youth and children's services (five percent).

Internal monitoring of arrangements to safeguard and promote the welfare of children

Throughout the section 11 guidance, effective monitoring is mentioned as important for mapping the progress of the arrangements that are put in place. While the guidance does not stipulate how often or how the person with overall responsibility should be kept informed about progress in their organisation regarding safeguarding and promoting the welfare of children, the survey explored this in detail.

When asked about frequency of a range of reporting methods within their organisation, most say that they are updated either monthly or quarterly via systematic, formal reports (63%), contact with operational managers (64%) and reports on issues identified through service delivery (65%). Other types of reporting are less common, with for example a quarter saying they have not received reports on complaints/concerns about staff in the last 12 months (25%) and one in seven saying they have not been updated on CRB checks in the last 12 months (14%).

Table 3: Internal monitoring of arrangements to safeguard and promote the welfare of children

Q As the person with ultimate responsibility for promoting and safeguarding the welfare of children within your organisation, how often, if at all, in the last 12 months have you been kept informed in the following ways about progress in your organisation with regard to safeguarding and promoting the welfare of children and young people?

Base: All excluding Strategic Health Authorities (639)[10]	**Weekly**	**Monthly**	**Quarterly**	**Annually**	**Not in the last 12 months**	**Don't know**
	%	%	%	%	%	
Received systematic, formal reports from identified senior managers for safeguarding and promoting welfare	7	27	36	14	11	6
Had contact with operational managers or staff to discuss safeguarding and promoting welfare issues	21	39	25	8	5	3
Received reports on safeguarding and promoting welfare issues that have been identified in the course of delivering services	14	31	34	9	7	5
Received reports on complaints / concerns about staff in relation to safeguarding and promoting welfare	13	21	22	11	25	8
Updated generally about CRB checks within the organisation	6	18	31	19	14	13

Source: Ipsos MORI

Some variations between organisation type are summarised below:

- Top tier local authorities (51%) are more likely than district councils (one percent) to say they have **contact with operational managers or staff to discuss safeguarding and promoting welfare issues** weekly, and prisons (37%) are more likely than Youth Offending Teams (16%) to say they have this weekly**.**

- Those who say that all arrangements for safeguarding and promoting the welfare of children have been put in place (33%) as well as those who work in youth/children's services (33%) are more likely than the average of all organisations (21%) to say they have **contact with operational managers or staff to discuss safeguarding and promoting welfare issues** weekly.

- Top tier local authorities (42%) are more likely than district councils (14%) and the average of all organisations (31%) to say they receive **reports on safeguarding and promoting welfare issues that have been identified in the course of delivering service** monthly, and health organisations (37%) are more likely than average (31%) to say they receive such reports monthly. District councils (42%) and Youth Offending Teams (47%) are more likely than average (34%) to receive these quarterly.

- Top tier local authorities are most likely to say they receive **systematic, formal reports from identified senior managers for safeguarding and promoting welfare** monthly (44%), whilst Primary Care Trusts (29%) and NHS Acute Trusts (25%) are particularly likely to say they receive these annually.

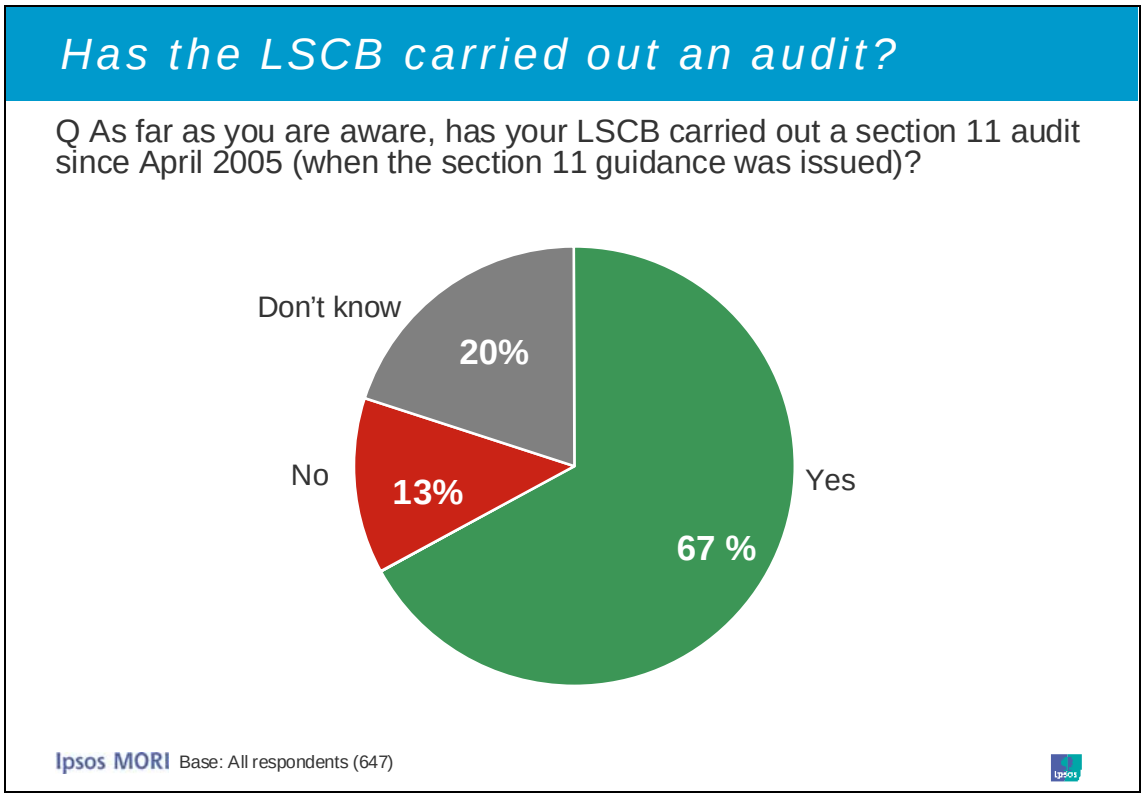
- District councils (42%), prisons (39%) and Youth Offending Teams (37%) are most likely to say they have **not received reports on complaints/concerns about staff in relation to safeguarding and promoting welfare** in the last 12 months, as are those without a representative on their LSCB (51%) and those who say their LSCB has not carried out a section 11 audit since April 2005 (38%).

Local Safeguarding Children Board Audits

While the guidance does not specify implicitly that organisations should be audited externally, it does mention that *"The LSCB work to ensure the effectiveness of work to safeguard and promote the welfare of children by member organisations will be a peer review process based on self evaluation, performance indicators, and joint audit. Its aim is to promote high standards of safeguarding work and to foster a culture of continuous improvement"*.

Around two in three (67%) organisations state that their **LSCB has carried out a section 11 audit since April 2005**, when the section 11 guidance was introduced. Thirteen percent say that as far as they are aware, such **an audit has not taken place**, and one in five (20%) responded that they **do not know** whether this has occurred or not.

Figure 4



There are some key differences between organisation types:

- Top tier local authorities (83%) are more likely than district councils (61%) to say that an audit has taken place, and health organisations (76%) are significantly more likely than criminal justice organisations (55%) to say this has happened;

- The criminal justice sector overall is significantly less likely than average to have received an audit (55% compared to 67%);
- Prisons (41%) and those who work in adult services (32%) are significantly less likely than average (67%) to have been audited; and

- Those who have a representative from their organisation on their LSCB (74%) are more likely than those who have not got a representative (29%) to have received an audit.

