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Safeguarding Children

Inter- and Intra-agency Cooperation in Gwynedd and Môn

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Executive summary

"There is room for improvement of all agencies and individuals", these words by a survey participant provide the shortest possible conclusion from the present survey. From March to June 2011, 210 staff members participated, coming from statutory and voluntary agencies in safeguarding children. With a staff survey, there is no "reality check", but perceptions become a fact as they guide staff actions. The main results of this questionnaire study were:

1. A constant complaint is insufficient information given to other agencies, or sometimes units of one organisation. This starts with referring cases to other agencies and ends with informing those involved about decisions and outcomes.
2. Staff members have identified a wide spectrum of training needs. The Local Safeguarding Children Board (LSCB) as well as partner agencies were asked to provide improved training, notably joint training of partnering staff.
3. Responses criticised the culture of meeting targets and producing paper trails to the expense of core work. Agencies would have set the wrong priorities in many respects, including this one.
4. The allocation of resources was criticised: funding and time for safeguarding children, but even more so lack of administrative support, e.g. for social workers.
5. Team leadership and management structure in child protection were mostly portrayed positively and cooperation with other agencies rated "good" by most.
6. About a third suggested that staff of partner agencies "avoid responsibility". Tensions also arrised from what is perceived as a lack of an effective mechanism to address conflicts among the agencies.
7. At the time of the survey, only a third felt informed about the work of the LSCB. Respondents also favoured the LSCB to work with the public and developed ideas to this end which might prove practical.

Many issues definitely can be addressed within the framework of the Gwynedd and Môn Local Safeguarding Children Board and by its partner agencies. Occasionally staff demands proved contradictory and sometimes they are possibly illusionary for the time being. Some problems, like over-bureaucratisation, might only be remedied by strengthening "professional" judgment and responsibility.

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Any mistake spotted in this survey is solely the author's responsibility. I am looking forward to receiving any comments: s.machura@bangor.ac.uk.

Stefan Machura

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1 Introduction

Safeguarding children and the coordination of the agencies involved is probably one of the most challenging administrative tasks for local councils. Cases of child abuse, neglect, and even homocide have alerted the British public to the plight of the most vulnerable of its members: children who are suffering from the hands of their parents and carers.

It is the statutory duty of local councils and a number of agencies involved in child welfare, health and education to coordinate their actions within the frame of a Local Safeguarding Children Board (LSCB). Two recent reports commissioned by the English government have investigated practices and policies (Laming 2009 and Munro 2011b). Despite all attention and goodwill of the professions and agencies involved, tragic cases of child victimisation continue to occur.

The LSCB of Gwynedd and Môn has facilitated the present study to find out about the experience of staff working in the area of safeguarding children[1]. The survey involved front-line staff and their managers at the statutory member agencies of the LSCB and of voluntary agencies in the field. Therefore, it did not address the individuals sitting on the Board[2]. Safeguarding children means more than stopping and preventing abuse and neglect. However, the present study concentrates on this aspect which attracts attention and certainly has priority for most. The wider meaning includes the general welfare of children. Some findings of the staff survey fall within this more encompassing remit.

The staff survey focuses on issues related to inter- and intra-agency cooperation. The ability of professionals and organisations to interact successfully will among other factors depend on training, internal leadership and resources made available. Where safeguarding children requires teamwork of people from different professions "common dilemmas" may surface:

"[R]econciling different professional beliefs and practices; managing workers on different payscales and with different conditions of work; combining funding streams from distinct agency budgets; and the lack of joint training and opportunities for professional development for both leaders and led within teams." (Anning et al. 2010, 10)

1 The Gwynedd and Môn Safeguarding Children Board (2010, 6-7) identified *To undertake research into safeguarding and promoting the welfare of children* as one of its functions.

2 Morrison and Lewis (2005) describe a study of members of 16 Area Child Protection Committees. The ACPCs preceded LSCBs as coordination instruments.

On a higher level, member agencies need to coordinate in the LSCB. But the LSCB also aims to address those who are in contact with children and their carers. The work of the LSCB may not be familiar to those whose actions it is expected to influence.

Two aspects make the LSCB's work in Môn and Gwynedd special: geographical factors and bilingualism. Both counties are in essence rural with more dense population along the North Wales coast, including the Menai Strait, but more thinly populated inland. Communication, especially travel can be difficult and poses an obstacle to keep in contact with some families and children. The LSCB is owned by both counties which at least has a sound basis in the close connection of locals living on both sides of the Menai Strait. Coordination across the Strait is certainly facilitated by the fact that a number of organisations work in both counties, like the Police and the NHS. In the 2001 census, about 70 per cent of the people on Môn and 76 per cent in Gwynedd were Welsh language speakers[3]. Agencies need to offer services in both languages: English and Welsh.

LSCBs coordinate activities by vastly different organisations with different cultures. Some of them are organised as if to illustrate Max Weber's (1972) ideal type of modern bureaucracy. Some are from the voluntary sector, but employ professional staff. Safeguarding children is more or less close to the core purpose of the institutions involved. To this, differences in the professional ethos must be added. Staff involved in safeguarding often need to negotiate their approaches to cases and to policies.

In safeguarding children (Munro 2011b) as well as in other areas of public administration, like the police[4], or universities (Machura 2012), a specific bureaucratic culture has developed which started to go to the expense of effectiveness. It is commonly referred to as "target and tick-box-culture". At its heart is the pressure to work "by the book" rather than to use common sense and professional knowledge. The attempt to address problems by an ever increasing amount of detailed rules and by holding staff responsible through pain-staking documentation has in the end weakenend the system of safeguarding children. Therefore, the

3 If all proficiency categories of speaking Welsh are combined: Office for National Statistics, Census 2001 Report on the Welsh language, Table/Tabl KS25 Knowledge of Welsh/Gwybodaeth o'r Gymraeg, http://www.ons.gov.uk/ons/publications/re-reference-tables. html?edition=tcm%3A77-211107, accessed 12 December 2012. Fifty-one on Môn and 61% in Gwynedd were not only speaking but also reading and writing in Welsh.

4 In a recent survey of members of the Police Federation in North Wales, respondents selected "more police officers'", but also "reduced bureaucracy" and "fewer targets" most often from a list of twelve priorities that "would significantly improve your ability to perform in your role" (Eccles 2008, 13).

Munro Report (2011b) in England has called for a change of direction, namely, that professional judgment should have more prominence in social work for children. The English Government has accepted Munro's criticism:

"... the child protection system has lost its focus on the things that matter most: the views and experiences of children themselves. We believe we need to move towards a child protection system with less central prescription and interference, where we place greater trust and responsibility in skilled professionals at the front line." (Loughton 2011, 2).

Already the second Lord Laming Report (2009, 4) suggested that "training, case-loads, supervision and condition of service" need to reflect the task. It goes onto say that "anxiety undermines good practice", meaning staff should if necessary act courageously. The staff survey undertaken in Gwynedd and Môn will deal with the appropriateness of training for safeguarding children and especially working with partner agencies. Staff will be asked about their case-load, the resources they have and the support they receive by their managers.

A climate of fear is surrounding safeguarding children in Britain. According to participants of this staff survey, at least some members of the public are prejudiced against social workers and afraid they would snatch away children. Workers in child protection, and perhaps even more so in management functions, have their own version of fear. A chain of responsibility is expected that stretches from front line staff to county leadership and onwards. Combined with the idea of risk management sticking to predefined procedures and producing the "perfect" paper trail of cases becomes too important in comparison to working with children and families (Taylor 2009, 32-34; Morrison 2010, 314; Munro 2011b, 20-21). In a "blame culture" (Munro 2011a, 86) it could make all the difference between keeping the job and becoming a scape-goat.

Against this background, the decision of the Gwynedd and Môn LSCB to undertake the present survey and the participation of individuals forms a sign of commitment to the cause. Safeguarding children needs openness to identify strengths and weaknesses as well. Only in this way, the necessary improvements can be identified.

The task of coordinating safeguarding children is often daunting for those involved. It requires relentless effort on a professionally and administratively most difficult area. And ultimately, those responsible have little chance to effectively stop the steady drop of child abuse cases, some of which may go forever undetected despite their severity. Human tragedy in midst a seemingly well-ordered society forms the backdrop of this particular kind of administration.

2 Method

This study has been conducted by students and lecturer of the "Applied Research in Criminology" MA seminar at Bangor University School of Social Sciences. Research questions were developed in close cooperation with representatives of the Gwynedd and Môn LSCB. A pre-test with the wording of the questionnaire was conducted prior to dissemination. The Welsh translation of the questionnaire was completed by the translation unit of North Wales Police.

The LSCB asked its member organisations for addresses of all staff directly in contact with children and their carers as well as the addresses of their direct managers. Local police officers printed and packed the survey material. In a separate step, LSCB administrators placed the staff addresses on envelopes containing the questionnaire in English (Appendix 1) and Welsh versions, as well as return envelopes addressed to Bangor University. Cover letters in English and Welsh with LSCB and Bangor University letterhead and a separate letter of the LSCB (Appendix 2) stressed the decision of all LSCB organisations to support the staff survey and pointed out the anonymity of responses. The organisations were used to distribute the envelopes to their employees. Data were gathered from the start in late March until in some cases June 2011. A reminder letter was sent out after about three weeks, in April.

Italicised text in this document gives original wording from answers to the questions. Every effort was made to make sure that individuals cannot be compromised by their comments. As expected, not all of which contained praise. In consequence, inevitably, not all information received can be reported. In reporting results, some choices had to be made. If a grievance or problem was only mentioned once, and absent any further reasons for its prominence, it was usually assumed that it could be a minor or negligable problem. In this case it is not explicitely mentioned in the report.

The reader should be alerted to the fact that the following mirrors the anwers provided. Any problems that were unreported do not occur in this paper. There is also no way to "reality check" information. Some might be perception mainly. But what people think becomes reality for them and forms the basis for their professional actions. Therefore, all of the comments given are relevant. Inevitably, some readers may object to their portrayal by colleagues from their own or partnering agencies. But the staff survey provides a unique opportunity to hear

unabridged views. This may open up the chance to address issues that are simmering in the background.

Table 3.1: Agencies involved and response rate

Agency	Number Employees	Number Participants	Response Rate
Children's Social Services			
Plant Môn	46	10[&]	22%
Plant Gwynedd	91	24[&]	26%
Out of Hours	7	1[&]	14%
(Subtotal)	(144)	(35)	(24%)
Education	21[§]	11	52%
NHS/Betsi Cadwalader University Health Board			
Mental Health	77[#]	22	29%
Health Visitors and related	78*	28	36%
Midwives	34	22	65%
Community Nurses	48	20	42%
School Nurses	27	9	33%
Substance Misuse Services	14	12	86%
Specialist Children's Services	6	1	17%
Voluntary sector			
Action for Children	25[>]	11	44%
Barnardos	14	12	86%
Related to legal system			
Police	16	12	75%
Youth Justice Service	24	10	42%
CAFCASS	15	5	33%
Total	543	210	39%

& Based on answer area served: Môn, Gwynedd or covering both counties
# 51 Gwynedd, 26 Môn
§ 8 Gwynedd, 13 Môn
* Of which 18 Health Care Assistants, 6 Staff Nurses
> Of which 11 Drws y Nant residential children's home

CAFCASS = Children and Family Court Advisory and Support Service

3 Demographics and response rate

According to the organisations, a total of 543 staff were involved in safeguarding children, either having direct contact with children or carers or in a capacity as manager. Of them, 210 (39%) have taken part in the survey. Table 3.1 contains a breakdown by agencies. Participation rates varied considerably within organisations. It was high for the Police, Barnardos and Substance Misuse Services and lowest among Children's Social Services, Specialist Children's Services and Mental Health staff.

The geographical area of work differed between the respondents. The county of Gwynedd only was covered by 108 respondents (51%), the isle of Anglesey only by 31% (66), while 11% (23) worked in both counties and 6% (13) in the whole of North Wales. Therefore, about at least one in eight had to deal regularly with clients and agencies in more than one county.

Respondents were predominantly female: only 20% (42) answered they were male. When asked about their age, 3% indicated "under 25", a further 20% "under 35", 26% "under 45", 37% "under 55", 14% "under 65" and the remaining one percent were older than 65 years[5].

