

Institution: London School of Economics and Political Science Unit of Assessment: 22 Social Work and Social Policy Title of case study: Child protection: improving practice

1. Summary of the impact

The Unit's work has had a direct impact on the child protection system in England. In 2010, the Secretary of State for Education invited Eileen Munro to review the child protection system, giving her a wide remit enabling her to address systemic factors (such as the inspection framework, statutory guidance and performance management systems) as well as front line practice. All 15 recommendations of her final 2011 report [B] have been accepted and are being implemented. Munro's research has had significant reach: she has given evidence to two state government reviews of child protection in Australia; and in Queensland a charity is running a campaign to persuade the state government to learn from her work.

2. Underpinning research

Research Insights and Outputs: Munro's work has centred on improving practice in child protection systems by studying why poor performance occurs. She began by studying individual errors then broadened out to look at how factors in the wider system interact to influence the quality of performance. Her work was brought together in: 'Learning to reduce risk in child protection' [1]. In this she argued that system-wide changes were needed. Her conclusion was informed by research relating to professional errors, reasoning and organisational factors.

Munro's initial research interest in professional errors involved an analysis of child abuse inquiry reports, and used a framework of common errors identified by psychological research. She found that criticisms of professional practice could be classified according to this framework. Her work offered a deeper understanding of how errors occurred, illustrated how they manifested themselves in child protection work, and outlined organisational changes needed to minimise their occurrence. These related in particular to professional supervision and the need for a culture whereby revising a judgement, in light of new evidence or critical challenge, was seen as good practice [2].

However, feedback from child protection workers revealed that they found it difficult to implement Munro's proposals. This led her to study how intuitive and analytic thinking and emotions played a part in practice. Drawing on research in the fields of psychology and psycho-neurology, her book 'Effective Child Protection' [3] outlined an approach to risk assessment and decision making encompassing three dimensions of reasoning: intuitive, analytical and emotional. This work also emphasised how expertise is developed, requiring experience, feedback and reflection.

Further feedback from practitioners and managers led Munro to see that their practice was additionally constrained by organisational factors such as performance management and a culture that had become risk-averse and defensive. This led her to focus on the organisational context to explore how it influenced priorities and practices. She drew on the systems approach to accident investigation adopted in engineering to develop a systems approach to child protection [4]. She subsequently trialled and developed, in conjunction with the Social Care Institute for Excellence a model of child protection as socio-technical system (akin to that in aviation but adapted due to the different balance between social and technical elements and the complex relationships in child protection) [5].

Munro's work has sought to address the crucial issue of organisational complexity further. Building on the systems approach in case reviews, she has explored the multiple factors in organisations that influence the quality of work and analysed how factors such as the inspection process [6], the performance management system (including targets and levels of regulation), the computer software, and the level of public criticism in child protection have cumulatively created an over-bureaucratised, defensive, compliance culture, where the focus on helping children has become obscured [7].In her 2010 paper [1] which brought together these key themes, Munro concluded that

Impact case study (REF3b)



systemic reform of the child protection system was needed, in particular with respect to:

- Organisational change: The focus on performance management and targets needed to change to one focused on the needs of the child; more interaction between professionals was needed; and uncertainty had to be accepted.
- *Professional expertise:* Professional expertise and reasoning needed to improve; and learning opportunities needed to be provided.

Key Researcher: Professor Munro has been at LSE since 1993.

3. References to the research

[1] Munro, E. (2010) 'Learning to reduce risk in child protection'. *British Journal of Social Work*, 40, 1135-1151. DOI: 10.1093/bjsw/bcq024

[2] Munro. E. (1999) 'Common Errors of Reasoning in Child Protection'. *Child Abuse and Neglect: The International Journal*, 23, 745-758. LSE Research Online ID: 358

[3] Munro, E. (2008) *Effective Child Protection*, 2nd Edition. London, Sage Publications. LSE Research Online ID: 12773

[4] Munro, E. (2005) 'Improving practice: child protection as a systems problem'. *Children and Youth Services Review*, 27, 4, 375-391. DOI: 10.1016/j.childyouth.2004.11.006

[5] Fish, S, Munro, E., and Bairstow, S. (2008) *Learning Together to Safeguard Children*. London, Social Care Institute for Excellence. LSE Research Online ID: 51627

[6] Munro, E. (2004) 'The impact of audit on social work practice'. *British Journal of Social Work,* 34, 1077-1097. DOI: 10.1093/bjsw/bch130

[7] Munro, E. (2009) 'Managing societal and institutional risks in child protection'. *Risk Analysis*, 29, 7, 1015-1023. DOI: 10.1111/j.1539-6924.2009.01204.x

Evidence of quality: references [1], [2], [4], [6] and [7] are peer-reviewed journal articles; [3] is a book published by a well-respected publisher.