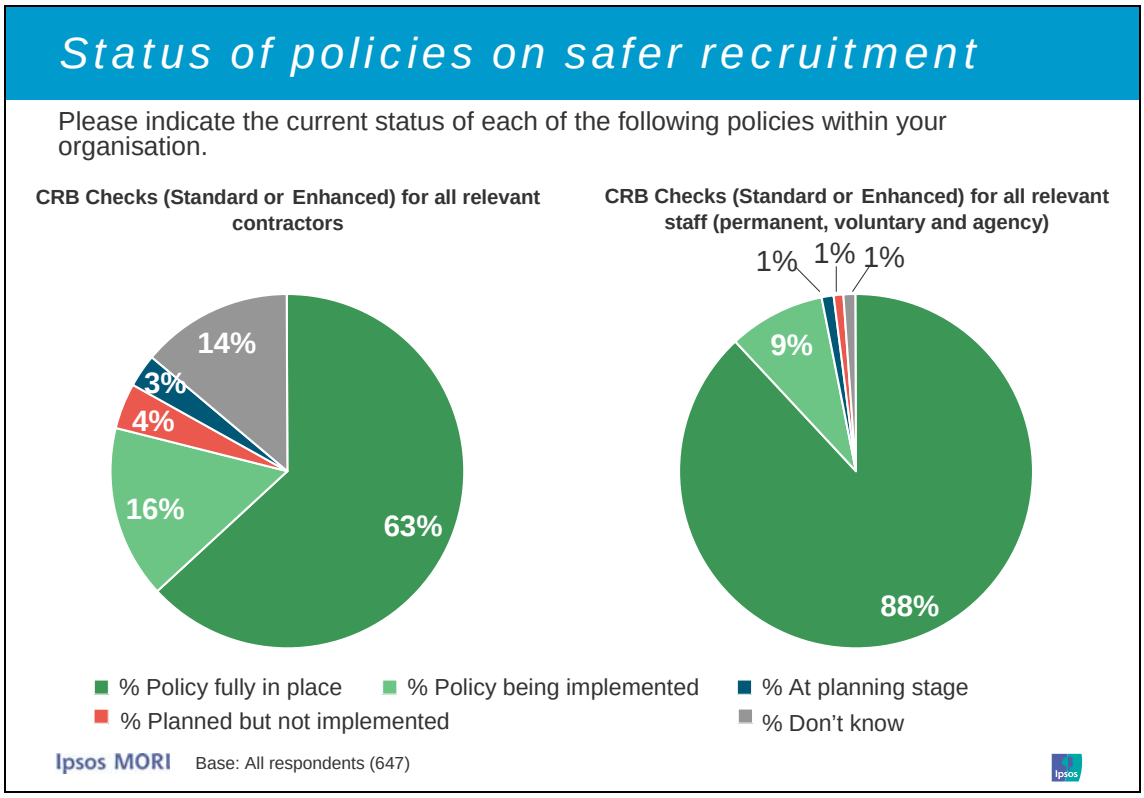
6. Safer recruitment, training and guidance

This section explores organisations' policies on safer recruitment, training and guidance in relation to all relevant staff and contractors employed by the organisation who may come into contact with children and young people during their work.

The status of policies on safer recruitment

Virtually all (97%) organisations interviewed say that CRB checks, either standard or enhanced, are currently being implemented or are fully in place *for all relevant staff*. However, fewer have CRB checks being implemented or fully in place *for contractors* (79%).

Figure 5



Given the high percentage of organisations who say they have CRB checks already implemented for all staff there is little variation by sub-group. However, Youth Offending Teams and health trusts are significantly more likely than average to have CRB checks for all relevant staff *fully in place* (99% and 94% respectively).

In terms of sub-group variations for implementation of **CRB checks for contractors**, the following differences can be seen:

- Prisons (95%) and top tier local authorities (88%) are significantly more likely than average (79%) to say that CRB checks for all relevant contractors are implemented although in the case of top tier local authorities a greater percentage of these are *currently being implemented* rather than *fully in place* (23% compared to just two percent of prisons). Top tier local authorities are also more likely to say they have CRB checks fully in place for all relevant contractors than district councils (65% vs. 41%).

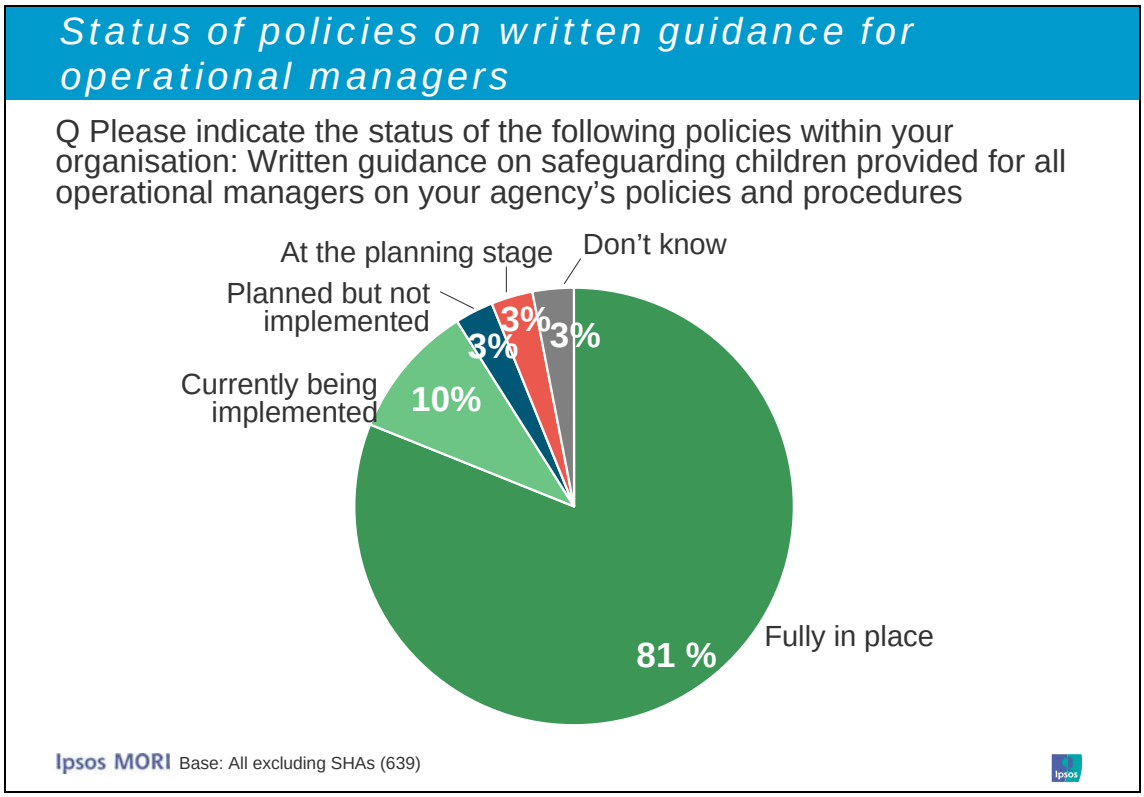
- Significantly fewer district councils (66%%) than average (79%) say that CRB checks for all relevant contractors are implemented, partly due to the fact that over one in five (22%) do not know. Just two in five (41%) district councils say that these checks are *fully in place*, although a quarter (26%) say they are *currently being implemented.*

- A high proportion of Youth Offending Teams (82%) say that CRB checks for all relevant contractors are fully in place. Youth Offending Teams (82%), and top tier local authorities (65%) are more likely than district councils (41%) to say they have this policy *fully in place*.

The status of policies on safeguarding and guidance

Just over nine in ten (91%) respondents say that their organisation has implemented written guidance on safeguarding children provided for all operational managers on their agency's policies and procedures. Four in five (81%) say this written guidance is *fully in place* and just six percent say it is still being planned.

Figure 6:[11]



Again, there are some differences by organisation type:

- While all (100%) top tier local authorities say they have written guidance implemented and nine in ten (90%) have it *fully in place*, this falls to 84% and 61% respectively among district councils. Nearly a quarter (23%) of respondents from district councils say that it is *currently being implemented*.

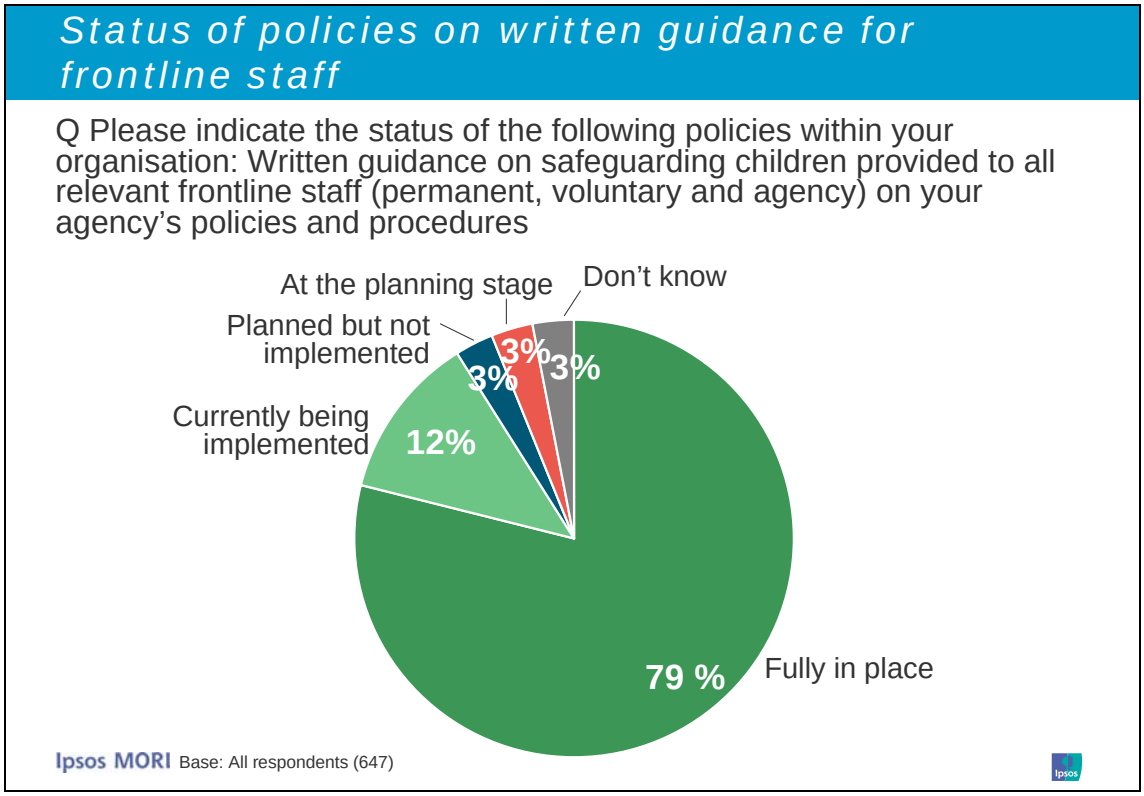
- Health organisations (90%) are significantly more likely than those from criminal justice organisations (80%) and local authorities in general (73%) to say they have written guidance *fully in place,* with over nine in ten (93%) respondents from NHS Acute Trusts saying that is the case in their organisation.