Table 3.2: Management function and contact with children and carers

		Contact			
		None	Occasionally	Routinely	**Total**
No manager	Number	4	21	125	150
	% within No manager	2.7%	14.0%	83.3%	100.0%
Manager	Number	2	21	36	59
	% within Manager	3.4%	35.6%	61.0%	100.0%
Total	Number	6	42	161	209
	%	2.9%	20.1%	77.0%	100.0%

N = 209.

5 Five respondents, 2.4%, did not answer the gender question, or ticked both boxes. Two respondents did not indicate their age. These persons may have been afraid of being identified. Yet, there are signs that anonymity was not seen as much of a problem. Other respondents even disregarded the instructions and indicated their office address or name on the return envelope. A few even contacted the investigator by email.

Of all respondents, 28% self-identified as "managing staff". Respondents have been asked whether they at least sometimes have direct contact with children and their carers. Three percent indicated "never", 20% "occasionally" and 77% "routinely". Table 3 shows that although most managers have "routinely" contact four out of ten have less often contact with children and carers. As expected, when it comes to direct contact, the difference between managers and non-managers is statistically significant[6].

Many respondents were quite experienced. There was no significant difference between staff and managers regarding time spent in their "current role"[7]. Half of them stated that they were in their "current role" for more than five years and among these 32% more than 10 years. Only 6% were less than a year in their role and another 25% more than a year but less than three years. This third of the respondents may be most in need of training in safeguarding.

Table 4.1: Sufficient training for staff

	Sufficient training in safeguarding children		**Sufficient training in co-operating with other agencies**	
	Frequency	Percent	Frequency	Percent
Strongly agree	43	21	36	17
Agree	127	61	116	55
Neither nor	26	12	39	19
Disagree	12	6	14	7
Strongly disagree	2	1	4	2
Missing	-	-	1	.5
Total	210		210	

6 Kendall's tau-c = -.18, n = 209, p < .01. Kendall's tau-c as well as Spearman's rho and Pearson's r used below are correlation coefficients. They range from "0" for no statistical relation to "1" for perfect correlation. Their square would be (causality assumed) the determination coefficient: .70 would be $r^2 = .49$ – almost half of the variation in the dependant variable can be attributed to the independent variable.

7 Kendall's tau-c = .02, n = 209, p = .785, n.s.

Table 4.2: Inductions for new staff in child protection work

	In child protection		**In multi-agency work**	
	No	Yes	No	Yes
	Count	Count	Count	Count
Police	8_a	4_b	8_a	4_a
Health Visitors	1_a	21_b	2_a	17_b
School nurses	0^1	9_a	2_a	5_a
Midwives	3_a	13_a	4_a	12_a
Community nurses	3_a	14_a	5_a	10_a
CAFCASS	0^1	4_a	2_a	2_a
Children's Social Care	6_a	22_a	10_a	14_a
Child Adolescence Mental Health Service	0^1	0^1	0^1	0^1
Adult Mental Health Teams	11_a	6_b	12_a	4_b
Substance Misuse Services	2_a	9_a	4_a	7_a
Education Services	3_a	7_a	8_a	2_b
Youth Justice Services	1_a	6_a	3_a	4_a
Action for Children	0^1	9_a	2_a	7_a
Barnardos	1_a	10_a	7_a	4_a
Rural family service	0^1	0^1	0^1	0^1
Teams Around a Child	0^1	0^1	0^1	0^1
Drws y Nant	0^1	1_a	0^1	1_a
Staff nurses	0^1	0^1	0^1	0^1
Specialist Children's Services	0^1	1_a	0^1	1_a

Entries are frequencies.
Tests of column proportions are separately computed for each column variable.
Values in the same row and subtable not sharing the same subscript are significantly different at $p < .05$ in the two-sided test of equality for column proportions.
[1] This category is not used in comparisons because its column proportion is equal to zero or one.

4 Staff training

Most respondents either "agree" or "strongly agree" they had sufficient training about dealing with safeguarding children and in cooperating with other agencies (Table 4.1). For both questions, there was no significant difference between managers and non-managers or between agencies. Still, a lot of training needs were unaddressed as the open-ended questions will show.

Induction "for new staff who come to work in child protection" was available according to 65% of the respondents. In contrast, only 45% indicated that there is "an induction for new staff regarding multi-agency work in child protection". Both questions were answered with "no" by 19% and 33%, respectively. A number of respondents may not have been aware of inductions for new staff. As a consequence, 17% did not answer the first question and 22% the second. Table 4.2 shows that respondents from four agencies were unabable to answer the question on inductions to child protection and in the Police and the Adult Mental Health Teams, twice or almost twice as much answered there would be "no" induction in child protection than there would be one. The picture is even more negative when it comes to inductions in multi-agency cooperation in child protection (Table 4.2). Now, police officers, Adult Mental Heath staff, Education services and Barnardos staff more often indicated having none than having inductions in multi-agency cooperation, while four agencies, notably among them the Child Adolescence Mental Health Service, produced no answers. In any case, there is a need for induction programmes, especially courses on inter-agency collaboration.

An additional open-ended question asked for training needs that are not sufficiently addressed. It attracted 126 individual answers ranging from *all needs met*[8] to very detailed requirements. Some of these statements are cited to provide an idea of their content.

8 Occasionally, staff indicated that all their training needs were met. For example, through having good supervision. Mentioned were also limitations to training:
Training needs are met but C[hild] *P*[rotection] *is so vast and has so many areas it is impossible to keep fully informed as was as managing rest of case load.* (School nurse on Anglesey)
One manager prided his service to have *a good range of training but I feel strongly that C*[hild] *P*[rotection] *work/investigation has a particular skill range that is not evident across all workers.*

Police officers voiced a range of training needs. One of them felt there is not enough training (including for supervisors) in monitoring sex offenders. Another wanted to learn more about changes in policies and the law. Three respondents favoured a reorganised joint investigation training related to *All-Wales child protection procedures*. One of them suggested: *maybe via profile case studies indicating good and bad practice.* A colleague wanted to learn more about *basic child protection law and procedures. Perception of risk – what is significant risk?* Agencies would employ varying thresholds and have different perceptions of risk. Finally, a policeperson asked for training related to video-interviewing of victims.

Health visitors' training needs included a *regular update on child protection/safeguarding issues* together with different agencies to learn from each other. According to some respondents, multi-agency training of health visitors should especially be conducted with education (school nurses) and mental health services. *Agencies do not understand the role of other agencies, sometimes we are not valued.* Other training should include *honor based violence* and *effective referral making*. Learning from the experience of children in the system would be important according to one voice. *Councelling and guidance after dealing with disturbing stressful cases* has also been mentioned.

Two school nurses had very specific expectations: *Local training e.g. training in our working areas, also additional training from LSCB would be beneficial, e.g., I have attended child sex exploitation training organised by LSCB (level 2), level 3 would be an option and would be very benificial.* The other wrote: *Safeguarding children – Advice on using the internet and putting themselves at risk.*

In some agencies there was little appetite for more training. From the midwives, only one expressed that she has no understanding of *the process .. when and who to contact* and of *the law*. A community nurse asked for training on issues related to age groups of children in her care. The only response from CAFCASS on training requested an inter-agency training within induction courses.

Joint investigation training was suggested by a member of Children's Social Care. Specific training needs mentioned by staff of Children's Social Care were:

1. Court work, including giving evidence as expert witness
2. Effective report writing in the context of safeguarding
3. Confidence in working with *aggressive/hostile families*
4. *Being aware of the needs of children, especially those who are dependent on adults to notice when they need help.*
5. Contact for children in care with birth families

6. *Trauma bonds* for children who have been abused
7. Referral pathway and generally work for disabled children, including *"co-working, communication and collecting evidence"*, securing their safety (for all agencies involved).
8. Undertaking risk assessments (including *core assessment*). Learning how to analyse information gathered during assessments
9. *Trauma and disassociation*
10. *P[ublic] L[aw] O[utline]*.

Staff from Adult Mental Health Teams mentioned training needs that were at the core of their work and needs related to inter-agency cooperation. Requested were training about the *lots of agencies working with children*, how to contact them or about the *care pathway* and guidelines generally, or about their own role within child protection. More specifically to dealing with people having mental health issues, an update on identifying children at risk (by injuries or e.g. emotional abuse and neglect) was asked for. Similarly, a respondent wanted to learn more about *mental health therapies and techniques*. All child care training would have been learned by long years in the field. Training on the transition of young people with mental health problems from children's to adult services was also mentioned.

At the Substance Misuse Services, *more specific training on what to assess regarding child and adult clients* has been demanded. Another respondent wanted that a *basic understanding of child protection procedures and guidelines* is taught. Again, training was missed in identifying neglect and harm to children.

From within the Education Services, more training on general child protection issues that includes part time staff was demanded, and that *teachers and not just management* would be taken into account. A better understanding of the other agencies' *systems* would be helpful, also training on auditing and understanding meetings. According to three respondents, managers should provide staff with more information and training would be wrongly *divided towards senior members of staff*. Yet, especially new staff would also need training. One respondent saw a gap between *subjective versus objective viewpoints of some personnel involved at lower levels*. Finally, knowledge on treating pupils who self-harm was desired.

In the Youth Justice Service, training needs included multi-agency cooperation. A respondent raised a special point:

It would be of benefit for more training to be arranged around emerging issues of child protection, safeguarding and violence through social networking. Issues of harassment and intimidation through mobile phones and electronic means of to emerge frequently within the service.

A recent induction experience by a member of Youth Justice Services was summarised as *but very basic – common sense – not that insightful*. According to another voice, there is no *general* child protection training *for everyone*.

A staff member of Action for Children indicated that she had attended only three training courses in the past eight years. A collegue wanted training about risk assessment on families. Another respondent suggested training on dealing with children who have suffered from sexual mistreatment.

Employees of Barnardos asked for training on assessing and promoting parenting skills, and how to make child protection plans that help parents to improve their situations. Working with families showing drug and alcohol misuse was mentioned. Roles and responsibilities of staff members need to be made clearer. A critical voice stated: *safeguarding training should be an ongoing theme for all workers/agencies not just a top up from time to time*.

The answers to the open-ended questions suggest that training needs in partner organisations are more urgent and wide-spread than expressed by the results from closed questions. Even agencies that provide regular training could impove their offer.

Table 5.1: Support and quality of cooperation

	1 = % strongly agree	2 = % agree	3 = % neither agree or disagree	4 = % disagree	5 = % strongly disagree	Missing	Mean
Help and support in the team/by direct line manager							
I feel I have a manageable case load.	15	46	17	15	4	3	2.46
I feel supported in coping with work-related stress.	18	38	23	17	4	1	2.51
The internal cooperation within our team is good.	34	49	12	3	1	1	1.88
I am well supported by my direct line Manager.	32	48	14	4	-	1	1.90
The cooperation between me and my direct line manager is good.	37	49	11	2	-	.5	1.78
Structure, procedures and leadership							
Leadership of my agency in relation to child protection is effective	20	54	23	1	.5	1	2.08
My agency's management structure for child protection cases is effective.	15	60	19	3	-	3	2.10
Management processes in my organisation are **unnecessarily bureaucratic**.*	7	21	47	20	2	3	3.10
There is **too much 'paperwork'** involved in child protection.*	16	24	36	19	1	3	3.35
I feel fairly treated by my managers.	21	59	17	3	.5	.5	2.03
My managers encourage me to voice my own opinion.	21	54	17	5	1	1	2.09
It is easy to alert my managers to concerns about a case.	41	47	8	3	.5	1	1.75
My managers **do not take my views into account** when making a decision.*	4	5	17	57	16	1	2.24
I have confidence in my organisations' policy on whistle blowing	9	40	34	9	6	2	2.63
My senior managers are in touch with front line demands.	7	47	27	13	3	3	2.58
Cooperation with other agencies							
My organisation coordinates actions with other agencies in the field effectively.	13	59	24	2	.5	1	2.18
The cooperation with other agencies is good.	9	50	31	7	1	2	2.39

* Coded inversely for means.

Table 5.2: "The internal cooperation within our team is good."