4. Details of the impact

Nature of the Impact: Munro's research led to an invitation from the Secretary of State for Education to undertake a review of child protection in England. Her first report [A] analysed how different factors had interacted to create a system that was risk averse, focusing on rules, process and compliance rather than on its impact on children. Her analysis was corroborated by feedback from the sector and subsequent reports developed solutions [B,C,D]. Munro's final report [B] made 15 recommendations [BRec1-15] that sought to introduce change at several points in the system: the ultimate aim was to move from a compliance culture involving performance indicators to a learning culture, with evidence about the impact on children becoming the key driver of practice. The recommendations, building on key themes identified in Munro's research, have all been accepted [E, F] impacting on legislation, policy and practice.

Organisational change: A recommendation for a new inspection framework [BRec3: implemented 04/12[G]], shifts the emphasis from data about process to evidence of the quality of work and its impact on children. It requires local authorities (LAs) to gather feedback from users and provide evidence of impact as part of their monitoring. Prescribed statutory timescales for some processes at the beginning of the family's contact with the child protection system have been removed (implemented 05/13[H]), the aim being to reduce the dominance they had acquired in determining priorities. LAs and other children's services are now required to monitor the child's journey through the system. Inspectors will also observe practice and talk to workers and users so that judgments are not based on written records alone.

Given the distorting effects of performance indicators, with agencies merely seeking to score well, and not necessarily provide a high quality of service, new performance information was recommended [BRec4] (implemented 04/12[I]). A mixture of national and local data is now



provided which must be interrogated before a judgment on quality of performance is formed.

Interaction between many professions and agencies is required for the child protection system to function. A further recommendation [BRec3] focused on conducting joint inspections; this is to commence, in a modified form, in 2013-14 [J]. Revised statutory guidance [H] also includes a requirement that Local Safeguarding Children's Boards should include an assessment of the effectiveness of the help provided [BRec6]. Creating a culture of shared acceptance of the inherent uncertainty in making predictions about children's futures is also vital: Ministerial statements reflect this uncertainty [K] as does the wording in new statutory guidance [H].

With the changes in guidance, inspection and performance information, children's social care departments are now required to give more attention to the quality of help they are providing rather than focusing on performance indicators. At least 50 LAs have radically redesigned their work to improve the focus on helping families [D].

Professional expertise: Munro's recommendations have sought to increase flexibility so that professionals can respond to the varied needs and circumstances of children and families, and adapt their practices having learned about their impact. The revised statutory guidance [BRec1] (implemented 01/13[H]) includes a radical reduction in prescription, limiting it to essential rules for professional co-operation, with responsibility for professional guidance being left to the professions. It also replaces timescales with judgements of timeliness plus quality. The Government has also decommissioned the former electronic Common Assessment Form, so that local areas can adapt assessment frameworks to meet their own needs [L]. The aim is to make it easier for organisations to create the working conditions for improving professional expertise when working with families.

Munro was also asked to pay particular attention to improving social work, building on the work of the Social Work Taskforce (2009). Drawing on her research on professional reasoning and the development of expertise in basic training and later practice, a capabilities framework for child and family social work has been developed by the College of Social Work [BRec11] [M]. The Government has additionally published expectations for HEI/employer partnerships regarding the quality of placements for trainee social workers [BRec12] [N].

For social work, improving expertise requires a change in career options with a route to seniority in which staff can remain involved in direct work and be rewarded for becoming more skilled. LAs are now required to appoint a Principal Child and Family Social Worker at a senior level who is still actively engaged with direct practice [BRec14]. This recommendation has also been taken up in adult social care: the Care and Support White Paper [O] proposes that all LAs should appoint a Principal Social Worker for adult services. The Government has additionally created posts of Chief Social Worker [BRec15) for both children's and adult social work to improve the skills and role of the profession.

Munro's work has had impact beyond England. The Isle of Man is taking forward her work to improve childcare services [P]. In Australia, she gave evidence to reviews of child protection in state governments in Victoria and New South Wales; and in Queensland, a charity is running a 'Munro campaign' to persuade the state government to learn from her work [Q].

Wider Implications: Protecting children from maltreatment is an important task. The English child protection system was in need of major reform as it had become dominated by a 'blame culture' in which compliance with procedures outweighed a focus on children's needs. The reforms that have been introduced as a result of the work of the Unit are leading to significant cultural changes and expertise in helping children, with evidence about the impact of services on children now being prioritised which should improve the quality of help provided and so assist with improving the welfare of children.



Impact case study (REF3b)	Research Excellence Framework
5. Sources to corroborate the impact	
All Sources listed below can also be seen at: https://apps.lse.ac.uk/impact/case	e-study/view/61
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[H] DfE (2013) Working together to safeguard children, London, DfE. http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to	o-safeguard-children
[I] DfE (2012) Children's safeguarding performance information framework, Lor	
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[K] Gove, M. (2012) Letter from the Education Secretary on the publication of the	
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[Q] http://peakcare.org.au/the-munro-campaign.html	