- Prisons are significantly less likely to say they have written guidance *fully in place* (68% compared to an average of 81%); one in five (20%) have it *planned* and a further 12% do not know.

- As may be expected, organisations in the youth/children's service area are significantly more likely to say they have written guidance on safeguarding children provided for all operational managers than those in the adult services area (97% and 74% respectively).

Just over nine in ten (91%) say they have implemented **written guidance on safeguarding children provided to all relevant frontline staff** (91%). Nearly eight in ten say it is *fully in place* (79%). Just seven percent say it is being planned.

Figure 7



Sub-group differences are as follows:

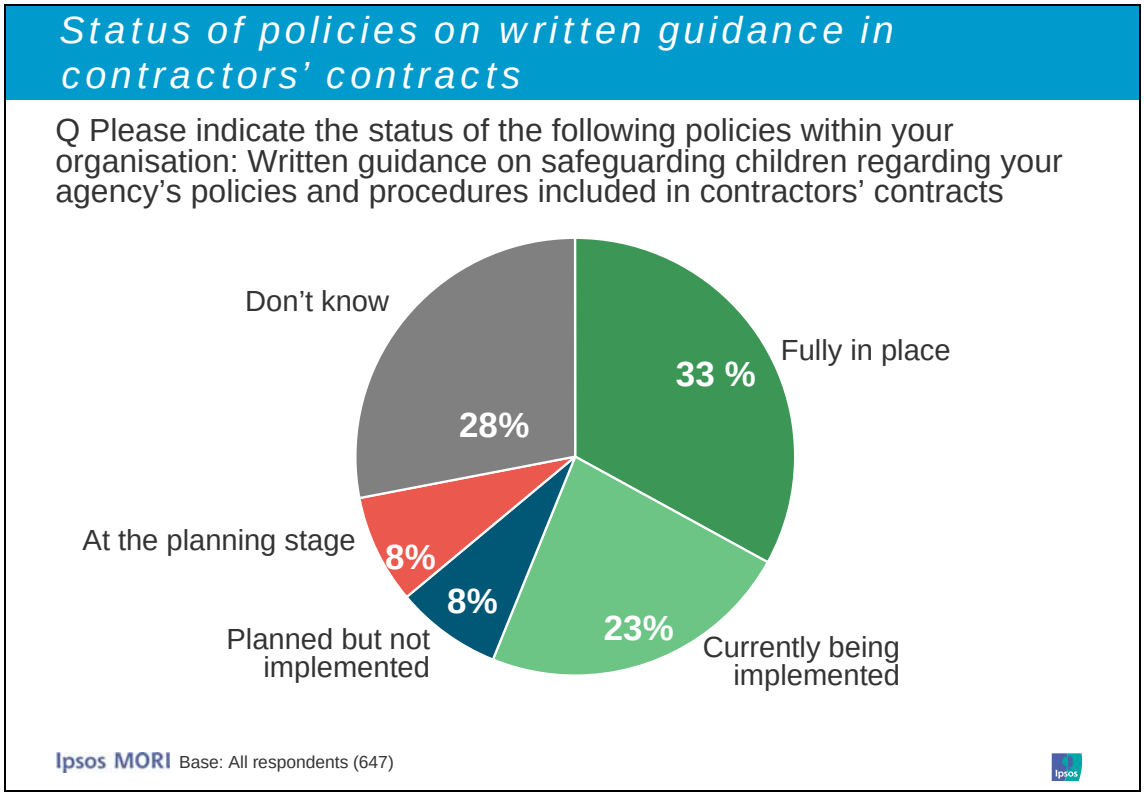
- There is again a clear discrepancy between district councils and top tier local authorities. While 99% of top tier local authorities say they have this policy implemented, this falls to 83% of district councils. The difference is even more pronounced among those who say it is *fully in place*, falling from 90% of top tier local authorities to 58% of district councils.

- Those in the health sector are also significantly more likely to say they have implemented written guidance on safeguarding children provided to all relevant frontline staff; 98% of health trusts have done so, while 96% of NHS Foundation Trusts say it is *fully in place*.

- Again perhaps unsurprisingly, those within the youth/children service area are more likely to say they have this policy implemented than those who work in adult services (96% compared to 78%).

A much smaller proportion of organisations say they have implemented written guidance on safeguarding children included in contractors' contracts. Just over half have this implemented (56%) while a further 16% have it planned. However, knowledge of this particular policy is, in general, more limited, with many saying they don't know (28%).

Figure 8



Again, there are some differences between organisation types and regions:

- Respondents from the health sector are the most likely to say they do not know if they have written guidance included in contractors' contracts (43% of NHS Foundation Trusts and 40% of health trusts).

- Top tier local authorities are significantly more likely than average to say they have written guidance on safeguarding children in contractors' contracts (78% compared to 56% overall and 55% of district councils).

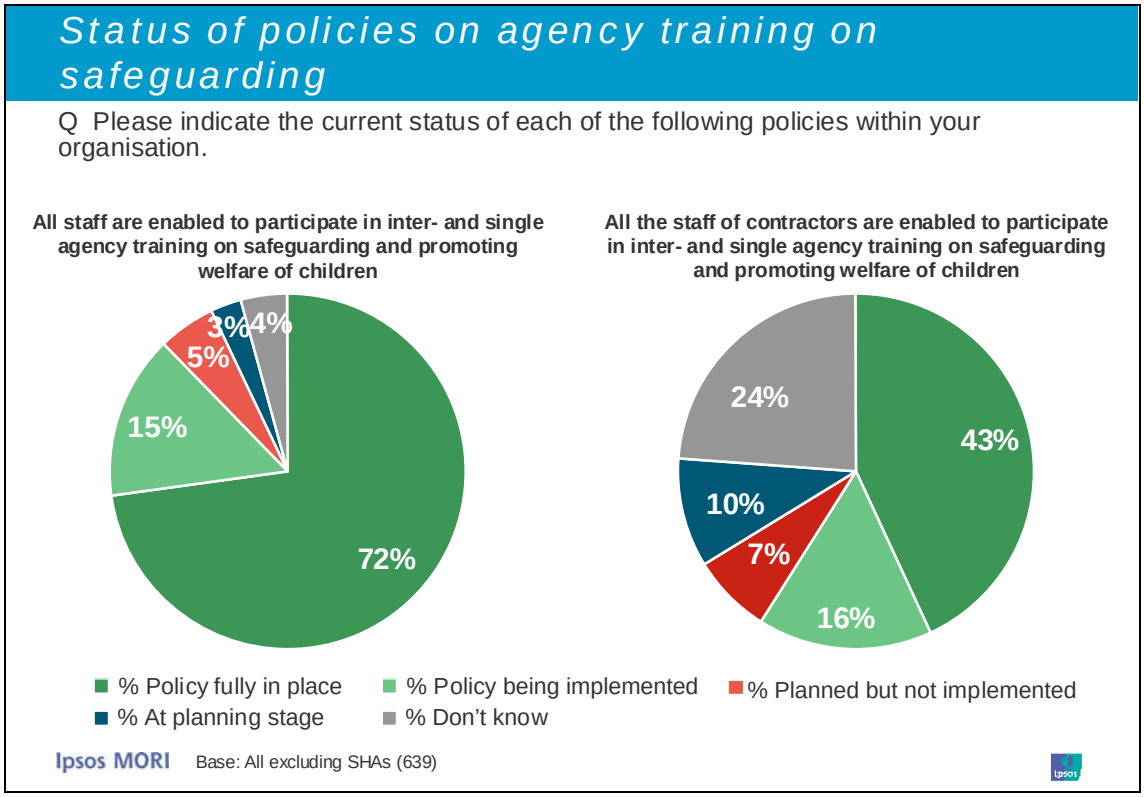
- Youth Offending Teams are also more likely than average to say they have adopted this policy; three quarters have implemented it (74%) with three in five (59%) saying it is *fully in place*. They are more likely than prisons (37%) to say they have this policy fully in place.