	Good team cooperation				
	Strongly agree	Agree	Neither nor	Disagree	Strongly disagree
	Count	Count	Count	Count	Count
Police	2_a	7_a	2_a	1_a	0^1
Health Visitors	10_a	13_a	1_a	0^1	1_a
School nurses	3_a	6_a	0^1	0^1	0^1
Midwives	7_a	8_a	2_a	4_b	0^1
Community nurses	3_a	$10_{a,b}$	6_b	$1_{a,b}$	0^1
CAFCASS	4_a	1_a	0^1	0^1	0^1
Children's Social Care	14_a	15_a	6_a	0^1	0^1
Child Adolescence Mental Health Service	0^1	0^1	0^1	0^1	0^1
Adult Mental Health Teams	7_a	10_a	5_a	0^1	0^1
Substance misuse services	2_a	6_a	2_a	0^1	2_b
Education services	4_a	6_a	1_a	0^1	0^1
Youth Justice Services	3_a	7_a	0^1	0^1	0^1
Action for Children	4_a	6_a	0^1	0^1	0^1
Barnardos	8_a	4_a	0^1	0^1	0^1
Rural Family Service	0^1	0^1	0^1	0^1	0^1
Teams Around a Child	0^1	0^1	0^1	0^1	0^1
Drws y Nant	0^1	1_a	0^1	0^1	0^1
Staff nurses	0^1	1_a	0^1	0^1	0^1
Specialist Children's Services	0^1	1_a	0^1	0^1	0^1

Values in the same row not sharing the same subscript are significantly different at $p < .05$ in the two-sided test of equality for column proportions.

1. This category is not used in comparisons because its column proportion is equal to zero or one.

Table 5.3: "Too much paperwork involved in child protection"

	Too much paperwork				
	Strongly disagree	Disagree	Neither nor	Agree	Strongly agree
	Count	Count	Count	Count	Count
Police	0^{1}	4_{a}	2_{a}	4_{a}	2_{a}
Health Visitors	0^{1}	$7_{a,b}$	14_{a}	1_{b}	$4_{a,b}$
School nurses	0^{1}	3_{a}	2_{a}	3_{a}	1_{a}
Midwives	0^{1}	5_{a}	4_{a}	10_{a}	3_{a}
Community nurses	1_{a}	2_{a}	10_{a}	3_{a}	2_{a}
CAFCASS	0^{1}	2_{a}	2_{a}	0^{1}	0^{1}
Children's Social Care	0^{1}	4_{a}	8_{a}	7_{a}	16_{b}
Child Adol. Mental Health Service	0^{1}	0^{1}	0^{1}	0^{1}	0^{1}
Adult Mental Health Teams	0^{1}	1_{a}	12_{a}	6_{a}	2_{a}
Substance misuse services	0^{1}	2_{a}	7_{a}	2_{a}	1_{a}
Education services	1_{a}	2_{a}	3_{a}	4_{a}	1_{a}
Youth Justice Services	0^{1}	2_{a}	1_{a}	6_{a}	1_{a}
Action for Children	0^{1}	1_{a}	4_{a}	3_{a}	1_{a}
Barnardos	1_{a}	$3_{a,b}$	$6_{a,b}$	1_{b}	0^{1}
Rural Family Service	0^{1}	0^{1}	0^{1}	0^{1}	0^{1}
Teams Around a Child	0^{1}	0^{1}	0^{1}	0^{1}	0^{1}
Drws y Nant	0^{1}	1_{a}	0^{1}	0^{1}	0^{1}
Staff nurses	0^{1}	0^{1}	1_{a}	0^{1}	0^{1}
Specialist Children's Services	0^{1}	1_{a}	0^{1}	0^{1}	0^{1}

Values in the same row not sharing the same subscript are significantly different at $p < .05$ in the two-sided test of equality for column proportions.

[1] This category is not used in comparisons because its column proportion is equal to zero or one.

5 Collaboration within the agency

It is of utmost importance that staff feels supported by their organisation and especially by their manager. Decisions related to safeguarding children may involve uncertainty and an element of risk. Stressed relations to managers will discourage staff to take decisive action. Employees learn about their own status in an organisation from perceived fair or unfair behaviour of their superiors (Tyler/Lind 1992). Individuals feeling unfairly treated often reduce their work commitment and loyality and they are more likely to offend against rules.

On a five-point scale, respondents rated support and cooperation (Table 5.1). Relations and cooperation with their team and with immediate superiors are perceived as good. Importantly, eight out of ten respondents felt supported by their direct line manager and for 86% "the cooperation between me and my direct line manager is good"[9]. In the context of child protection, it is especially noteworthy that individuals find it "easy to alert my managers to concerns about a case". They feel fairly treated by superiors and encouraged to state their views[10]. Though, occasionally, evaluations differed for some managers: A member of Children's Social Services said that the line manager would treat her fairly and listen to her, but not the *operations manager*. The "internal cooperation" within the respondent's own team is assessed as "good" by the vast majority, with a bit more reservation among midwives and community nurses (Table 5.2).

Some the respondents are missing help with high case loads and work-related stress[11], but they are a minority (Table 5.1). Two agencies stick out when it comes to case-loads[12]. Half of the police officers "disagreed" or "strongly disagreed" that their caseload is manageable and among health visitors, 38% "disagreed". Also, 28% of all respondents indicated "Management processes in my organisation are unnecessarily bureaucratic" and 40% said "There is too much 'paperwork' involved in child protection". If one adds that only half has "confidence in my organisations' policy on whistle blowing", some areas of concern for many respondents are highlighted.

9 Independent of agency: Chi-square = 54.498, df = 45, p = .157 and = 49.398, df = 45, p = 302, respectively.

10 No significant differences between agencies: Chi-square = 52.694, df = 60, p = .737 and = 64.604, df = 60, p = .319, respectively.

11 When it comes to support in coping with work-related stress, there are no significant differences between agencies: Chi-square = 67.187, df = 60, p = .245.

12 Z-test, $p \leq .05$, significant.

In the light of the Munro Reports' (2011) criticism of social work bureaucracy in England, it is interesting that staff of Children's Social Care significantly more often complain about "unnecessarily bureaucratic" management processes than respondents from other agencies[13]. When it comes to "too much 'paperwork' involved in child protection", again Children's Social Care stick out: from a total of the 34 respondents who "strongly agree" to this statement, 16 are working at the Children's Social Care alone (Table 5.3).

Most of the respondents felt they have been given clear work priorities, with practically no difference between agencies: 14% "always" and 49% "mostly". More critical answers were noted with 24% "somewhat", 8% "a little" and 2% "not at all". Managers with different responsibilities may have divergent priorities: *There is a safeguarding lead and a line manager. Their objectives seem to differ*, a health visitor wrote.

Table 5.4: Senior managers "in touch with front line demands"

	Senior managers in touch				
	Strongly agree	Agree	Neither nor	Dis-agree	Strongly disagree
	Count	Count	Count	Count	Count
Police	2_a	8_a	2_a	0^1	0^1
Health Visitors	2_a	11_a	9_a	2_a	2_a
School nurses	0^1	5_a	3_a	1_a	0^1
Midwives	$3_{a,b}$	5_a	$8_{a,b}$	6_b	0^1
Community nurses	1_a	9_a	8_a	0^1	0^1
CAFCASS	0^1	1_a	0^1	3_b	0^1
Children's Social Care	0^1	19_a	8_a	6_a	1_a
Child Adol. Mental Health Service	0^1	0^1	0^1	0^1	0^1
Adult Mental Health Teams	1_a	11_a	7_a	2_a	1_a
Substance misuse services	0^1	3_a	4_a	$2_{a,b}$	3_b
Education services	1_a	4_a	3_a	3_a	0^1
Youth Justice Services	1_a	7_a	1_a	1_a	0^1
Action for Children	1_a	7_a	1_a	0^1	0^1
Barnardos	2_a	8_a	2_a	0^1	0^1
Rural Family Service	0^1	0^1	0^1	0^1	0^1
Teams Around a Child	0^1	0^1	0^1	0^1	0^1
Drws y Nant	0^1	1_a	0^1	0^1	0^1
Staff nurses	0^1	0^1	0^1	0^1	0^1
Specialist Children's Services	0^1	0^1	0^1	0^1	0^1

Values are frequencies.
Values in the same row not sharing the same subscript are significantly different at $P < .05$ in the two-sided z-test of equality for column proportions.
[1] This category is not used in comparisons because its column proportion is equal to zero or one.

13 Seventeen of 35, z-test, $p \leq .05$, significant.

Leadership and management structure for child protection are generally seen in a positive light (Table 5.1). Cooperation with other agencies is rated "good" or better by about six in ten respondents[14]. Yet, this has to be taken with a pinch of salt, as only half of the respondents agreed to the statement "My senior managers are in touch with front line demands." Table 5.4 shows that midwives were more inclined than other groups to give their senior managers a less than good rating in this respect. The concluding chapter will return to the issue of leadership. But it can be said that relations with direct line managers and within teams of one agency are usually good. There is a culture of mutual support.

6 Levels of threat and confidence in dealing with them

Parents and carers have sometimes been found to threaten social workers and other staff. The security of staff forms a major requirement for any employer. In the case of child protection, there is even an additional dimension of critical importance. Aggressive and manipulative tactics have been used to cover up child abuse (e.g. Laming 2003, 3). Case reviews also repeatedly revealed that many child protection staff members lacked the necessary confidence to challenge parents and carers (Reder/Duncan 2004, 97).

Table 6.1: Levels of threat and confidence in dealing with them

	Very frequently	Frequently	Sometimes	Rarely	Never	Missing
How often is lone working a problem	3	7	42	40	7	1
Often I feel threatened in the course of my work	.5	.5	15	58	24	1

Entries are percentages.

The overwhelming majority feels rarely threatened in the course of their work (Table 6.1). Lone working is also "rarely" or "never" a problem for almost half of the respondents. For the

14 Midwives are significantly more likely than other groups to "disagree" that cooperation with other agencies is good (z-test, $p \leq .05$). But even among them, most "agreed" or "strongly agreed".

other half, lone working can be a problem. Those who felt uneasy about lone working also felt more threatened[15]. Employers need to prepare staff for difficult situations. Asked about their confidence in dealing with hostile situations, 4% of the respondents indicated feeling "extremely confident", 41% "confident", 46% "somewhat confident", and 8% "not confident" or "not at all confident". Health visitors, school nurses, midwives, community and staff nurses, who supposedly all go into houses of parents and carers, were significantly less confident to handle hostile situations than other staff[16]. From this group none answered "extremely confident", only 29% they were "confident", 61% "somewhat confident" and 9% "not confident".

Table 7.1: Resources provided

	More than enough	Enough	Somewhat	Not enough	None at all	Missing
Time	2	42	25	27	1	1
Funding	1	30	30	27	6	5
Administrative support	3	35	21	30	10	2

Entries are percentages.

7 Resources

Safeguarding children has to be provided with enough resources. This is certainly one of the main administrative challenges. Four out of ten respondents are complaining about lack of administrative support (Table 7.1). Midwives and Substance Misuse Service more often than other staff missed this support[17]. A third of all respondents indicated not having enough or having no funding at all for child protection. Notably, health visitors suffered more severely from funding issues than other groups while Barnardos staff stick out because most said they

15 Pearson's $r = .44$, $p \leq .01$, $n = 206$.

16 Pearson's $r = .24$, $p \leq .01$, $n = 207$.

17 Six midwives indicated "none at all" as well as three staff of Substance Misuse Service agencies (z-test, $p \leq .05$, significant). In addition, another nine of the midwives and seven of Substance Misuse selected "not enough".

have enough funding[18]. *Money is a major difficulty − I often use my own money. The budgets are often very tight*, a team member of Anglesey Social Services complained. From the same area, a Substance Misuse Service staff whished to have *petty cash to support families*. Time constraints are also prevalent for most staff (Table 7.1). They have been felt especially strongly by midwives, of the 23, 14 indicated having "not enough" time[19].

The seriousness of a lack of resources was sometimes mentioned when the respondents were asked about wrong priorities set by agencies. Examples included:

- *Occassionally budgetary constraints affect decision making re safeguarding children.* (Police officer)
- *At the moment it seems that financial constraints are more important than safeguarding.* (School nurse)
- *Work loads of some agencies cause delay dealing with certain cases.* (Education Services)
- *Uncertain as to prorities within other agencies, appears that ever diminishing resources and ever increasing demands priorities within client groups will be inevitable.* (Youth Justice Service)
- *Social Services at breaking point needs resources and investigation.* (Substance Misuse Service)
- *Managers say prioritise your caseload to those with greater risk. How can you identify those if you are not visiting a manageable caseload!! 300 children in a rural area is far too much. Some have even greater caseloads.* (Health visitor)

In addition to time, funding and administrative support, respondents have been asked to list and rate the provision of other resources (Table 7.2). They have used this opportunity only rarely. For some, travelling is a major problem, due to absence of means of transport or to not having a travel allowance. The Adult Mental Health Team (Gwynedd) must have suffered from a special circumstance: *line manager post was lost one year ago − temporary arrangement with cover from Wrexham manager for clinical issues and a Bangor manager for admin issues*.

