Evaluation of the Safeguarding Children Assessment and Analysis Framework (SAAF)

Research Brief

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Contents

Background to the study

Protecting children is a complex activity, and mistakes can be costly. Evidence suggests that social workers find it challenging to analyse complex bodies of evidence and reach accurate judgements as to whether a child is suffering, or is likely to suffer, significant harm. This is a consistent finding both of research studies and of investigations into cases of the serious injury or death of children at the hands of those supposed to be caring for them. The reasons mistakes are made include failing to gather important information or to correctly evaluate its significance. The pace of frontline work means that all professionals fall back on intuitive judgements based on their past experience, and social workers are no exception. Like other people, social workers are susceptible to sources of bias in what they attend to and the sense they make of the evidence they collect. For example, they may form early judgements (first impressions) which persist despite evidence that challenges the reliability of those judgements (so-called confirmatory bias). These, and other types of bias, have consistently been implicated in serious case reviews and inquiries in child deaths. In an attempt to improve the accuracy of assessment and decision-making, a number of strategies have been tried, including the development of risk assessment or prediction ('actuarial') tools and tools designed to support a more systematic, explicit and transparent approach to the collection and analysis of information (structured decision-making tools).

In 2012 the Department for Education published a systematic review of models for analysing significant harm. In relation to assessing the risk of significant harm posed to children living at home, the review identified a number of risk assessment tools and tools designed to support structured professional judgement (structured decision-making tools). Two were developed in the UK – the *Graded Care Profile* and the *Safeguarding Assessment and Analysis Framework*. The authors considered that both these tools were more comprehensive and more clearly aligned to the England and Wales's Assessment Framework than other available tools, but at the time of the review, neither had been evaluated to assess their effectiveness. The Department for Education commissioned the present study to evaluate the effectiveness of one of these, the *Safeguarding Assessment and Analysis Framework,* in improving assessment and decision-making in child protection.

Approach taken to the evaluation

Study design

In order to assess the impact of the *Safeguarding Assessment and Analysis Framework* – known as the SAAF – we undertook a randomised controlled trial (RCT). In an RCT individuals (or clusters of individuals) are allocated to one of two or more groups using an approach analogous to coin-tossing. One group receives the intervention – in this case training in how to use the SAAF – and the other one (the 'control group') does not. This process creates groups that are equivalent so that if a difference is found between them in the outcomes we are interested in, we can be confident that it is due to the intervention and not anything else.

In this study we randomised social work teams rather than individuals, so that we did not have to worry about social workers in the SAAF groups sharing their experiences or skills with colleagues in their team. It also meant that team managers were also either in the SAAF group or the control group, and so managers trained in SAAF were not likely to use their knowledge to influence the assessments of social workers in the control group.

The teams were based in six local authorities in England who expressed an interest in participating in the study. Members of the teams and their managers were invited to a briefing day where they learned about the study and completed a questionnaire asking about their qualifications, experience, and confidence in a number of areas relevant to assessment.

The intervention

The SAAF was developed by a not-for-profit organisation named Child and Family Training. The research team first met with Child and Family Training to understand how they expected the SAAF to bring about improvements in assessment quality and outcomes for children (the theory of change).

Because the Department for Education was interested to evaluate the impact of the use of a structured approach to assessment and decision making, rather than just another training course, we also discussed which of the included tools needed to be used in order for a social worker to be regarded as 'using the SAAF'. It was agreed that for the purposes of the trial, social workers in the SAAF group would be asked to use three summary grids and a tool entitled the 'Systemic analysis'. The summary grids were:

'Profile of harm and impairment of the child's development'; 'Determining the prospects for successful intervention', and 'Summary of safeguarding analysis'. The Systemic analysis – completed after the profile of harm and impairment of the child's development - is designed to help social workers assess the likely outlook for the child if things remain the same. After being trained in its use, social workers in the SAAF (experimental) group were asked to use the SAAF for the assessment of all complex cases allocated to them for the duration of the data collection period.

Complex cases were defined as those cases where much information needs to be gathered from a variety of sources in order to understand what is happening within a family. Typically, these more complex assessments (previously referred to as 'core' or 'comprehensive' assessments) focus on assessing the adequacy of parenting afforded to a child, and whether a child has suffered, or is at risk of suffering, significant harm. It did not matter what section of the Children Act 1989 the assessment was conducted under (i.e. section 17 or 47). Simple or straightforward cases were defined as those where the task is primarily to gather sufficient information to determine if a family meets certain eligibility criteria for a service, needs some short term support during a crisis, or where the focus of concern was a complex family situation that has already been assessed and where circumstances have not changed.