- As with other policies concerning the safeguarding of children, representatives from the youth / children service area are more likely to say they have implemented this than those in the adult service area (61% compared to 36%).

The status of training on safeguarding and promoting welfare

A large majority of authorities say that all staff are enabled to participate in inter- and single agency training on safeguarding and promoting welfare of children (88% say this policy is implemented). However, only three in five (59%) say that all the staff of contractors are enabled to participate in inter- and single agency training on safeguarding and promoting welfare of children.

Figure 9:[12]



Sub-group differences are as follows:

- Youth Offending Teams (99%) are more likely than prisons (61%) to say they have implemented the policy that all staff are enabled to participate in agency training, and health organisations (95%) are more likely than criminal justice organisations (81%) and local authorities in general (86%) to say this.
- There is a clear difference between top tier local authorities and district councils (97% compared to 79% are currently implementing/have the policy that all staff can participate in agency training fully in place).
- Respondents from prisons are by a distance the most likely to say that they don't know the status of this policy (20% compared to an average of four percent), although a similarly high proportion of respondents from all adult services also say they don't know (17%).
- Organisations who have been audited (93%) are significantly more likely to say that this policy has been implemented than those who have not (70%).

- Primary Care Trusts (82%) are significantly more likely than NHS Foundation Trusts (61%) and NHS Acute Trusts (54%) to say that the policy of enabling all the staff of contractors to participate in agency training has been implemented, and top tier local authorities (74%) are more likely than district councils (42%) to say this. Youth Offending Teams (74%) are also significantly more likely than prisons (51%) to say they have implemented this policy. Indeed, two thirds of Youth Offending Teams and Primary Care Trusts say that this policy is *fully in place* (65% and 63% respectively).

- A quarter of all organisations do not know whether all staff of contractors are enabled to participate in inter- and single agency training on safeguarding and promoting the welfare of children (24%), a figure which remains constant across most organisation types.

Regular updates for staff on their training on safeguarding and promoting welfare

While the section 11 guidance states that *"all staff working in contact with children and families participate regularly in relevant training tailored towards their roles"*, just over three quarters (77%) of organisations say that it is a requirement within their organisation for all staff who may come into contact with children and young people to receive regular updates on their safeguarding and promoting the welfare of children training. Just less than one in five (18%) say it is not a requirement within their organisation and one in twenty (five percent) do not know.

However, the health field seems to fulfil this requirement with virtually all respondents from health bodies saying that they regularly update staff on training on safeguarding and promoting welfare (94%). Criminal justice organisations are significantly more likely than average to say that it is not a requirement of their organisation (35% compared to an average of 18%), as are those who work in adult services (33%).

Frequency of references as part of staff recruitment

Respondents are positive about the frequency with which references are taken up as part of the recruitment process for staff who may come into contact with children and young people. Ninety-five percent say that references are taken up *every time;* with three percent saying that they are taken up *most of the time*. Just one percent say that they *hardly ever* take up references. Given the high proportion of organisations saying that references are taken up all the time, there is virtually no variation across organisation type, service area or region.

7. Barriers and support needs

The following section describes some of the findings from the study which highlight some of the particular barriers and successes identified by organisations about the process of implementing the section 11 arrangements, and concludes with suggesting ways in which their implementation activity might be better supported.

What has been achieved to date?

Respondents spontaneously identify a range of areas that they feel have improved through the implementation of the section 11 guidance. Primarily, the guidance has served to raise awareness of responsibilities and duties under section 11 with just under half (46%) of all stakeholders considering **awareness and communication of arrangements** to be the most important area to have improved. Out of those who perceive this heightened awareness, more than two-fifths (45%) say they have all of their safeguarding procedures and systems in place. Primary Care Trusts (55%) and district councils (54%) are more likely than average to say that awareness and communication is the most important improvement to date.

> *"As a District Council this area was a new area of work and therefore establishing an understanding of the requirements, developing strong links with the Children's and Young People's service, raising awareness within the Council across all service areas and establishing systems have been the key areas of focus for us".*
> (District council)

> *"Safeguarding is seen as everyone's business. Recruitment and vetting practice [have] significantly strengthened. [There is] much greater awareness at senior level across the organisation for safeguarding responsibilities".*
> (Top tier local authority)

Section 11 guidance considers *"staff training on safeguarding and promoting the welfare of children for all staff working with or (depending on the agency's primary functions) in contact with children and families"* to be one of the key features of effective arrangements to safeguard and promote the welfare of children. Indeed, training is the second most frequently cited achievement amongst respondents. Almost two-fifths (39%) of all stakeholder organisations feel that **training and staff experience** represents an area characterised by marked change/improvement.

> *"Recognition of the importance and relevance to all staff of safeguarding. From this recognition, engagement with training has improved. The Safeguarding Training Strategy has also been revised and now better informs the organisation's training programme".*
> (NHS Acute Trust)

> *"Safeguarding training is now an essential element of all new starters training. Their awareness raising is assured as it is presented as part of [the] Corporate Induction which all staff must attend. For all other staff there is a robust training programme and attendance at Safeguarding Children training is expected to be undertaken every three years".*
> (Primary Care Trust)

"Safeguarding the welfare of children is being written into all the service areas' business plans. [There is] more in-house training for all front line staff as well as higher level training for managers".
(District council)

Health trusts (61%) and health organisations overall (52%) are more likely than average (39%) to feel that training and experience of staff are much improved areas. In particular, NHS Acute Trusts and NHS Foundation Trusts are more likely than average to feel training and experience are much improved (66% and 61% respectively). Significantly more of those who identify the improvement in training have regular updates on training themselves, significantly more than those who do not (44% and 30% respectively).

One quarter (25%) of all stakeholder organisations consider safeguarding **procedures** to be much improved as part of implementing section 11 guidance. In comparison to the other stakeholder sub-groups, district councils are more likely to hold this view, with more than one-third (35%) of them seeing improved procedures to be a successful outcome of the implementation process.

"The organisation is implementing a comprehensive range of safeguarding procedures which will ensure that there is a consistent approach to safeguarding. We are gradually improving best practice and are working towards a more robust recruitment and selection process, increased awareness about child protection issues through appropriate training and better reporting procedures".
(District council)

"There has been a rewriting of policies and procedures to reflect statutory safeguarding responsibilities across the organisation. There are systems in place to enable and support staff to report concerns in respect of a child's welfare".
(Top tier local authority)

Staff who completed the survey as a *delegate* (i.e. on behalf of the person with overall responsibility for safeguarding and promoting child welfare) are significantly more likely than those who completed the survey *personally* (i.e. the person with overall responsibility for safeguarding and promoting child welfare) to consider staff training as an improvement (46% compared to 35%). This implies that less senior staff are more likely to appreciate the importance of training than the person with overall responsibility for safeguarding. Those who were delegated the survey were more likely to be from health organisations (50% compared to 35% on average).

Key challenges

In contrast to these successful aspects, more than one-third (35%) of organisations report that it is a challenge to **maintain awareness of safeguarding issues and policies** as they work to improve implementation of their section 11 duties. This is true even when the 'building blocks' are seen to be in place. A third (33%) of organisations who consider this an on-going challenge are also those who consider all the key arrangements set out in the guidance to be in place.

"Areas of the Trust recognise their involvement, but those who have little contact with children are less likely to remember the importance of safeguarding issues when they come across them. Developing the awareness in this latter group is most challenging".
(NHS Acute Trust)

"Ensuring awareness is extended to all staff. Embedding safeguarding in ALL policies and seeking views of children and young people".
(Police force)

The guidance stresses the importance of organisations working together. Despite this, almost three in ten (29%) organisations consider **deficits in partnership/multi-agency working and effective sharing of information** to be a barrier to improving the situation. Primary Care Trusts are more likely than average to see this as a key challenge (39% compared to the average 29%). Those who have a representative on a LSCB are also more likely to identify the challenges of partnership working (31%).