18 Seven health visitors selected no funding at all (z-test, $p \leq .05$, significant) and another seven "not enough" − from an overall of 23 answering health visitors. From Barnardos, nine out of twelve would have had enough funding.

19 Z-test, $p \leq .05$, significant.

Table 7.2: Other resources provided

	More than enough	Enough	Somewhat	Not enough	None at all
Staff			1	4	
Volunteer support		1			
Supervision			1		1
Trains			1		
Car				1	
Laptop				1	1
Phone and computer	1				
Health promotion literature					1
Equipment				1	
Materials		1			
Team building with other agencies involved in c. p.				1	
"Running groups"					1
Diversity of work for development		1			
Autonomy					1
Micro management	1				
Training		1		1	1
Rota			1		
Training for clinical issues				1	

Entries are frequencies.

Table 8.1: Experiences with other agencies

	Always	Often	Sometimes	Rarely	Never	Missing
Do the agencies involved use common terminology?	6	51	35	1	.5	5
Do you think that other agencies involved set the **wrong priorities**?	.5	8	55	25	4	8
How often do you feel your organisation cooperates effectively with other agencies?	17	60	17	1	.5	4

Entries are percentages.

8 Experience with other agencies

How do individuals experience the work with partner organisations? Items in Table 8.1 address this topic. It turns out that working in safeguarding children typically means dealing with agencies that at times have chosen different priorities. Cooperation experiences are not necessarily positive. The question "How often do you feel that other agencies involved have different priorities?" was answered with "never" by 2%, and with "rarely" by 6%. According to 49%, other agencies had "sometimes" different priorities, 33% "often" and 9% "very often"[20]. Furthermore, six out of ten even indicated that at least sometimes other agencies would have set the wrong priorities[21]. Agencies involved "sometimes" use different terminology, said about a third of the respondents[22]. Only 17% stated that their own organisation "always" cooperates effectively with other agencies, by far most said they would "often" cooperate effectively[23]. A similar picture arises when staff rated an item on the effectiveness of the coordination of actions with other agencies and an item on the quality of cooperation with other agencies (Table 5.1).

Table 8.2: Experiences with other agencies and the LSCB

	Strongly agree	Agree	Neither	Disagree	Strongly disagree	Missing
I understand the role of other organisations involved in child protection.	13	70	13	1	.5	2
There is an effective mechanism in addressing conflicts among agencies.	1	26	45	16	3	8
I feel staff of partner agencies avoid responsibility.	6	24	41	23	.5	6
I feel informed about the work of the LSCB.	3	33	34	25	1	3
I understand the purpose of the LSCB.	8	56	24	8	1	3

Entries are percentages.

20 There was little difference among agencies: Chi-square = 45.373, df = 60, p = .919, n.s.
21 Again with little difference among agencies: Chi-square = 67.525, df = 56, p = .139, n.s.
22 This is also independent from agency membership: Chi-square = 60.412, df = 60, p = .461, n.s.
23 Independent from agency: Chi-square = 65.689, df = 60, p = .286, n.s.

Table 8.3: Experience with specific other agencies

	1 = % very positive	2 = % positive	3 = % neutral	4 = % negative	5 = % very negative	N	Median	Mean	Standard error mean
Local authority									
Children's Social Care	7	53	32	8	-	133	2	2.42	.064
Education Services	9	53	29	9	1	150	2	2.39	.065
Agencies related to the legal system									
Police	18	64	16	1	-	165	2	2.01	.049
CAFCASS	8	39	44	9	-	100	3	2.54	.077
Youth Justice Service	12	45	37	5	2	101	2	2.41	.083
Team Around the Child (Gwynedd)	14	31	52	2	2	65	3	2.46	.101
Health-related, nursing type									
Health visitors	24	59	14	3	-	170	2	1.95	.054
School nurses	21	61	17	1	-	168	2	1.97	.050
Midwives	19	51	26	4	1	140	2	2.16	.067
Community nurses	13	51	34	2	-	120	2	2.24	.064
Mental health									
Child Adolescent Mental Health Service	8	44	35	13	1	144	2	2.56	.072
Adult Mental Health Teams	6	35	38	21	1	116	3	2.76	.082
Substance Misuse Service	8	39	18	4	1	146	2	2.30	.065
Voluntary sector									
Action for Children	9	46	43	3	-	80	2	2.39	.077
Barnardos	13	50	32	4	1	105	2	2.30	.076
Rural family service (Anglesey)	11	37	51	2	-	57	3	2.44	.094

A next set of questions is closer to the responsibilities of the LSCB to facilitate cooperation between agencies (Table 8.2). As part of this, the LSCB has a role in educating staff and managers of the member organisations. Already, 83% of the respondents believed they understood the role of other organisations involved in child protection[24]. Yet, only few would outright agree that there is an effective mechanism in addressing conflicts among agencies[25]. Few would also disagree that staff of partner agencies avoid responsibility. Children's Social Services even more often than others held this view[26]. These results tell that there is a large potential for tensions between agencies involved.

Only one in three respondents felt informed about the work of the LSCB. At the least, a majority said they understand the purpose of the LSCB (Table 8.2)[27]. In interpreting this, it might be taken into account that the LSCB has introduced itself in the cover letter send with the questionnaire. Effectively, the survey in itself formed an instrument to raise awareness for the LSCB among staff.

The respondents have been asked to rate their experiences with the other agencies. Table 8.3 shows that most felt able to evaluate most of the organisations involved. Organisations limited to the area of one council and Action for Children attracted fewer ratings. Roughly, the statements can be arranged into three groups:

1) The highest ratings with means of about "2.0" tend to go to the police[28] and nurses (health visitors, school nurses, midwives, and community nurses)[29]. They benefit from following pre-defined patterns of action. Though they need to tailor their actions to a specific case and the persons involved, they can rely on well-proven routines that form the backbone of their service. If needed, they pass on the cases to other, more specialised agencies for further actions.
2) Most of the agencies fall within a medium category. Here, we find varieties of social work, from public and voluntary sector organisations. Their actions include coordina-

24 Team members of Adult Mental Health significantly more often than other groups of staff indicated that they neither understand nor not understand the role of other agencies (z-test, $p \leq .05$).

25 Staff from the Substance Misuse Service are significantly more often giving negative answers than other staff groups, most of them disagreed there is an effective mechanism to solve conflict amoung the agencies (z-test, $p \leq .05$).

26 Twenty of 34 Children's Social Service staff agreed or strongly agreed, significantly larger parts than from other agencies (z-test, $p \leq .05$).

27 Police officers formed the only group where half (six out of 12) disagreed to the "understanding LSCB purpose" item (z-test, $p \leq .05$, significant).

28 No significant differences between raters from various agencies (z-test, when $p \leq .05$).

29 Practically no significant differences between raters from various agencies for health visitors, definitely none for community nurses and school nurses, while health visitors and midwives rated midwifes more positively than other groups (z-tests, when $p \leq .05$).

tion of interventions, semi-administrative work and more personalised services. Already, progress more often depends on motivating people to change significantly.

3) Lower ratings go to the Child Adolescent Mental Health Service and the Adult Mental Health Teams[30]. Both agencies have to often address deep rooted psychological problems that can only be treated over time, if at all, require the cooperation of patients to a high degree and somehow resist routine actions and textbook solutions. In addition, Adult Mental Health Services in particular were often portrayed as not passing on information to other agencies.

9 Agencies named as best

Respondents have been asked about the agency that best deals with safeguarding children and what they do best. The item has been answered by 88 out of 210 staff. Also, the questionnaires aimed at what other agencies could learn from those "best" agencies. In the following, answers will be broken down by agency and results are reported if and when "exemplary" agencies and behaviour have been more repeatedly stated.

In the eyes of five out of 12 police officers responding, Gwynedd Social Services fairs best. They would have *a good working practice of one team reviewing all referrals and then gathering information from partner agencies* and they are credited with *robust and acceptable decision making*, leading other agencies, and working jointly with the police. They would *get families to cooperate instead of going down the legal route*. Consequentially, other agencies could learn from them how to methodogically gather information, to engage with families *prior to things going wrong*, and to share information within a confidential setting. *Thoroughness, effective leadership and decision making* were said to characteristise Gwynedd Social Services.

For the largest part, nine out of 28, health visitors mentioned their own as the best group in safeguarding children. They emphasize that they are regularly seeing children and their families in their homes, supervise them and provide continuous support for families.

30 The former gets significantly more positive evaluations from the Youth Justice Services compared to other agencies (z-test, $p \leq .05$).
The latter received the highest percentage of negative ratings: one in five of the 116 who rated the agency stated their experiences with Adult Mental Health teams are "negative" (Table 8.3). These feelings may not have escaped the Adult Mental Health staff as one of their managers noted: *Would like to have an improved relationship with the childrens team however this has proved difficult!* Statistically, answer patterns for Children's Social Care in relation to the Adult Mental Health Team did not differ significantly from other agencies (z-test, when $p \leq .05$).

Midwives and community nurses in their majority did not provide names of agencies that would serve as examples. A few mentioned Social Services, especially the *children protection team in local authority*. Of 22 staff in mental health teams, seven mention Social Services as the best agency. No clear picture emerged from Substance Misuse Service staff.

Three out of five staff from CAFCASS mentioned police and Social Services as exemplary. One respondent stated others could learn *to be less 'precious' & defensive about sharing & passing on responsibility to others*.

Social Service staff mainly highlights their own agency as an example for others. The police also was given credit by more than one from Social Services. Of 35 respondents, 18 mentioned their service, or parts, like the *child protection team*, as good examples:

I feel bound to say my own agency Social Services because I believe we can take a holistic and balanced approach but we absolutely depend on working well with all the involved agencies.

According to answers of Social Service employees in this survey, it is an advantage of Social Services (but also of the Police) that all staff *work to the same guidelines* and readily share information with other agencies involved in safeguarding children.

From the eleven staff of Education Services, five mentioned Social Services as exemplary and four the Police. Good cooperation and information sharing would be important. Responses from staff of Youth Justice Service, Barnardos, Action for Children and remaining agencies were few and varied considerably.

In the main, Social Services and the Police were depicted as best dealing with safeguarding children. Though, most of the respondents refrained from pointing out an agency as exemplary.

10 Agencies perceived setting wrong priorities

In an open-ended question, respondents could state whether any of the agencies involved in child protection has set the wrong priorities. It was answered by 53%, but not necessarily negative. The content varied extremely. Some of the answers have been used in a previous chapter to illustrate *lack of resources*. Of course, lack of finance and of staff can be understood as setting wrong priorities by those affected.

Another major source of dissent are conflicting views about thresholds for referral to other services. Criticism goes in either direction: too early or too late, echoing the classic radar controller-dilemma that has occupied social psychologists for decades: when is a blink on a radio-screen an incoming enemy plane? And here: actually when is a child at risk (Munro 2010, 21-23)? When does a case need to be refered to specialists?

- *Sometimes agencies do not accept a referral as they perceive them to not reach their criteria, although I have identified as them to be child in need.* (Health visitor)
- *Different agencies have different priorities. I have found people panic in recent years over child protection i.e, child being put on register when not needed.* (Children's Social Care)
- *It is clear that other agencies have little or no understanding of sex offenders e.g. the case of internet downloading of images of child sexual abuse. I have heard comments such as "it was not a hands on offence", "it was only downloading not a contact offence", "there is nothing in the literature to suggest that downloaders go on to contact offend" OH YES THERE IS!!!* (Police officer)
- *We often send referrals to Social Services who make the decision to not open a case. I feel this should be a multi-agency decision and not made by a single person who hasn't even had any contact with the person involved.* (Midwife)
- A member of the Adult Mental Health team indicated that in his *personal belief ... other services over react to potential risks* instead of accepting *normal risks,* they would not *keep it in context.*

For many, lack of information sharing seems to be among the frustrating experiences. Substance Misuse Service and CAFCASS, a school nurse wrote, *don't disclose to us when they are working with the family.*

Some respondents explicitely named agencies that would set the wrong priorities. Several times respondents sent the message that aspects like cleanliness of the house would attract too much attention to the expense of analysing the social relations in the family. Probably

reflecting their position as key actor in the child protection system, Social Services was criticised repeatedly.