In the SAAF intervention group, social workers received two days training plus a half day refresher by members of the Programme Developers' team of approved trainers. Line managers of SAAF teams often participated in the two day training and also received a half day support session. In addition, a number of texts (Bentovim et al. *Safeguarding Children Living with Trauma and Family Violence: A Guide to Evidence-Based Assessment, Analysis and Planning Interventions*) were provided to each authority to be made available to social workers within the intervention teams. Participants were also signposted to additional resources on the Child and Family Training's website.

Control Group – Assessment as usual

Social workers in the control arm continued to follow usual practice when undertaking complex assessments, supported by relevant policy guidance and management systems. In this way the study was able to explore whether SAAF added value to existing practice and procedures.

Assessing effectiveness

Relying primarily on routinely collected data, the research team was tasked to assess whether, in comparison with 'practice as usual', using SAAF reduced the proportion of cases resulting in maltreatment or recurrence of maltreatment. Of the data routinely collected by local authorities for their annual return to the Department for Education, two measures were available:

- the number of children who become subject to a Child Protection Plan (CPP) for a second or subsequent time (or for the first time following an assessment that did not result in a CPP), as a result of concerns linked to the original assessment
- reassessments or re-referrals as a result of concerns linked to the original maltreatment/perceived risk of maltreatment

Because even excellent assessments do not guarantee good outcomes for children, we did two other things. First, we developed an electronic questionnaire to obtain information about social workers' concerns, their assessments, available (or unavailable) services, parental cooperation, their confidence in their assessments and – for SAAF social workers – how helpful they found the four SAAF grids in completing their assessment. We hoped this would enable us to assess the extent to which changes occurred over time, and what factors other than the quality of an assessment might undermine improved outcomes e.g. a social worker might complete an excellent assessment but the services needed for a family might not be available, or parents might refuse to cooperate, resulting in a second referral or CPP. Secondly, we took a sample of assessments categorised as 'complex' by the participating local authorities, and interrogated them using a quality assessment schedule, developed to reflect factors known to be correlated with high quality.

Understanding the findings

When it comes to developing complex interventions such as child protection assessments and child protection plans, knowing that something does or does not 'work' is only one piece of the jigsaw. In order to interpret the results of an RCT it is important to know other things, such as whether or not the intervention was implemented as intended; was it used by everyone; was implementation more successful in some organisational contexts than others, and if so what factors explain this? The answer to these, and other important implementation questions, are needed by organisations considering the

adoption of a promising intervention, particularly if their organisational context differs in significant ways. The Department of Education was mindful of this in commissioning the RCT and funded an implementation study alongside the evaluation. This involved conducting two sets of interviews at key points in the trial, one shortly after the teams received their 'refresher' half day training, and then shortly after the end of the trial period. We also conducted an online survey of the social workers who worked in the participating teams. The content of both the interviews and the survey were based on six core topic areas that are known to impact on implementation, namely: participants' perceptions and experience of the characteristics of the intervention (do they recognise the need for it, and is it 'fit for purpose'?), staff capacity (skills and knowledge needed for implementation), resources required for implementation (are they available), compatibility with existing delivery systems, leadership and wider systems issues (e.g., is there buy-in at senior levels, and a willingness to align procedures and resources to support implementation).

Analysis of the data

For the RCT, we used an accepted statistical approach (intention to treat analyses) to estimate the effectiveness of using SAAF on:

- re-referrals within 12 months of previous referral which had resulted in a complex assessment, for the same or a closely related reason to the first referral,

- complex assessments that concluded with a decision not to proceed to a CPP, but where repeat concerns emerged that resulted in a CPP within 12 months of the original assessment,

- complex assessments which resulted in a CPP and where the child became subject to a second CPP within 12 months

We then used another accepted statistical approach (multilevel logistic regression models) to take into account the influence of factors that might be associated with results of the first analysis, for example, children's age, sex, disability and ethnicity and the local authority.

For the implementation study we used a thematic approach to the analysis of the qualitative data, and – because of a poor response rate to the survey – included only some description of the patterns of responses from those who completed it.

What we found about the effectiveness of SAAF

Overall, our analyses provided no evidence to suggest that SAAF was effective in improving outcomes for children, using those measures adopted by the study. Specifically:

- We found no difference between the two groups in the number of children who became subject to a CPP for a second or subsequent time within the time period of the trial.

- We found no difference between the two groups in the number of children who became subject to a CPP after their case had first been assessed and deemed not to require a CPP.

- We found no difference between the two groups in the number of children re-referred following a previous referral that had resulted in a complex assessment.