"Ensuring consistency of practice across the whole service in relation to safeguarding arrangements. Effective information sharing and development of information sharing protocols across organisations".
(Top tier local authority)

"Ensuring effective, joined up working across all key agencies at all levels - front line, middle manager level and senior manager level".
(Probation service)

Improving training also features among the top three areas which organisations still consider to represent key challenges. Just under a quarter (23%) of organisations express this view. Those who have been audited by their LSCB (26%) are more likely than average (23%) to identify improving training as a key challenge, as are health trusts (33%) and health organisations in general (29%).

"Whilst there has been a good deal of effort ensuring that staff within those areas of practice that involve children and families gain skills and knowledge in safeguarding children, there are conflicting priorities for staff such as infection control, fire safety etc. Therefore whilst I believe all managers are committed to ensuring their staff attend training, sometimes this can be difficult as there are other areas of practice education that have to be prioritised… It would be useful if more joint training could occur within the hospital environment".
(NHS Foundation Trust)

Staff who were delegated to complete the survey, namely less senior staff, are significantly more likely to cite barriers to implementing their organisation's section 11 duties than their more senior counterparts:

- 42% of those delegated highlight awareness of safeguarding issues and policies as an issue compared to 30% of original recipients;
- 34% of delegates highlight the challenge of partnership working as a problem compared to 26% of original recipients; and
- 39% of those delegated to complete the survey identify staff training as an issue compared to 19% of original recipients.

Further actions needed from Government or other agencies

Organisations were asked about the types of support needs they would like to be considered by Government or other agencies at local, regional and national levels. Despite the perceived improvement noted earlier, three in ten (30%) organisations spontaneously mention that they would like to see more **awareness** raising of safeguarding issues, undertaken at a national level; and the facilitation of more effective **communications** between agencies. Those in the health sector (36%) are significantly more likely than criminal justice organisations (27%) and local authorities of all types (27%) to mention the need for raising awareness and improving communications. More specifically, Primary Care Trusts (41%) are significantly more likely than average (30%) to want support in these areas, and in particular when compared to district councils and prisons, (23% and 22% respectively).

> *"Improved communications. [The] information overload [makes] it difficult to work out what is relevant and important".*
> (District council)

> *"Expediting systems whereby communication between agencies is mandated using national tools so that there is more efficient and effective communication across all agencies and across the country, as families and children may move frequently".*
> (Primary Care Trust)

Just under one quarter (23%) of organisations feel they need further support in terms of funding **and other resources**. Prisons consider this area to have the greatest support need with just under three in ten (27%) expressing this. In particular, organisations mention wanting support from the Government for funding training, CRB checks and funding the work of the LSCB.

> *"At a national [level], it is important that the various regulators/govt departments for each agency have a shared data set, which is consistent. At a regional level the London Safeguarding Board does an excellent job, but it needs more capacity and resources from Government Offices to deliver its work plans. At a local level, funding for the CDOP panel needs to be guaranteed on an ongoing basis, now that it has been established".*
> (Top tier local authority)

Almost one-fifth (19%) of organisations say they require support in the area of **policy management.** In particular, respondents mention wanting a national guidance policy which is clear, applicable to all local authorities and easy to follow in implementing. Of these, one in five (20%) have LSCB representation and are more likely than average to need support in this area. Top tier local authorities (31%) and heath organisations (26%) are more likely than average to state this.

> *"More national development of policy work so that each local authority doesn't have to do their own - they all just follow one".*
> (Top tier local authority)

> *"A greater coordination with government departments, specifically the home office where the demands for performance from the home office can conflict against expectations in terms of policy and procedure especially training and prioritisation".*
> (Police force)

“A clear national policy which is joined up [for] all agencies. Clear direction and guidance, clear administrative and organisational support to implement plans”.
(Police force)

“Greater use of national model [of] policy development to promote equity across the health service”.
(NHS Acute Trust)

8. Conclusions and implications

Results from this survey suggest that the majority of organisations responsible for safeguarding and promoting the welfare of children according to section 11 of the Children Act 2004 have made considerable progress in implementing arrangements for safeguarding and promoting the welfare of children and young people. However, work is still needed before all section 11 requirements are met in all organisations and some sectors have further to go than others.

At a strategic level, most arrangements are already in place, if not being planned. For example, some aspects of the section 11 guidance are said to be fully in place by 80% or more. These include:

- **Clear procedures for staff to report child safeguarding and welfare concerns** (91%);
- **Systems to deal with any complaints by staff, children or members of the public who feel that the organisation has not taken appropriate action to safeguard children** (87%);
- **Strong commitment and leadership regarding safeguarding and promoting welfare from senior staff** (87%);
- **Recruitment practices which seek as far as possible to ensure that all new staff who come into contact with children are safe for working with children** (85%);
- **A clear statement within the organisation of responsibilities towards children** (81%); and
- **Leadership regarding safeguarding and promoting welfare from senior staff that is clearly visible to all staff** (80%).

However, some of the more practical measures are less likely to be in place, for example:

- Just 29% say they have **mechanisms fully in place to ensure that parents', children's and young people's views are actively taken into account in policy making across the organisation**;
- Just 47% say they have **IT systems fully in place to record information for management and planning purposes**; and
- Around a third of organisations still do not have **service development which takes account of the need to safeguard and promote welfare** (34%), **working protocols for effective inter-agency working to achieve more effective outcomes** (34%), and **working protocols for effective information sharing between agencies fully in place** (36%).

Top tier local authorities and health organisations, particularly NHS Foundation Trusts, are the organisations most likely to say they have achieved most of the arrangements. In contrast, responses of representatives from district councils suggest they are less likely to have arrangements to safeguard and promote the welfare of children fully in place than top tier local authorities.

Representatives from organisations are most likely to mention raising increased **awareness** of arrangements to safeguard and promote the welfare of children and **communication** of these arrangements as the most important area where their organisation has successfully changed or improved practice (46%). However, maintaining **awareness** of safeguarding duties and policies is the most frequently cited challenge in working to improve implementation of the section 11 duty to make arrangements to safeguard and promote the welfare of children (35%) and most respondents expressed the view that they would appreciate further support in this area (30%).

Implications

A number of key implications emerge from this research in relation to both policy and practice:

- As district councils appear to be trailing behind top tier local authorities in terms of implementing the arrangements this suggests that more work is needed by district councils to meet their section 11 duties.

- At a strategic level most section 11 arrangements are already in place or being planned but some of the more practical arrangements need more work. In particular, ensuring that parents', children's and young people's views are actively taken into account in policy making across organisations could be implemented more widely, as could having IT systems in place to record information for management and planning purposes.

- Improvements could be made in how agencies work together to implement the section 11 guidance. In particular, organisations mention the need for support from Government or other agencies to enable more effective communication between agencies, and many consider deficits in partnership/multi-agency working and effective sharing of information to be a barrier to improving implementation of their section 11 duties. Further support from Government and local agencies such as LCSBs could usefully include support or advice in developing more effective communications between agencies and increased awareness and knowledge of safeguarding issues among all staff.

- Where staff training has been implemented already, organisations recognise the improvement. However, some mention improving training as a key challenge and they would like more support from Government and local agencies in helping them provide this.

Further research

This research could be used as a baseline against which future progress in achieving the standards for safeguarding and promoting the welfare of children can be measured. A sensible time frame for tracking how views have changed would be two to three years. This research has provided a valuable snapshot of organisations' views on the progress they have made in implementing the section 11 guidance to date and may be worth repeating in two to three years to track how views have changed. In order for a valid comparison to be made over time, the methodology used in this study would need to be repeated.

Appendix 1 - Methodology

Introduction

This research project adopted a mixed method approach in order to maximise response rates, and was undertaken in the following two stages:

- An online survey; and
- Telephone interviews among those who had not responded to the online survey.

A pilot exercise was also undertaken to review the questionnaire prior to roll out.

Respondents

A census was carried out of all organisations responsible for safeguarding and promoting the welfare of children under section 11 of the Children Act 2004. This research aimed to include a representative from each organisation[13].

The research was aimed at those with overall responsibility for safeguarding within each organisation. This was either the most senior person, such as the Chief Executive of a local authority, or in some cases was a role that has been stipulated by the section 11 guidance such as the Lead Director of a Strategic Health Authority.

Table 4 shows the organisations that were included in this research, the title of the person with overall responsibility for safeguarding who was invited to take part in the survey, and the number of organisations responding to the survey.

Local authorities are shaded in green, health in blue and criminal justice in yellow. Of the 1,153 organisations approached for the census, 647 completed the survey, representing a response rate of 56%. Of these, 318 organisations completed the survey online and 329 completed it by telephone. Some organisation types were less likely to respond than others, such as Prisons (31% response rate) and Police Forces (46% response rate). However the data was weighted to be representative in terms of the numbers of organisations of each type in England.