- They would have *become reactive rather than proactive, i.e. revised thresholds* wrote a health visitor.
- *Children's teams*, someone from Adult Mental Health noted, *don't get back to us even though it had been discussed as urgent*.
- A health visitor commented that in Social Services *functional concerns and lack of staff* would be *leading* when children are in need.
- *At time one feels that social service staff consider themselves to be the experts and do not treat health staff as their equals or accept their opinions. It is as if Social Service staff are more interested in closing cases than considering the long-term interests of child or preventative measures.* (Health visitor)
- *Social Services need to be more transparent with parents and provide them with decisions more quickly, especially regarding ongoing cases and whether a newborn baby will stay with parents or be taken into care at birth.* (Midwife)
- *Social Services often rely on the Justice Service to see clientele even though they are meant to work on the nature of the offence.* (Employee from Youth Justice Services)
- *I believe that Social Services sometimes let the children down – should try and keep siblings together.* (Youth Justice Service)
- *Joint approach to supporting families may reduce thing escalating to child protection level. Work together on a more regular basis – S[ocial] S[ervices] workers to attend day-to-day drop ins.* (Substance Misuse Service)

Health agencies and health professionals also received criticism:

- *[H]ave experienced problems with health agencies due to lack of focus as to child protection issues delay in sharing blinkered perception of criminality.* [Police officer]
- *There are still difficulties in getting information in particular from health agency.* (CAFCASS)
- *Health visiting = reducing home visits, encouraging group work and clinic contacts. Families who have issues do not attend groups and can act for half an hour in a clinic setting. It is a different story at home. Health visitors should not only visit families that have child protection issues it should be all families so that they can identify those at risk.* (Health visitor)
- *[H]ealth – c[hild] p[rotection] difficulties regarding sharing information. Had recent major difficulties as health manager would not disclose eventhough* [carers] *had asked for the assessment and the children were on care orders.* (Children's Social Care)
- *[D]iffering levels of concern mainly between health professionals who seem totally risk averse on some occasions.* (Children's Social Care)

In the view of a school nurse, Social Services and Health have each *very structured priorities*.

They appear in need of better coordination:

[No] but it is evident that different disciplines address situations in different ways that can sometimes be frustrating. [I] expect as far as training is concerned a multi-disciplinary approach is good as we can understand each others notes better. (Midwife)

Different roles and different priorities among agencies are repeatedly stressed out and not only related to the two mentioned above.

Some respondents stated that adults' needs are given priority over safeguarding children, when those adults are drug-addicts or mentally ill.

- *Occassionaly I feel the focus is taken off the child and more focus on the adults especially in cases of substance misuse.* (School nurse)
- *Priorities focus on help for adult. [C]hildrens' needs can be overlooked. Too much focus by other agencies on less complex issues i.e. tidy house, drug testing. [C]omplex needs overlooked especially if no obvious service to meet those needs.* (Substance Misuse Service)
- *Different view points: Police emphasis on investigation, Mental Health Service focus on parents well being rather than child.* (Children's Social Care)
- *I feel that there can be a conflict when working with adult services (…) as they appear to prioritise the parent over the child's needs*. (Children's Social Care)

11 Agencies named as less effective

Half of all participants responded to the questions about "agencies that are less effective in dealing with child protection", "what things could they improve upon" and how the problems could be addressed. To start with, some respondents stated they could not name an agency which works less well. *I think all the agencies deal with child protection effectively − their methods may be questionable though* (Youth Justice Services, Anglesey). Occasionally, rich descriptions were provided and it might be worth considering providing staff with an opportunity to openly share concerns and have them discussed. An example for criticism is a statement from a Barnardos staff, specialists of the Child Adolescent Mental Health Service and of the Substance Misuse Service *should be more approachable and provide support. Information is supposed to cascade down to the people who actually work with 16 families. Not sure if I feel that is happening.* Another staff from Barnardos listed perceived short-comings in more detail:

Education were terrible in not passing forward concerns due to being afraid of offending families. Now that they do they are accused of giving inappropriate referrals. Local authorities are inconsistent in what meets criteria and doesn't depend on personalities and not a robust system. A robust system of risk factors needs to be drawn up and work with multi-agency. There isn't even after all these years a common language. For L[ocal]

A[uthority] a case was not "open" even though it had been "allocated". For voluntary case is open as soon as allocated. There needs to be less "defence" when questioned about practice and to see it as a developmental need in improving practice. There needs to be less professional snobbery of "we know best" from L[ocal] A[uthority] as all agencies are dealing with child protection and there needs to be safeguarding culture inherent in practice. Management training to do more away from authoritarian and "task centered" style to being more supportive of the workers on the frontline as in our service wouldn't ensure the development of the worker and help retraining experienced staff. It's not the working within child protection that make people leave but the lack of support in doing so.

Which agencies have been portrayed as worst by staff? The following reports negative comments by the rater's profession or organisation. In the end, a summary will be provided which agencies attracted comparatively more negative evaluations by staff.

Môn Social Services was criticised by some police officers with comments like not having effective leadership, and not allocating staff permanently to a case with the consequence of poor knowledge about and contact with families. Police officers also listed health-related services in Gwynedd as most ineffective for reasons such as poor information sharing and little training in inter-agency work and child protection.

Health visitors critised a range of agencies. Most frequently, six out of 28, they mentioned Social Services, sometimes acknowledging that staff would be overworked, or that *money to help* would be missing. Cases would be closed too quickly and families left without support. Thresholds, according to one respondend, would be unrealistically high and concerns of other agencies not always taken seriously by social work. Information gathered for child protection checks would be incomplete. Occasionally, health visitors said that GPs, mental health teams and heads of schools would not share information or attend meetings. Generally, health visitors seemed to favour a more holistic view of the family, a long term involvement that includes preventative work. Two especially alarming general comments by a health visitor and a community nurse from Gwynedd may indicate the perceived scale of problems:

- *H[ealth] V[isitor] role is getting smaller and smaller, managers love group work – problem parents want to come to groups!! We need to get into the house, 3yr acess was stopped over night. Gap in care between 2yrs and school entry problem. Please help us here, noone wants to know about us!!*
- *There needs to be more funding, less of a turnover of staff in S[ocial] S[ervices]. These children need to be prioritised by all agencies more parenting groups readily available without waiting lists. Easy access to C[hild] and A[dolescent] M[ental] [Help] S[ervices]. NSPCC and Barnardos available to work directly with children. We should not be in a position where children are on the child protection register for sometimes 2 years.*

The following statement by one of the health visitors forms a fundamental criticism of the whole system:

Once health has identified concerns there should be adequate resources and agencies to refer to and children should not be left at risk because of the reluctance of some agencies to remove them until they eventually have to and the children have lived a lifetime of neglect.

As other participants in the staff survey, this health visitor underlined the importance of proper housing for families.

Housing policy needs to prioritize childrens needs e.g. homeless housing − frequent moves − changing schools etc. Services should be means led rather than postcode let.

School nurses and midwives were less inclined to name agencies that are working worst. Some mentioned an agency but their responses formed no clear picture and the responses they gave reiterated issues raised by others. Of the community nurses four critised Social Services for reasons highlighted by other agencies also. Social services were named as worst agency by three staff of Adult Mental Health teams and GPs by two. The latter would not share information, the former would be understaffed, or senior management unaware of community needs. Again, three staff of Substance Misuse Service criticised Social Services for e.g. not listening in discussions and poor advance scheduling, and two criticised health visitors for a list of failings including understaffing. Employees from Education mentioned three times Social Services as worst agency, again for poor communication about cases and for poor scheduling of meetings. Three of the five CAFCASS staff were mainly concerned about Health, Mental Health and voluntary agencies supporting adults. From the ten staff of Action for Children, three were concerned about Social Services, for a range of reasons. Seven staff of Barnardos working on Anglesey submitted questionnaires, of which some had issues with local Social Services. Criticism was varied and ranged from *authoritarian* leadership to poor cooperation and communication with other agencies. *I feel at times that I am chasing SSD to get an answer/speak to someone.* Three out of twelve respondents from Barnardos criticised Education and *some schools* for not passing on information and not coming to meetings.

Social Services are at the heart of the child protection system, accordingly, they attracted a lot of cricism. Staff of Childrens Social Services themselves mainly identified *Education* or sometimes *schools* as the worst agency (eleven out of 35, here). In each case, the respondents also said that better training along the lines mentioned in the chapter on training needs would be beneficial for education staff. Single statements read, e.g.:

- *More awareness especially for schools knowing the processes involved. ie who to contact? issue of confidentiality? issues of consent? etc.*

- *Education/schools – I feel that quite often the schools try and 'pass the buck' in terms of dealing with child protection issues. They also do not always follow the proper C[hild] P[rotection] procedures. I think better multi-agency training needs to be in place and there should also be a way to report easily if schools or any other profession are not following the correct procedures. I think all agencies need to be aware of their roles in child protection and not rely just on the social workers to tackle or bring up diffcult issues with parents and carers.*
- *I always hear from friends who are teachers and nurses complaining about the difficulties experienced when trying to refer a child. Further training is needed to teachers and health colleagues. They need to take responsibility for children and adapt the concept of cooperate parenting with looked after children in particular.*

The last voice also mentions the second sector that is criticised by social workers: "health" (three times), Child Mental Health Teams (once) and "GPs" (twice). Voluntary agencies were mentioned by two, the police by one social worker. Three said that Social Services were the worst, one of which explicitely meant "adult services". From within Anglesey's Children's Social Service originated a complaint about fellow workers: *Very poor social workers are often kept in their roles due to lack of new recruits. System needs a shake up*.[31]

All in all in the view of staff, "bad" agencies are typically earmarked by lack of training and/or lack of communication. Social Services often attracted negative comments and a wide range of these, reflecting its central function in the system of child protection. Education and *some schools* as well as agents within the health sector were criticised each for a similar set of reasons. Remedies suggested very much repeated earlier findings on training needs and the overall need of better communication.

31 The view that child protection has a problem with the quality of staff was also mentioned elsewhere. A police officer note: *Horses for courses – those applying for child protection posts need to be assessed for suitability – better supervision monitoring. Why have they applied for the job?*

12 "Get them working together" – Improving the work of the LSCB

Respondents have been asked about ways to improve the work of the LSCB. The 98 answers varied and were occasionally supportive: *very good team at present, hope funding allows us to continue*. Yet, the LSCB is not known by everyone involved in safeguarding children, as this statement by a health visitor shows: *Don't know what they really do now. Work nearly 30 years, never attended meetings or met board.* Some respondents expected the LSCB to visit them, to see what they are doing, to share information and to provide training.

More accountability and input. This is the first piece of information that we have received from the LSCB. Who from "education" attend the board meetings, how is the info from these meetings shared with schools? (Education Services)

Social workers are seen as key by an employee of Barnardos: *core group members to have a clear understanding of their role and social workers to be clearer on their role to core group members.* Some answers may be coloured by the respondent agencies' professional culture and suggestions were therefore contradictory at times. For example, a police officer asked the LSCB to be *more robust in their approach. Promote accountability and provide feedback*. Two employees from Social Services favoured standardized assessment tools to be used by everyone, for example to determine neglect and abuse. Yet, others seemed to want more flexibility and rather asked for more resources and staff, decreased case loads for frontline staff, better training and better information sharing. *Build trust in one another's skills* would be important according to a member of the Adult Mental Health Team. The ideal of individual responsibility may be behind the comment by a community nurse as she wanted *professionals to do thorough jobs*.

A comment from the Substance Misuse Service even suggested: *Allow Social Services access to a broad range of disiplines so they would monitor care*. A contribution from Children's Social Care placed emphasis on her service and on the police: *Promote the expertise evident in police and social services to act as 'authoritative' sources in investigation and decision making*. Yet, another voice criticised the work of the LSCB would be too much driven by the agenda of some agencies. Again, these suggestions seem contradictory.

However, many respondents favoured an increased effort to train staff of agencies involved, including *refresher training, training in best practice.* This would include the use of case examples – *what went wrong and what went well*. The aim would be *bringing services/*

agencies together by more training/update events (health visitor). *Joint training* for staff of agencies involved, for *existing and new staff. Ensure that all members of staff get child protection training* (Children's Social Services).

Compulsory education/training as part of C[ontinuous] P[rofessional] D[evelopment] and evidence of attendence and understanding of learning e.g. attendance certificate after completion of learning log – more training around rural social work. (Barnardos)

Making staff aware of the work of other agencies and constantly reminding of essential protocols was seen as part of the LSCB's work by these two voices:

- *Facilitate more joint learning experiences. Encourage agencies to take more opportunites for spending time with other agencies to gain more insight into roles and more mutual understanding*. (Health visitor)
- According to a member of Education Services, *the same clear protocol should be shared to everyone regularly, because many problems occur due to changing staff regularly among the agencies.*

More multi-agency training would *improve networking and morale*. Training and education would be best achieved *in contact with children and their families* according to one health visitor. A CAFCASS employee suggested *joint training in particular on thresholds – involvement of practioners not managers*.

- *Ensure that frontline workers get the information/recommendations from the LSCB. Regular updates and list who has had training.* (Education Services)
- *Ensuring that all agencies involved with children and young people have representation on training provided by the LSCB* (Action for Children)
- *Give training on the roles and responsibilities of various agencies within child protection case conferences and care groups.* (Barnardos)

Mutual learning clearly appeared as a good strategy for a number of respondents:

Regular cross-agency study day – sharing of experiences and willing to learn from each other. No one agency has all the answers. (Adult Mental Health team)

A Barnardos employee suggested to:

Look at innovative ways of bringing down barriers. Too much child protection work is dependent on personalities. Sharing of vital information as core assessments were meant to be used. There are enough proficent agencies out there to take the lead on these. (Barnardos)

The provision of advice to managers of agencies represented at the LSCB was also seen as a task by a health visitor: *Advice management on how to help us do our work.*

- *Share information!! All the serious case reviews highlight difficulties in sharing info. This needs to be fed through to the* [manager of a large public sector organisation]. *Worked in OTHER L[ocal] A[uthorities]* [where there were] *no issues.* [Anonymised]
- *Training & speak with managers individually re: their concerns.* (Barnardos)

The LSCB also attracted negative comments and suggestions that are best understood as a critique of the bureaucratic culture that has developed in the field of child protection in the whole of the UK. Similar points are raised in Munro's (2011b) Final Report in England. Paper work does not *suit the task*, according to a midwife. Work would be improved if there would be a *[m]ove away from performance indicators and real and present child protection problems/trends* would be addressed. Currently, the LSCB would be *out of touch* (Police officer). Varying this, a health visitor suggested the LSCB should *[l]isten more to agencies that work closely with the families*. (Health visitor) Or, as a midwife took it, *[a]pply more common sense – listen to those at the coal front (i.e. those that deal with children and families on a daily basis*.

The Munro (2011b) Report in England turned against an overemphasis of procedures. In the staff survey, a member of the Adult Mental Health team stated: *procedures can often inhibit communication.* The LSCB should *[l]ook at the process for sharing information, expressing concerns and seeking advice.* The following view by a health visitor also partially mirrors recommendations from the Munro Report:

Highlight the evidence based programs for families, e.g. incredible years programs and ensure availability of service at point of need in the area of need with support for families to attend. Early intervention with provision to attend must be better for children than many paper excercises of no access visits and many referrals to social services within a working "do this and that".

More home visits and *[l]ess clinic and group contacts* were advocated by a health visitor: *You can see so much from opportunistic home visits.* There should be *[l]ess scheduled appointments.* An employee from the Adult Mental Health team insisted on *[l]ess people in meetings and more practical help for children and therefore help the parents.* Respondents from different agencies demanded that more staff, more time and other resources should be spent with families.

- *Resource for training and support at the root of the problem i. e. supporting a young mother in her own home from basic skills of cleaning, cooking. Putting more resources into schools to address basic issues.* (Midwife)
- *I think children need to be protected as well as supported in trying to promote their resilience to abuse. I'm not talking about sending them on safaris but local clubs activities, pursuing each child's individual interests.* (Barnardos)

Other voices demanded that there should be improved address systems and *notices at times* (Children's Social Care), as well as a better *way to get information about children that are on the register and to know about them sooner* (community nurse). Someone from Children's Social Care demanded from the LSCB *[s]impler processing, conformity, accountability, if*

you fail. An employee from Youth Justice Services suggest that the work of the LSCB should be improved by:

Being less of a governing body and interact more with grass root level agencies – spread the importance and significance of the work involved.

Two respondents demanded a different approach to audits, a police officer favoured *[t]otally independant audits, cannot understand of people quietly involved with the council concerned.*

While a member of Children's Social Care advocated in a longer statement:

Regular review of cross section (random) cases (short and long term) – not just when something goes wrong. Reports, but use as a basis for conference training event (annual). A LOT OF TIME AND ENERGY IS EXPENDED ON EVIDENCING LIFESTYLE, HARMFUL FACTORS etc. – i.e. waiting to see 'bad' things happen. There needs to be a shift on focus to looking to the presentation of the child in detail – so that the outcomes can be used as evidence of inadequate parenting, neglect and abuse. I.e. look at the significant harm caused and work back.
Great concern is often expressed by [illegible] *that the assessment and evidence gathering process is endless and leads to delay in reaching decisions for children. Major culprit = court – repeated requests for more and more psychological assessment, whilst child waits in uncertainty.*
I believe that safeguarding boards should be pro-actively engaging with judges in discussing the impact of the court process on outcomes for young children. I.e. delay in ensuring permanently – one way or another.
The 'no delay' principle is totally lost and children are suffering – this should be addressed.

A different way of conducting audits was also favoured in combination with speaking to frontline workers more frequently.

Two respondents from Children's Social Care suggested that the LSCB should be *more realistic with regard to expectations from agencies* and that *I think it has to be down to the agencies to work at continually developing relationships plus ensure really good communication between agencies*.

The following suggestions aim at dealing with some types of cases differently:

- *Specialist dedicated teams for identified challenging families*, for example consisting of social worker, Substance Misuse Service and a health visitor. (Substance Misuse Service)
- *Work with agencies focusing on families who may be struggling as well as focusing on child protection*. (Substance Misuse Service)
- *Focus on disabled children separately, understand the issues and provide specific training on how to collate data on disabled children child protection referrals. There is a gap and it needs addressing.* (Children's Social Care)

From the Specialist Children's Service came the demand for *specific training* on communication between agencies.

One health visitor wanted the LSCB to *ensure equality of service. At present young children and families living in the Flying Start catchment area have a lot of many spent on them and have access to much more support, e.g. more health visitors, parenting etc. where more needy children who cannot get housing in the Flying Start area are more disadvantaged because of the* [Welsh Assembly] *policy. No flexibility services, not Need's led*.

The composition of the LSCB seemed a problem to one respondent: *By being smaller, less daunting a body!* (CAFCASS employee) Different again, two respondents had suggestions for LSCB activities:

- *Need to improve the working relationship between adult and childrens services. There is also the need to improve the working relationship between statutory and voluntary sectors*. (Action for Children)
- *Has anyone from the LSCB checked that all of our safeguarding procedures are in place and effective? NO. Do schools feed information to the LSCB? If so, how?* (Education Services)

A community nurse wished that members of the public are more aware and vigilant of the children, including teachers who come into contact with children regularly. The present study also covered the work of the LSCB with the general public.

13 Promoting the work of the LSCB to the public

The public should have confidence in the quality of services to children and carers. People must be ready to alert safeguarding agencies to the plight of children. Respondents of the staff survey have been asked how safeguarding work can be promoted to the wider public. Again, the 102 answers dealt with a number of different topics, including objectives for working with the public and perceived obstacles. Several statements insisted that the LSCB should offer a positive message and there also were ideas about activities, that included among others leaflets and working with schools and communities. As objectives, providing the public with better information, changing perception, raising awareness and encouraging actions were highlighted. For example, the wider public should be told what happens when a referral is recieved by the Social Services intake team. Regrettably, many people would still *feel that emotional abuse and verbal domestic violence are not important enough to report to police or social services.* Society as a whole has a responsibility towards children. *Safeguarding is everybodies concern*, not just the social services'. The public should have a greater understanding of its responsiblity. It *is a good thing to voice your concern if you are worried about a child.*

Though the task is set, it is seen as *very difficult*. Among the obstacles identified are *popular forms of disciplining children*. The prevailing media logic is also widely criticized:

- *Make the public aware of procedures and significant harm. Public follow the tabloids who are offten ill informed.* (Children's Social Care)
- *This* [is very] *difficult due to complex nature of cases. Only the black versus white plays well in the media. Generally, public need educating in positive parenting and childrens needs – UK is confused i.e., boundary setting. Public generally think control and discipline = smacking. General awareness raising to begin with.* (Children's Social Care)

Consequentially, a more systematic working with the media was demanded.

Notably, some insisted that the wrong message is given to the public: A *more positive info to the public* about Childrens Social Services would be needed. Other agencies should not use them *as the threat.* Social workers would rather deserve a positive image. Yet, often Social Services would be *seen as the 'bad guys' in any meeting or on any initial visit*, according to one of its staff. The *LSCB tends to be seen as 'when things go wrong', there is a role to promote the positive to the public*, a colleague wrote. A health visitor suggested: *raise awareness, better awareness for how to refer as people are scared to refer.*

Therefore, agencies involved in safeguarding would have an undeserved bad reputation that puts people off. Barriers have to be broken down. Someone from Adult Mental Health put it as *More inclusion with community, promoting helpful servces rather than safeguarding services to the wider public.* Similarly, a voice from Barnardos suggested *promoting the 'positive support' that can be offered to help protect children and the differences this can make.*

Suggested is a strategy that underlines the support for children, but also carers, family and, consequentially, community members. To this end, a respondent suggested to *advertise positives i.e. families that have had success/what is appropriate/what not* (Education services). The public should receive *positive feedback about how to best act on concerns regarding children* (health visitor). *Ensure people are aware that it is their responsibility. … publishing good and bad outcomes in anonymous stories.* (Substance Misuse Service employee).

Frequently, more advertising was suggested, on TV and radio, in the internet, on social networking sites and by using posters as well as leaflets. Even leaflets to be designed by school pupils which would add to the campaign's effect.[32] Printed cards with contact numbers were also mentioned[33]. The media would have to use their creativity for the cause: *TV, media,*

32 A newsletter has already been introduced by the LSCB and put online.
33 They have are already been used in neighbourhood policing.

documentary, soaps, magazine articles (health visitor). *A documentary outlining to the general public all the aspects of a child protection team and all outside agencies who are involved* (community nurse). The following may turn out to be a very practical idea and should certainly be considered: *Leafelt in with council rates bill for each household*.

Going into schools was also frequently mentioned, to raise awareness, introduce services, but also to prevent some of today's youth from becoming perpetrators in the future. The school curriculum should cover safeguarding issues and also, school liaison officers from the police were suggested.

- *Possibly via educational input. Training through relevant lessons at secondary school. Sadly there is percentage soon to fail within the child procetion system with children of their own.* (Police officer)
- *As stated .. children are neglected because their parents lack basic parenting skills, this is often because they themselves have not had the positive influences from their own parents, basic domestic management should start in schools, hygiene, budgeting.* (Midwife)

A staff of education services suggested that *other personel e.g. teachers attend care conferences/care groups*. Further institutions were also commended for inclusion into a communication strategy, like universities and doctor's surgeries (where posters could be displayed). Open forums in the communitees were suggested, even *[a]ctivity based 'children and family friendly'* events *with stalls to be promoted annually i.e. a safeguarding day for children/Y[oung] P[eople]* (Children's Social Care). Parenting groups seemed important for some, or the *parenting weekend at the infomation days that are nationally organised* (community nurse). Parents more generally should be addressed:

Parent to have knowledge that it is their responsibility to raise their own children safely even though it is a hard job – families and communities to be encouraged to develop own services and supports and to work together. (Health visitor)

A far-reaching idea is to make information available at work places: employees *could be given study days as some members of the public are unaware of possible risks* (community nurse). A telephone line could be introduced with a *local campaign, focusing on the publics* (Adult Mental Health employee), which somehow suggests that there are different publics that have to be addressed in different ways.

14 Summary

There is room for improvement of all agencies and individuals, these words by a survey participant would be the shortest possible conclusion from the present survey. Staff working in safeguarding children identified a range of issues. Some comments may deserve the utmost attention by the LSCB and its partner agencies.