Table 4: Profile of organisations and response rates*						
Base: All respondents (647)	**Named person with overall responsibility**	**Total no. of organisations in sample**	**No. who completed survey**		**Response rate per organisation type**	**Weighted sample profile**
			Unweighted	Weighted	Unweighted %	Weighted %
District Councils	Chief Executive	232	137	130	59	20
Top Tier Local Authorities	Director of Children's Services	149[14]	111	84	74	13
Primary Care Trusts	Chief Executive	153	96	86	63	13
NHS Foundation Trusts	Chief Executive	105	49	59	47	9
NHS Acute Trusts	Lead Director	96	56	54	58	8
Mental Health Trusts	Lead Director	27	20	15	74	2
Strategic Health Authorities (SHAs)	Lead Director	10	8	6	80	1
Ambulance Trusts	Lead Director	11	8	6	73	1
NHS Direct	Lead Director	1	1	1	100	*
Youth Offending Teams (YOTs)	Youth Offending Team Manager/Head of Youth Offending Service	138	68	78	49	12
Prisons	Governor	132	41	74	31	11
Police Forces	Chief Constable	39	18	22	46	3
Probation Services	Chief Officer	36	27	20	75	3
Young Offender Institutions (YOIs)	Governor	17	6	10	35	1
British Transport Police	Chief Constable	3	0	0	0	0
Secure Training Centres (STCs)	Director/ Governor	4	1	2	25	*
TOTAL		1153	647	647	56	

*An * in the table represents a figure of less than 0.5 but greater than 0. Source:Ipsos MORI

Whilst YOIs and Secure Training Centres are part of the Youth Justice System, and look after children and young people under the age of 18, the 'prisons' category only accommodates those over the age of 18. Prisons were included in the sample because they have section 11 responsibilities around children and young people visiting the establishments. The fact that prisons only accommodate those aged over 18 may be a reason why they were found by the survey to have less focus on implementing section 11 duties than other organisations.

The online fieldwork began on 10 September 2008 with an initial closing date of 30 September 2008[15]. Telephone fieldwork was carried out between 1 October 2008 and the 22 October 2008 to target those who did not respond to the online survey[16].

Online survey

The online survey, accessible via a unique link, was emailed to all lead officers. The email contained an introduction from the research team director, and helpline/email details for queries or comments. The web survey interface was designed to ensure it was user friendly, and included an overview of the research purpose and some instructions for completion. Responses were regularly monitored and two reminder emails were sent to those who had not responded throughout the fieldwork period.

Delegates who completed the survey on behalf of the person with overall responsibility for safeguarding were asked to forward the survey back to this person to review. The responses were then made available to the original lead figure who was asked to submit the survey. Both signed-off responses and complete but non-signed off responses are included in the analysis, and where appropriate this difference is highlighted in the report[17].

Telephone interviews

Those who did not respond to the online survey were approached to take part in a telephone interview and a total of 329 telephone interviews were successfully carried out. However, the telephone contact also served as a reminder, and some respondents unable to complete the telephone interview were successfully redirected to the online version.

In the telephone version, completion of the survey could be delegated at the start of the interview, involving replacing the original contact with the delegate. Therefore there was no ‘sign-off’ option, as it was not possible for the person with overall responsibility to review answers given by telephone.

The final response rate for the online survey was 29% and the final response rate for both online and telephone surveys was 56%.

Questionnaire

The survey was developed by Ipsos MORI in collaboration with the DCSF and an advisory group that included representatives of government departments and of organisations which have a statutory duty to safeguard and promote the welfare of children under section 11 of the Children Act 2004. Key aspects of the section 11 guidance were examined in order to create the survey questions, and the involvement of the DCSF and advisory group representatives ensured the survey was fully endorsed by the organisations involved and that the questions accurately reflected the policy expectations set out in the guidance. A full list of advisory group members and the names of the project commissioners and contractors can be found in Appendix 2.

The questionnaire was developed to identify the extent to which section 11 arrangements are in place; looking at how the person with ultimate responsibility for implementing the arrangements considers their organisation has implemented the section 11 guidance to date, how far the guidance has been implemented throughout their organisation and any barriers experienced and support needed. A copy of the questionnaire can be found in Appendix 3. Some of the questions were not applicable to Strategic Health Authorities and so only a select number of the questions were asked of such organisations in the final survey, based on advice from the Department of Health.

Pilot

As part of the development phase, a pilot exercise was carried out from 23 May to 9 June 2008. The aims of this were to test the content of the questionnaire and the delegation method.

The pilot survey contained an open question asking respondents for any comments they had about the questionnaire and, where permission had been given to re-contact respondents, researchers attempted to contact these people to gain any additional feedback. An advisory group meeting was also held following the pilot exercise to discuss feedback and changes were discussed and agreed with the DCSF.

The main survey was designed to be as user friendly as possible and several actions were identified in order to achieve this. The importance of these actions was highlighted by the pilot survey. These included:

- Endorsement and therefore branding, which would be a key issue in improving the responses in the final survey. It was deemed essential that relevant government agency logos would be included on all materials associated with the survey including DCSF, Department of Health and Ministry of Justice. A pre-notification letter that would be sent out to all lead persons via email would also feature the DCSF logo and signature and logos of other government bodies endorsing the research, where available.

- Respondents would need to be made fully aware that the online survey would not need to be completed in one sitting. This was emphasised in the covering email that was sent with the final survey.

- Where respondents chose to delegate completion of the survey to a colleague, the importance of the sign-off process needed to be emphasised. This was highlighted in the covering email sent out with the final survey.

Main sample

Developing a full sample of heads of organisations was an extensive exercise. The first step was for the research team, including DCSF, to identify the full list of organisations that should be included in the sample, and to review any contact lists that already existed. It was then necessary to identify the gaps and find the outstanding contacts. These were obtained by various means, primarily databases, websites and phone lists where available, from:

- The DCSF;

- The Department of Health;

- The National Research Council on behalf of the Women and Young People's Group (WYPG) and HM Prison Service; and

- Websites of the National Probation Service, the Association of Directors of Children's Services, the HM Prison Service, and the British Transport Police.

Permission

In order to access contact details of representatives of some organisation types, it was necessary to seek permission from various sector research bodies responsible for regulating access to these organisations for research purposes.

The National Research Committee was successfully approached to grant permission for Ipsos MORI to invite representatives from adult prisons and Young Offender Institutions to take part in the survey, and the ROCR-Lite process was carried out on behalf of the Department of Health with permission consequently granted for the involvement of all health organisations. Support for the research was also gained from the Association of Directors of Children's Services, the Youth Justice Board, and the DCSF Star Chamber.

Advance letters

A pre-notification letter was sent to all lead persons via email prior to the survey, as agreed with the DCSF and advisory group members. The letter featured the DCSF logo and signature of the DCSF Director in the Child Protection division. In order that respondents understood the credibility of the research, full endorsement was crucial. It was felt this could be achieved in two main ways:

1) Branding the research with government department logos where available.

2) Organisations using their own methods of communication with colleagues to encourage responses, such as including mentions in their own internal bulletins or newsletters, where possible.

Analysis and reporting

The data from the online and telephone elements of the survey were merged together for analysis and the overall data were weighted by organisation type to avoid bias. A table showing the weighting can be found in Appendix 5.

In the main there was very little difference in responses from the different survey modes (online and telephone). Where differences do exist they provide little insight and therefore have not been commented on.

Any duplicates, i.e. where an organisation mistakenly completed the survey both online and by telephone, were removed and the most senior person's responses were retained in the data set. A questionnaire marked up with aggregate percentage findings to all the questions was produced, providing a summary document of all key data. The marked up questionnaire can be found in Appendix 3.

Questions where respondents could give an 'other' response were back coded if over 10% into existing codes and new codes created if necessary. Questions 12, 13 and 14 were open ended questions. To enable these responses to be included in analysis, code frames were created and the responses added into these codes. Selected verbatim quotes generated from these questions are used in this report to illustrate key points.

Computer tables were produced to allow analysis of the data by different sub-groups of the population including, for example, by region, and organisation type. Throughout the report, results are analysed by key characteristics such as organisation type, region, and whether the respondent was senior or delegated to. Base sizes are low for some organisation types, therefore three overall categories have been identified for analysis which group together organisation types:

- **Local authorities** including district councils, county councils, unitary authorities and London or metropolitan borough councils;

- **Health** including SHAs, Foundation Trusts, Acute Trusts, PCTs, Ambulance Trusts, NHS Direct, Mental Health Trusts; and

- **Criminal justice** including YOIs, prisons, YOTs and STCs.