Intitially, it was thought that there might be problems with bilingualism and with the widely dispersed population in parts of the two counties. Bilingualism was not mentioned by the respondents. At least from the point of view of staff, the provision of bilingual services might therefore be well organised. It receives a lot of attention by institutions and local people. The rural nature of the counties was mentioned by respondents in roughly two ways: as a factor causing social problems and as an aggravating factor for provision of services. According to some, rural poverty and lack of opportunities – including leisure activities for youth – were causes of negative behaviour. For others, travelling to remote locations and lack of adequate transport made work difficult. Transport problems were especially mentioned by nurses. Those affected asked for actions to address the transport issues.

Although a majority of the respondents had training in dealing with safeguarding issues and in cooperating with other agencies, a large number of specific training needs were identified. Probably not every new staff member is offered inductions to safeguarding work and to working with partner agencies, especially. It seems that the more "core" an organisation or profession is to decision-making and intervention, the more suggestions for training their staff have in the survey. Employees of the different agencies have listed a range of training needs, some of which were very specific to their organisation, profession and field of work. As a general quest, staff have repeatedly asked for joint training with colleagues from partner agencies, indicating that at least not all working in safeguarding have such a training. A strong and radical statement by a health visitor indicates the rationale behind this proposal:

More multi-agency training and maybe learning sessions from children's past experiences of the system. Some families seem to be growing up two and three generations in the system and I don't think that as agencies we are learning from our mistakes…

For many, the LSCB has to play a major role in joint training of staff from agencies involved.

Most of the respondents felt supported by their managers. However, a large minority found management processes unnecessarily bureaucratic, and even more said there is too much

paperwork involved. Some respondents criticised the "target and tick-box culture" that so pervades the British public service. For example, a manager of one of the agencies commented:

In my experience a social worker is generally bogged down with pages and pages of assessments – time limited. The thrust is to meet these targets.

Such findings underline the problems in safeguarding identified by the Munro Report (2011b) in England. Critically, only half of the staff in Gwynedd and on Anglesey had confidence in their organisations's policy on whistle blowing. In addition, many said that they were not provided with clear work priorities and many identified agencies that have set wrong priorities. *300 children in a rural area is far too much. Some have even greater caseloads*, read one of the more alarming comments, here from a health visitor. Lack of resources is definitely a message that many staff wanted to send when participating in the survey. Having enough administrative support was an issue for most respondents, to be followed by lack of funding for safeguarding children, and then by not having enough time for the work.

Majorities saw leadership and management structure in child protection positively and also rated the cooperation with other agencies as "good" or better. However, a substantial part of the respondents would not agree that senior managers are "in touch with front line demands". In complex organisations, a main task for senior managers is to allocate resources, another to liase with partner agencies and prepare the ground for every-day business. Therefore, it is no wonder finding that managers "out of touch" and missing adequate resources such as time, funding and administrative support to carry out the respondent's role are correlated[34]. Consequentially, the evaluation of senior management is also significantly correlated to perceptions of manageable case loads[35], of having an effective management structure for child protection in place[36] and of the agency's cooperation with partner agencies[37].

Joint conferences are a major instrument of multi-agency cooperation. Some respondents raised issues around conferences, for example, representatives of agencies not arriving, social workers struggling to take minutes and at the same time participate effectively. But there also

34 "Senior management in touch with front line demands" is significantly correlated with enough "time" (Spearman's rho = .34), enough "funding" (rho =.26) and finally enough "administrative support" (rho =.37), for all three $p \leq 0.01$, $194 \leq n \leq 204$.

35 Spearman's rho = .33, $p \leq 0.01$, n = 198.

36 Spearman's rho = .43, $p \leq 0.01$, n = 203, significant.

37 A significant correlation is found for three different measures of effective cooperation. "The cooperation with other agencies is good": Spearman's rho = .18, $p \leq 0.05$, n = 200; "My organisation coordinates actions with other agencies in the field effectively": rho = .35, $p \leq 0.01$, n = 203, and "How often do you feel your organisation cooperates effectively with other agencies?": rho = .27, $p \leq 0.01$, n = 198.

was the question: *How "independent" are independent chairs of child protection conferences when they are based within the local authority?* (Staff of Barnardos)

Generally, most staff do not feel threatened while working. But notably, health visitors, school nurses, midwives, community and staff nurses had lower confidence to handle hostile situations than other staff involved in safeguarding.

Cooperating with other agencies according to this survey typically means working with organisations that have set different priorities. By far most of the respondents think that partner organisations have at least "sometimes" set the w r o n g priorities. This contributes to the unimpressive answers to the question how often their organisation cooperates effectively with other agencies[38]. Only 17% stated their agency's cooperation with others were "always" effective. A full 30% of the respondents would agree that "staff of partner agencies avoid responsibility". Tensions also arrised from what is perceived as a lack of an effective mechanism to address conflicts among the agencies. This absence is then related to the perception that their own agency does not frequently cooperate effectively[39].

Respondents were also invited to qualifiy their experience with agencies involved in safeguarding children. As expected, the number of ratings per respondent varied as staff may cooperate with a smaller or larger range of agencies. The highest praise was received by police and nurse-type professions while respondents were more critical of mental health-related units. Varieties of social work were found in the middle, regardless of whether they were public or voluntary sector. This pattern merits further discussion. One obvious explanation may be the nature of the services provided. Police and nurses while certainly constantly adapting to different constellations, can draw on established routines when they intervene. And these routines are to a significant degree standardised. On the other end of the scale, when it comes to mental health, an attempt is made to tailor interventions specifically to individuals who may deviate significantly.

Anwers from open-ended questions can shed additional light to the evaluation of partner agencies. Though most respondents did not point out a "best" agency, those who did often mentioned the Police. Social Services similarly appeared as "best" agency, but also as the "less effective" agency to many of those who gave an opinion to this item. The double-edged result is likely to reflect the central role of Social Services within the system of child

38 Spearman's rho = .20, $p \leq 0.01$, n = 194, significant, for "other agencies wrong priorities" and the "how often" variable.

39 Spearman's rho = .34, $p \leq 0.01$, n = 191, significant.

protection. Staff of cooperating agencies must have varying experiences with the quality of the Local Administration's provision. But Social Services are not alone in at times receiving harsh criticism. The individual answers raise a number of issues about working with the agencies involved in child protection. One constant complaint is insufficient information given to other agencies[40], or even units within one complex organisation. This starts with referring cases to other agencies and ends with informing those involved about decisions and outcomes. The other main concern was insufficient training within individual agencies and not enough training offererd by the LSCB.

Clearly, staff envisaged a much greater role for the LSCB in providing training for the various agencies. Many would prefer to also have joint training with staff of partner agencies they will have to cooperate with. Although at least two thirds knew about the purporse of the LSCB which is at least a start, only a third of the staff felt informed about the work of the LSCB. Large parts of the respondents also insisted that the LSCB should inform the public and staff in partner agencies as well about issues of safeguarding children. The detailed answers contain a wealth of suggestions how this could be done. The LSCB and its partner agencies could pick up ideas, especially how to address children, carers and the wider public.

Occasionally staff demands proved contradictory, for example when one respondent demanded more guidelines and the other more professional autonomy. Some demands may be illusionary for the time being and will have to wait before they are possibly met. Some problems, like over-bureaucratisation, might only be remedied by strengthening "pro-fessional" judgment and responsibility. Many issues definitely can be addressed within the framework of the Gwynedd and Môn Local Safeguarding Children Board and by its partner agencies.

40 This echoes earlier findings in the literature, e.g. Richardson and Astana 2006, 665-666; Laming 2003, 9.

Literature

Anning, Angela, David Cottrell, Nick Frost, Josephine Green, and Mark Robinson (2010), Developing Multi-professional Teamwork for Integrated Children's Services, 2nd edition, Maidenhead and New York: Open University Press and Mc Graw Hill.

Eccles, Robert (2008), "Perception is Reality". A Survey of the Federated Ranks in North Wales Police, 9th April to 9th May 2008, Police Federation.

Gwynedd and Môn Local Safeguarding Children Board (2010), Constitution 2010/11, http://www.gwynedd.gov.uk/upload/public/attachments/1047/Cyfansoddiad_LSCB_Gwyn_Mon_sas_v1.pdf, last accessed 26 December 2011.

Lord Laming (2003), The Victoria Climbié Inquiry, London: HMSO.

Lord Laming (2009), The Protection of Children in England: A Progress Report, London: The Stationery Office.

Loughton, Tim (2011), Foreword. In: A Child-centred System. The Government's Response to the Munro Review of Child Protection, London: Department of Education.

Machura, Stefan (2012), NPM und die Steuerung britischer Hochschulen. In Soeffner, Hans-Georg (ed.), Transnationale Vergesellschaftungen. Verhandlungen des 35. Kongresses der Deutschen Gesellschaft für Soziologie in Frankfurt am Main 2010, Wiesbaden: VS Verlag für Sozialwissenschaften, in press.

Morrison, Tony (2010), The Strategic Leadership of Complex Practice: Opportunities and Challenges, Child Abuse Review 19:312-329.

Morrison, Tony, and Dorothy Lewis (2005), Toolkit for Assessing the Readiness of Local Safeguarding Children Boards: Origins, Ingredients and Applications, Child Abuse Review 14:297-316.

Munro, Eileen (2010), The Munro Report of Child Protection. Part One: A Systems Analysis, London: Department for Education.

Munro, Eileen (2011a), The Munro Report of Child Protection. Interim Report: The Child's Journey, London: Department for Education.

Munro, Eileen (2011b), The Munro Report of Child Protection. Final Report, London: Department for Education.

Reder, Peter, and Sylvia Duncan (2004). Making the Most of the Victoria Climbié Inquiry Report, Child Abuse Review 13:95-114.

Richardson, Sue, and Sheena Asthana (2006), Inter-agency Information Sharing in Health and Social Care Services: The Role of Professional Culture, British Journal of Social Work 36:657-669.

Taylor, Carolyn (2009), Safeguarding Children: Historical Context and Current Landscape. In: Karen Broadhurst, Chris Grover, and Janet Jamieson (eds.), Critical Perspectives on Safeguarding Children, Chichester: Wiley.

Tyler, Tom R., and E. Allan Lind (1992), A Relational Model of Authority in Groups. In: Mark Zanna (ed.), Advances in Experimental Social Psychology, Vol. 25, New York: Academic Press, pp. 115-191.

Weber, Max (1972, orig. 1922), Wirtschaft und Gesellschaft, 5th edition, edited by Johannes Winckelmann. Tübingen: Mohr.

Appendix 1

PRIFYSGOL BANGOR UNIVERSITY

About this questionnaire.

In child protection the cooperation of different agencies is of vital importance.

The Local Safeguarding Children Board is the statutory institution bringing together agencies working in child protection, including yours. One of the tasks of the LSCB for Anglesey and Gwynedd is to investigate the cooperation of agencies and to draw conclusions for staff training and the coordination of efforts.

As part of the LSCB your agency has decided to take part in a survey of staff.

The survey is conducted by a MA student research seminar at Bangor University School of Social Sciences under the direction of Dr Stefan Machura.

Questionnaires have been sent to staff of agencies involved in child protection. They were distributed through the LSCB to ensure that your details are kept confidential.

This is your opportunity to contribute your experience and highlight any concerns you may have.

The survey is voluntary and anonymous. Your answers will be combined with others and not individually identified. You can decline to answer any question or all of the questions. Please complete this questionnaire individually. Thank you very much for your feedback!

A final report will be made available in autumn this year.

Dr Stefan Machura

School of Social Sciences
Bangor University
Bangor
Gwynedd, LL61 6RD
s.machura@bangor.ac.uk
Tel. office 01248-382214

UNIVERSITY BANGOR - LOCAL SAFEGUARDING CHILDREN BOARD STUDY

Questionnaire for [Name of Agency]

Please tick the appropriate response.

A.1 Which area do you cover? Gwynedd ☐ Anglesey ☐ North Wales ☐

A.2 Do you manage staff? Yes ☐ No ☐

A.3 Do you - at least sometimes - have direct contact with children and their carers? Yes, routinely ☐ Yes, occasionally ☐ Not at all ☐

A.4 Your age (please tick):
Under 25 ☐ Under 35 ☐ Under 45 ☐ Under 55 ☐ Under 65 ☐ Over 65 ☐

A.5 Gender: Male ☐ Female ☐

A.6 Years in current role:

Up to 1 ☐ Up to 3 ☐ Up to 5 ☐ Up to 10 ☐ More than 10 ☐

Training

Please rate the following:	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
B.1 I have received sufficient training in dealing with safeguarding children.	☐	☐	☐	☐	☐
B.2 I am satisfied that I have received sufficient training in cooperating with other agencies involved with safeguarding children.	☐	☐	☐	☐	☐

B.3 Which training needs are not sufficiently addressed?

_____

_____

_____

_____

Help and support

Please rate the following:	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
C.1 I am well supported by my direct line manager.	☐	☐	☐	☐	☐
C.2 The cooperation between me and my direct line manager is good.	☐	☐	☐	☐	☐
C.3 It is easy to alert my managers to concerns about a case.	☐	☐	☐	☐	☐
C.4 I feel I have a manageable case load.	☐	☐	☐	☐	☐
C.5 I feel supported in coping with work-related stress.	☐	☐	☐	☐	☐
C.6 The internal cooperation within our team is good.	☐	☐	☐	☐	☐
C.7 The cooperation with other agencies is good.	☐	☐	☐	☐	☐

Lone working and confidence in the workplace

	Very frequently	Frequently	Sometimes	Rarely	Never
D.1 How often is lone working a problem.	☐	☐	☐	☐	☐
D.2 Often I feel threatened in the course of my work.	☐	☐	☐	☐	☐

	Extremely confident	Confident	Somewhat confident	Not confident	Not at all confident
D.3 How confident do you feel dealing with hostile situations?	☐	☐	☐	☐	☐

Work priorities

	Always	Mostly	Somewhat	A little	Not at all
E.1 To what extent have you been given clear priorities?	☐	☐	☐	☐	☐

	Very often	Often	Sometimes	Rarely	Never
E.2 How often do you feel that other agencies involved have different priorities?	☐	☐	☐	☐	☐

E.3 In your opinion, have any of the agencies involved in child protection set the wrong priorities? Please state.

_____

_____

_____

Experience

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
F.1 Leadership of my agency in relation to child protection is effective.	☐	☐	☐	☐	☐
F.2 My organisation coordinates actions with other agencies in the field effectively.	☐	☐	☐	☐	☐
F.3 My managers do not take my views into account when making a decision.	☐	☐	☐	☐	☐
F.4 I feel fairly treated by my managers.	☐	☐	☐	☐	☐
F.5 My managers encourage me to voice my own opinion.	☐	☐	☐	☐	☐

Resources

G.1 Do your managers provide you with enough of the following to carry out your role?

	More than enough	Enough	Somewhat	Not enough	None at all
• Time	☐	☐	☐	☐	☐
• Funding	☐	☐	☐	☐	☐
• Administrative support	☐	☐	☐	☐	☐
• Other extra resources (please state).					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

Management

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
H.1 My agency's management structure for child protection cases is effective.	☐	☐	☐	☐	☐
H.2 Management processes in my organisation are unnecessarily bureaucratic.	☐	☐	☐	☐	☐
H.3 My senior managers are in touch with front line demands.	☐	☐	☐	☐	☐
H.4 There is too much 'paperwork' involved in child protection.	☐	☐	☐	☐	☐
H.5 I have confidence in my organisations' policy on whistle blowing.	☐	☐	☐	☐	☐

Other agencies

I.1 Do you have experiences with some of the other agencies involved in child protection? How positive has your experience been? (Please rate only those you have experience with.)

	Very Positive	Positive	Neutral	Negative	Very negative
• Police	☐	☐	☐	☐	☐
• Health visitors	☐	☐	☐	☐	☐
• School nurses	☐	☐	☐	☐	☐
• Midwives	☐	☐	☐	☐	☐
• Community Nurses	☐	☐	☐	☐	☐
• CAFCASS	☐	☐	☐	☐	☐
• Children's Social Care (L.A)	☐	☐	☐	☐	☐
• Child Adolescent Mental Health Service	☐	☐	☐	☐	☐
• Adult mental health teams	☐	☐	☐	☐	☐
• Substance Misuse Services	☐	☐	☐	☐	☐
• Education Services	☐	☐	☐	☐	☐
• Youth Justice Service	☐	☐	☐	☐	☐
• Action for Children	☐	☐	☐	☐	☐
• Barnardos	☐	☐	☐	☐	☐
• Rural family service (Anglesey)	☐	☐	☐	☐	☐
• Team Around the Child (Gwynedd)	☐	☐	☐	☐	☐

	Always	Often	Sometimes	Rarely	Never
I.2 Do the agencies involved use common terminology?	☐	☐	☐	☐	☐
I.3 Do you think that other agencies involved set the wrong priorities?	☐	☐	☐	☐	☐
I.4 How often do you feel your organisation cooperates effectively with other agencies?	☐	☐	☐	☐	☐

Other organisations

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
J.1 I understand the role of other organisations involved in child protection.	☐	☐	☐	☐	☐
J.2 There is an effective mechanism in addressing conflicts among agencies.	☐	☐	☐	☐	☐
J.3 I feel staff of partner agencies avoid responsibility.	☐	☐	☐	☐	☐
J.4 I feel informed about the work of the Local Safeguarding Children Board.	☐	☐	☐	☐	☐
J.5 I understand the purpose of the Local Safeguarding Children Board.	☐	☐	☐	☐	☐

New staff

K.1 Is there an induction for new staff who come to work in child protection?	Yes ☐	No ☐
K.2 Is there an induction for new staff regarding multi-agency work in child protection?	Yes ☐	No ☐

Strengths of agencies

L.1 When you think about the agency which best deals with child protection:

- Who are they? What especially do they do best? [4 lines]
- What can other agencies learn from this? [4 lines]

Weaknesses of agencies

M.1 Are there any agencies which are less effective in dealing with child protection?

- Who are they? What things could they improve upon? [4 lines]
- How could the problems be addressed? [4 lines]

(Attach additional pages if necessary, or continue on page 8)

Improvement

N.1 How could the Local Safeguarding Children Board improve the effectiveness of the agencies involved to protect children from neglect and abuse? [4 lines]

Promoting safeguarding work

O.1 How do you think the safeguarding work can be promoted to the wider public? [4 lines]

Comments

P.1 Room for additional comments or suggestions….. [4 lines]

Please check that you have answered all the questions. And: **Thank you very much!**

Please return this questionnaire anonymously in the return envelope provided to:
Dr Stefan Machura, School of Social Sciences, Bangor University,
Bangor, Gwynedd LL57 2DG

Appendix 2

Bwrdd Lleol Diogelu Plant Gwynedd a Môn
Gwynedd & Anglesey Local Safeguarding Children Board
Cadeirydd • Chair – Iwan Trefor Jones
Is Gadeirydd • Vice Chair – DCI Peter Gaffey

Ein Cyf / Our Ref: **ITJ/EWJ/NWW/AS**
Dyddiad / Date: **03/2011**

Annwyl Gydweithiwr,

Par: Arolwg Gweithlu Diogelu
Bwrdd Lleol Diogelu Plant
Gwynedd a Môn (BLlDP)

Ysgrifennaf atoch fel Cadeirydd BLlDP Gwynedd a Môn i'ch gwahodd i gymryd rhan yn yr arolwg uchod.

Prif swyddogaeth statudol BLlDP yw cydlynu a sicrhau effeithiolrwydd beth sy'n cael ei wneud gan bob unigolyn neu asiantaeth at bwrpas diogelu a hyrwyddo lles plant. Am wybodaeth gyffredinol am waith BLlDP ewch i'r wefan a nodir isod.

Mae'r BLlDP yn cydnabod mai drwy gyfrwng gweithlu medrus, profiadol sy'n cael ei gefnogi'n dda y gall gyflawni ei nodau a'i amcanion. Mae strwythur rheoli sy'n darparu arweinyddiaeth a chyfarwyddyd da yr un mor bwysig. Mae'r BLlDP hefyd yn cydnabod bod angen iddo ddysgu gan a chryfhau cysylltiadau gyda staff a rheolwyr y rheng flaen er mwyn gwella'r broses o gyd-drefnu gwasanaethau, asesu effeithiolrwydd a hyrwyddo canlyniadau dymunol o safbwynt plant a phobl ifanc sydd angen eu diogelu.

Felly, pwrpas yr arolwg hwn yw rhoi cyfle i chi roi gwybod i'r Bwrdd am syniadau sydd gennych yn deillio o'ch gwaith dydd i ddydd. Yn fwriadol, mae'r arolwg wedi'i lunio yn y fath fodd i ganolbwyntio ar staff a'i anelu at staff [a'u rheolwyr llinell uniongyrchol] o unrhyw asiantaeth sydd â chysylltiad rheolaidd â phlant sydd angen eu diogelu a'u teuluoedd.

Mae cyfle hefyd i chi awgrymu gwelliannau o ran sut mae gwasanaethau'n cael eu darparu i'r grŵp bregus yma o blant a phobl ifanc. Y nod cyffredinol yw sicrhau bod y negeseuon a ddysgwyd o'r arolwg/gwaith ymchwil yn ysbrydoli blaenoriaethau asiantaethau a BLlDP yn y dyfodol ac yn gwella ymarfer amlasiantaethol.

Dear colleague,

Re: Gwynedd and Anglesey
Local Safeguarding Children Board [LSCB].
Safeguarding Workforce Survey.

I make contact as Chair of Gwynedd and Anglesey LSCB with an invitation for you to participate in the above survey.

The central statutory function of the LSCB is to co-ordinate and ensure the effectiveness of what is done by each person or agency for the purpose of safeguarding and promoting the welfare of children. For general information about the work of the LSCB please visit the web site address provided below.

The LSCB acknowledges that its aims and objectives can only be achieved through a skilled, well supported and experienced workforce. Of equal importance is a management structure that provides real leadership and direction. The LSCB also acknowledges that it needs to learn from and strengthen links with front line staff and managers as a means of improving co ordination of services, assessing effectiveness and promoting desirable outcomes for children and young people in need of safeguarding.

The purpose of this survey, therefore, is to provide an opportunity for you to inform the Board of your thoughts in relation to your day to day work. The survey is deliberately focussed and aimed at staff [and their direct line managers] from any agency that will have regular contact with children in need of safeguarding and their families.

The opportunity also exists for you to suggest improvements in the way services are provided to this vulnerable group of children and young people. The overall aim is to ensure that messages learnt from the survey/research informs future agency and LSCB priorities and improves multi agency practice.

Bydd yr wybodaeth a roddir yn cael ei drin yn gyfrinachol, a Thîm Ymchwil y Prosiect ym Mhrifysgol Bangor fydd yn gweld ac yn dadansoddi'r ymatebion unigol yn unig.

Fodd bynnag, gofynnir i'r ymatebwyr ymwrthod rhag crybwyll achosion unigol neu 'gwynion' penodol a ffurfiol oherwydd bydd rhaid delio â'r rhain drwy ddilyn prosesau rheoli cyffredin a sefydlog pob asiantaeth.

Bydd adroddiad yn cael ei baratoi a bydd ar gael i'w ddarllen.

Dylai gymryd tua 10/15 munud i gwblhau'r arolwg. Rwy'n mawr obeithio y byddwch yn gallu cymryd rhan yn yr arolwg.

Os oes gennych unrhyw gwestiynau neu os ydych angen rhagor o wybodaeth cysylltwch ag Elfyn Jones, Rheolwr Busnes, BLlDP Gwynedd a Môn.

The information provided will be treated in confidence and individual responses will only be seen and analysed by the Bangor University Project Research Team.

Respondents are asked, however, not to mention individual cases or specific and formal 'grievances' since such issues will need to be dealt with through the normal and established management processes within each agency.

A Report will be prepared and made available.

It should take some 10/15 minutes to complete the survey. I really hope you will feel able to participate.

If there are any queries or if you require further information please contact: Elfyn Jones, Business Manager, Gwynedd and Anglesey LSCB.

Yn gywir, / Yours sincerely,

Iwan T. Jones.

Iwan T. Jones
Cadeirydd BLlDP Gwynedd a Môn / Chair of Gwynedd & Anglesey LSCB

Rheolwr Busnes • Business Manager – Elfyn Wyn Jones
Cyngor Gwynedd, Swyddfa'r Cyngor, Caernarfon, Gwynedd. LL55 1SH
(01286) 679926 • ElfynJones2@gwynedd.gov.uk

CYNGOR SIR YNYS MÔN ISLE OF ANGLESEY COUNTY COUNCIL
www.ynysmon.gov.uk/bwrdd-diogelu-plant
www.anglesey.gov.uk/safeguarding-children-board

CYNGOR GWYNEDD COUNCIL
www.gwynedd.gov.uk/bwrdd-diogelu-plant
www.gwynedd.gov.uk/safeguarding-children-board