Interpretation of data

When interpreting the quantitative findings from the survey it is important to remember that the results are based on responding organisations; not the entire population. Consequently, results are subject to sampling tolerances. In other words, not all differences between sub-groups are statistically significant and there is a calculated margin of error for all findings. Taking this into consideration, the quantitative findings from the conventional questions, which are subject to statistical testing, are subject to sampling tolerances – these vary with the size of the sample and the percentage figure concerned. For example, for a question where 50% of the whole sample (647) respond with a particular answer the sampling tolerance is $\pm$ 4 percentage points at the 95 per cent confidence interval. Appendix 4 further explains statistical reliability.

Throughout the report, results reported on are statistically significant. Caution should be exercised especially when interpreting findings from sub-groups of fewer than 100 respondents, and any data from sub-samples of fewer than 50 respondents should be treated as indicative rather than significant. Where base sizes for organisations are low, they are ineligible for significance testing and where this is the case, actual numbers have been reported.

Throughout this report, in tables and graphs where percentages do not add up to 100 percent, this is due to multiple answers, to rounding, or to the exclusion of ‘Don’t know’ or ‘Not stated’ categories. An asterisk (*) denotes a value greater than zero, but less than 0.5 percent.

Appendix 2 - Advisory group members, project commissioners and contractors

Table 5: Advisory group members	
Name	**Organisation**
Russell Wate	Association of Chief Police Officers (ACPO)
Jean Pollard	Association of Directors of Children's Services (ADCS)
Marie Daniels	British Transport Police (BTP)
Alison Palmer	British Transport Police (BTP)
Maggie Jones	Children England (registered charity)
Joe Levenson	Children England (registered charity)
James Shaw	Connexions
Emily Hay (formerly) James Gorringe (currently)	Department for Communities and Local Government (DCLG)
Christine Humphrey	Department of Health (DH)
Vickie Wilkes	Healthcare Commission
Terry Harvey	Women and Young People's Group (NOMS)
David McDonald	Home Office (HO)
Richard Hughes	Joint Youth Justice Unit
Denise Hotham	Joint Youth Justice Unit
David Monk	Youth Justice Board (YJB)

Table 6: DCSF project commissioners	
Isabella Craig	DCSF
Nigel Gee	DCSF
Jenny Gray	DCSF
Katy Garrett	DCSF

Table 7: Contractors	
Emma Wallace	Ipsos MORI
Angela Magill	Ipsos MORI
Ellie Sapsed	Ipsos MORI
Jane Tunstill	Visiting Professor of Social Work, Social Care Workforce Research Unit, Kings College, London.

Appendix 3 - Topline results and questionnaire

- This data is based on 647 responses to 1153 surveys. This represents a response rate of 56%.
- Data are weighted to organisation type.
- Fieldwork took place between 10 September and 22 October 2008.
- Where results do not sum to 100, this may be due to multiple responses, computer rounding or the exclusion of don't knows/not stated.
- Results are based on all respondents unless otherwise stated.
- An asterisk (*) represents a value of less than one half of one percent, but not zero.

Q1. **Please could we start by asking which of the following categories your organisation is considered to be in?**

Base: All respondents (647)

	%
Local Authority (County Council, Unitary Authority, London or Metropolitan Borough)	13
District Council	20
Police Force	3
British Transport Police	0
Probation Service	3
Strategic Health Authority	1
Ambulance Trust	1
Mental Health Trust	2
NHS Foundation Trust	9
NHS Acute Trust	8
NHS Direct	*
Primary Care Trust	13
Youth Offending Team	12
Young Offender Institution	1
Secure Training Centre	*
Prisons	11

STRATEGIC LEVEL ARRANGEMENTS

Q2. **The section 11 guidance sets out the key arrangements to safeguard and promote the welfare of children. Agencies need to take account of these arrangements when undertaking their particular functions.**

Overall, what progress has been made in your organisation to put these arrangements in place?

Base: All respondents (647)

	%
All arrangements are in place	34
Most arrangements are in place	55
Some are in place	9
A few are in place	1
None are in place	0
Don't know	1

Q3. **The grid below outlines the key arrangements set out in the Government's guidance which are key to safeguarding and promoting the welfare of children and young people.**

For each one, please specify what progress has been made in putting them in place, to date.

	Base: All respondents (647) and all excluding Strategic Health Authorities (639)	**Arrange-ments fully in place** %	**Arrange-ments currently being implemented** %	**Arrange-ments planned but not implemented** %	**At the planning stage** %	**Don't know** %
A.	Clear statement within the organisation of responsibilities towards children *(647)*	81	14	3	2	1
B.	Strong commitment and leadership regarding safeguarding and promoting welfare from senior staff *(647)*	87	11	1	1	*
C.	Clear lines of accountability for safeguarding and promoting welfare across staff at all levels *(647)*	78	17	3	1	1
D.	Service development takes account of the need to safeguard and promote welfare *(639)*	66	26	5	2	2
E.	Mechanisms to ensure that parents' children's and young people's views are actively taken into account in policy making across the organisation *(647)*	29	43	12	10	6
F.	Training and guidance for staff such that all who work with or may come into contact with children are able to identify safety and welfare concerns *(639)*	71	24	3	2	*
G.	Clear procedures for staff to report child safeguarding and welfare concerns *(647)*	91	6	2	1	*

H.	Recruitment practices which seek as far as possible to ensure that all new staff who come into contact with children are safe for working with children *(647)*	85	12	1	1	1
I.	Working protocols for effective inter-agency working to achieve more effective outcomes *(639)*	66	28	3	2	2
J.	Working protocols for effective information sharing between agencies *(639)*	64	28	4	3	1
K.	Leadership regarding safeguarding and promoting welfare from senior staff that is clearly visible to all staff *(647)*	80	15	2	1	1
L.	Systems to deal with any complaints by staff, children or members of the public who feel that the organisation has not taken appropriate action to safeguard children *(647)*	87	9	2	1	1
M.	IT systems in place to record information for management and planning purposes *(647)*	47	27	8	11	8

Q4. **Ensuring all staff are aware of and understand your organisation's arrangements to safeguard and promote the welfare of children and young people can be a huge challenge.**

To date, to what extent has effective dissemination of these arrangements been achieved among <u>all</u> staff who come into contact with children and young people employed across <u>all</u> parts of your organisation? (In answering this question, please consider all permanent agency, and voluntary staff and contractors, and staff of all grades).

Base: All excluding Strategic Health Authorities (639)

	%
To a great extent	44
To a fair extent	48
To a limited extent	7
Barely at all	1
Not at all	0

LEADERSHIP AND STAFF RESPONSIBILITIES

Q5. **In your organisation, who, if anyone, has been given specific responsibilities to champion the importance of safeguarding and promoting welfare of children?**

Base: All respondents (647)

		%
A.	Designated nurse	11
B.	Designated doctor	7
C.	Named nurse	22
D.	Named doctor	17
E.	Named professional / Senior lead for children and young people	11
F.	ACPO lead on children's issues	1
G.	Senior officers	29
H.	Lead on safeguarding and promoting welfare	13
I.	Assistant Chief Constable	3
J.	Head of Service	11
K.	Chief Officer (or delegated Assistant Chief Officer)	3
L.	Child protection co-ordinator or Safeguarding manager	4
M.	Governor	4
N.	Other	4
O.	No-one	2

Q6. **Has a person from your organisation been given formal responsibility to sit on the Local Safeguarding Children Board (LSCB) in your area?**

Base: All respondents (647)

	%
Yes	86
No	12
Don't know	2

SAFER RECRUITMENT, TRAINING AND GUIDANCE

Q7. **Please think now about policies on safer recruitment, training and guidance that relate to all relevant staff and contractors employed through your organisation who may come into contact with children and young people during their work (include all permanent, agency and voluntary staff)**

Please indicate the current status of each of the following policies within your organisation.

	Base: All respondents (647) and all excluding Strategic Health Authorities (639)	**Policy fully in place** %	**Policy currently being implemented** %	**Planned but not implemented** %	**At the planning stage** %	**Don't know** %
	Safer Recruitment					
A.	CRB checks (Standard or Enhanced) for all relevant staff (permanent, voluntary and agency) *(647)*	88	9	1	1	1
B.	CRB checks (Standard or Enhanced) for all relevant contractors *(647)*	63	16	4	3	14
	Safeguarding Guidance					
C.	Written guidance on safeguarding children provided for all operational managers on your agency's policies and procedures *(639)*	81	10	3	3	3
D.	Written guidance on safeguarding children provided to all relevant frontline staff (permanent, voluntary and agency) on your agency's policies and procedures *(647)*	79	12	3	3	3
E.	Written guidance on safeguarding children regarding your agency's policies and procedures included in contractors' contracts *(647)*	33	23	8	8	28
	Safeguarding Guidance					
F.	All staff (permanent, agency and voluntary) are enabled to participate in inter- and single agency training on safeguarding and promoting welfare of children *(639)*	72	15	5	3	4
G.	All the staff of contractors are enabled to participate in inter- and single agency training on safeguarding and promoting welfare of children *(639)*	43	16	7	10	24

Q8. **Is it a requirement for all staff (permanent, agency or voluntary) who may come into contact with children and young people, to receive regular updates on their safeguarding children training (e.g. every two years or so)?**

Base: All Strategic Health Authorities and all those who have planned to implement staff enabled to participate in agency training those who are (608)

	%
Yes	77
No	18
Not applicable	*
Don't know	5

Q9. **How often are references taken up as part of the recruitment process for staff in your organisation who may come into contact with children and young people?**

Base: All respondents (647)

	%
Every time	95
Most of the time	3
About half the time	0
Less than half the time	*
Hardly ever	1

INTERNAL MONITORING OF ARRANGEMENTS TO SAFEGUARD AND PROMOTE THE WELFARE OF CHILDREN

Q10. **As the person with ultimate responsibility for promoting and safeguarding the welfare of children within your organisation, how often, if at all, in the last 12 months have you been kept informed in the following ways about progress in your organisation with regard to safeguarding and promoting the welfare of children and young people?**

Base: All excluding Strategic Health Authorities (639)		Weekly %	Monthly %	Quarterly %	Annually %	Not in the last 12 months %	Don't know
A.	Received systematic, formal reports from identified senior managers for safeguarding and promoting welfare	7	27	36	14	11	6
B.	Had contact with operational managers or staff to discuss safeguarding and promoting welfare issues	21	39	25	8	5	3
C.	Received reports on safeguarding and promoting welfare issues that have been identified in the course of delivering services	14	31	34	9	7	5
D.	Received reports on complaints/concerns about staff in relation to safeguarding and promoting welfare	13	21	22	11	25	8
E.	Updated generally about CRB checks within the organisation	6	18	31	19	14	13

BARRIERS AND SUPPORT NEEDS

Q11. **As far as you are aware, has your LSCB carried out a section 11 audit since April 2005 (when the section 11 guidance was issued)?**

Base: All respondents (647)

	%
Yes	67
No	13
Don't know	20

Q12. **Overall, what would you say have been the most important areas where your organisation has successfully changed or improved practice as part of implementing section 11 guidance on safeguarding and promoting the welfare of children?**

Base: All respondents (647)

	%
Awareness / Communications	46
Training / Experience	39
Procedures improved	25
Policy / Management	20
Staff / Expert Staff	19
Other safeguarding services mentioned	15
Recruitment improvements / Safe recruitment practices	11
Improved relationship with local safeguarding board	8
Child protection	8
Case reviews	6
Updates	5
Improve domestic / family visits / facilities	2
Child death overview	2
Other	7

Q13. **What do you think are the key challenges, as you work to improve implementation of your organisation's section 11 duty to make arrangements to safeguard and promote the welfare of children?**

Base: All respondents (647)

	%
Awareness of issues / policies	35
Partnership / multi-agency / sharing information	29
Improving training	23
Communication through whole organisation	14
Resources / more funding	13
Ensuring that all children we deal with are safeguarded	12
Involving children / young people	8
Staffing issues / changes of staff	7
Keeping everything up-to-date	7
Making it a priority / keeping focus on it	6
Improve CRB checks/continue checks on long-term staff	6
Time/workload	5
Bureaucracy / dealing with government / governance boards	4
Working with / listening to families	3
Regular audit	2
Management commitment	2
Accountability for each worker's actions	1
Identifying the cases where intervention is needed / early detection so can refer	1
Child death reviews	1
Other	5
Don't know	1
No answer / not apply	4

Q14. **What further actions or support from Government or other agencies at <u>national</u>, <u>regional</u> or <u>local level</u>, (e.g. LSCB) would you like to see to help you meet your duty to make arrangements to safeguard and promote the welfare of children?**

Base: All respondents (647)

	%
Awareness / communications	30
More funding / resources	23
Policy management	19
Procedures improved	18
Training / experience	16
Staff / expert staff	5
Improved relationships with local safeguarding board	4
Recruiting improvements / safe recruitment practices	4
Clearer / better guidance / advice	3
Child protection	3
Regular updates	3
More time / less workload	2
Child death overview	2
Other staff mentions	1
Other mentions	4
Don't know	8
None / nothing	12

Q15. **Finally, was this survey sent to you directly or has the original recipient of this survey forwarded it to you to complete on behalf of this organisation?**

Base: All respondents in online questionnaire (329)

	%
The survey was sent to me directly	35
The survey was forwarded to me to complete on behalf of my organisation	65

Q16. **What is your role?**

Base: All telephone respondents and all online respondents who were delegated the survey (542)

	%
Other Director	34
Responsible in organisation	20
Other Manager	14
Nurse / named / designated nurse	11
Other heads of departments	7
Head of Community Services	3
Head of Safeguarding	2
Policy Officer	1
Assistant Chief Constable	*
Assistant Chief Officer	*
Other	*

Q17. **Which type of area do you work in at your organisation?**

Base: All respondents (647)

	%
Youth / Children's services	38
Adult services	11
Both children and adult services	35
Other/more general response	15
Don't know/no response	1

Appendix 4 - Statistical reliability

Respondents represent only samples of total populations, so we cannot be certain that the figures obtained are exactly those we would have if everybody had taken part ("true values"). However, we can predict the variation between the sample results and the true values from knowledge of the size of the samples on which results are based and the number of times a particular answer is given. The confidence with which we make this prediction is usually chosen to be 95% - that is, the chances are 95 in 100 that the true value will fall within a specified range.

The table below illustrates the predicted ranges for different sample sizes and percentage results at the "95% confidence interval". The "effective sample size" is shown as it is used to safeguard against drawing statistical conclusions from a sample that has been adjusted (using weights) to match the population. It is the sample size that is *statistically effective* after accounting for design effects of weighting applied to ensure the results are representative by organisation type, as well as the population size from which the sample has been drawn (1,153).

Table 8: Statistical Reliability

Effective sample size	**Approximate sampling tolerances applicable to percentages at or near these levels**		
	10% or 90%	30% or 70%	50%
	±	±	±
603*	2	3	3
100	6	9	9
200	4	6	6
500	2	3	3
1,000	1	1	1

**603 is the effective sample size of the actual sample of 647 organisations interviewed*

For example, with a total sample size of 603, where 30% give a particular answer, the chances are 19 in 20 that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of ±3 percentage points from the sample result; in fact the actual result is proportionately more likely to be closer to the centre (30%) than the extremes of the range (27% or 33%)

When results are compared between separate sub-groups within a sample, the difference may be "real" or it may occur by chance (because not everyone in the population has been interviewed). To test if the difference is a real one - i.e. if it is "statistically significant", we again have to know the total population, the size of the samples, the percentage of respondents giving a certain answer, and the degree of confidence chosen. If we assume a "95% confidence interval", the differences between the results of two sub-groups must be greater than the values given in the table below:

Table 9: Significance testing			
Effective sample sizes	**Differences required for significance at or near these levels**		
	10% or 90%	30% or 70%	50%
	±	±	±
100 and 100	8	12	13
100 and 400	6	9	10
250 and 250	5	7	8
500 and 500	3	4	5

Appendix 5 - Weighting profile

Table 10: Weighting profile

Organisation type	Number in Sample	Number who completed survey (unweighted)	Number who completed survey (weighted)	Unweighted Profile	Weighted Profile
				%	%
District Councils	232	137	130	21.17	20.17
Top Tier Local Authorities	149	111	84	17.16	12.96
Primary Care Trusts	153	96	86	14.84	13.30
NHS Foundation Trusts	105	49	59	7.57	9.13
NHS Acute Trusts	96	56	54	8.66	8.35
Mental Health Trusts	27	20	15	3.09	2.35
Strategic Health Authorities (SHAs)	10	8	6	1.24	0.87
Ambulance Trusts	11	8	6	1.24	0.96
NHS Direct	1	1	1	0.15	0.09
Youth Offending Teams (YOTs)	138	68	78	10.51	12.00
Prisons	132	41	74	6.34	11.48
Police Forces	39	18	22	2.78	3.39
Probation Services	36	27	20	4.17	3.13
Young Offender Institutions (YOIs)	17	6	10	0.93	1.48
British Transport Police	3	0	0	0	0
Secure Training Centres (STCs)	4	1	2	0.15	0.35
TOTAL	1153*	647	647	100	100

Source: Ipsos MORI

**weights based on 1150 as none of the 3 British Transport Police responded*

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