We did find that, following an initial referral, children in the SAAF group being less likely to become subject to a CPP than those in the control group. Similarly, of those children subject to a CPP for one form of maltreatment, those assessed by SAAF social workers were less likely to be later recorded as having been subject to another form of maltreatment. Whilst this *may* indicate that assessments completed by SAAF social workers (and the resultant CPPs) were more likely to be appropriate than those conducted by control group social workers, a cautious approach is needed: these were not outcomes the study had specified as measures of effectiveness, and other evidence collected in the trial raises some doubts about this interpretation.

Why so few repeat CPPs?

The numbers of children subject to second CPPs was unexpectedly small – just 33 in total. There are a number of reasons for this. In line with the outcomes of interest, our study was designed so that we would be able to follow up most, if not all the children assessed during the trial period for 12 months. However, we were reliant on the six participating local authorities to provide the relevant data sets, and a number of factors conspired to seriously undermine our ability to track *all* relevant cases for the full twelve months. For example, one local authority provided us with no data. In two authorities, the time windows for data collection were severely curtailed by their late entry into the study (for a variety of operational reasons) to 5 months and 6.5 months respectively. In England in 2015-16, 44% CPPs lasted longer than six months, and a further 25% last

more than three months but less than or equal to 6 months. These data represent a snapshot of cases across a 12 month period and include children whose first CPP may have occurred in the previous year. The data collection period available to us left very limited room for many of those children subject to a first CPPs to reach the end of that CPP, let alone to return to the attention of the LA and become subject to a second CPP.

What we found about the quality of the assessments

We asked each local authority for a sample of their complex assessments, plus related Child in Need or Child Protection Plans, review documents and – where relevant – case closure forms. Two members of the research team independently read each set of documents and rated the quality of each assessment in relation to 40 items relating to the ten domains. All assessors were registered social workers with extensive experience of child protection social work, and aware of current research in this area. Agreement between independent readers was generally high, and where judgements differed, decisions were taken after discussion.

In line with the findings of the RCT, we found only three areas where there were any statistically significant differences in the quality profile of assessments conducted by social workers in the experimental arm (trained in/using SAAF) and those in the control arm. These statistically significant differences favoured the control group, but were not 'substantively meaningful' and a conclusion of 'no difference' is most appropriate. Given our inability to detect differences in the quality of assessments between the two arms of the study, the following profile is based on the whole sample.

Purpose and approach taken

Across the sample as a whole (i.e., in both experimental and control groups), rarely was the purpose of the assessment recorded or was there evidence that it was explained to parents and, where appropriate, the children. In the majority of cases there was *indirect* evidence that parents had been told *something,* largely via asides about their reactions. In one local authority, the purpose was stated clearly on the form used for the assessment (and sent to the parents), although this written as a generic text i.e. not for each individual family. In only one third of cases was it made explicit what had been done to complete the assessments (sources of information).

Family background and history

Largely prompted by a section on the assessment form that required it, most assessments provided a summary of who lived in the child's household. However, fewer than 10% assessments provided a summary of family relationships. Chronologies were usually included, but general of poor quality. In only 15% of the 174 cases was the chronology well organised and appeared to include all relevant information. Clearly, one cannot know what is 'not there', but in 20% of cases there was no chronology (when one might have expected one), and many appeared to lack sufficient information, compounded by poor organisation. Almost no assessment included a social history.

Sources of information used

In around one fifth of cases we judged the assessment to have drawn on all sources of information appropriate to the case, with no obvious gaps. In most of the remainder there were clear gaps that had not been recognised or taken adequate account of by the social worker.

Where it was possible to do so, most assessments included the views of the children (79%), and in half of these, their views had been sought using age appropriate methods of communication, and in ways that minimised the chances of undue influence of others (e.g. a parent). In the remainder, coverage was either thin or the methods used raised concerns about the adequacy of the consultation. In one fifth of cases the views of children were not included when the research team judged this would have been possible and appropriate.

Despite being recommended in guidance for many years, few assessments used standardised measures to inform their assessments or monitor progress.

Coverage of assessment domains

The SAAF was designed to improve the use that social workers made of the guidance already provided in the Assessment of Children and Families in Need. However, in only 33% cases did we judge the social worker to have covered '*all relevant areas of development, in sufficient detail to provide a good picture of this child's/these children's development and his/her/their developmental needs*'. A further 43% lacked sufficient detail or had significant gaps. This is despite the assessment forms used in most local authorities using headings that cover these.

Just 16% of assessments provided adequate coverage of the six areas of parenting capacity set out in the Assessment Framework, and one third were deemed 'reasonable'. However, almost half (48%) were judged to be seriously limited, because important areas were not addressed, the information was sparse or lacked supporting evidence. We found no qualitative difference between assessments conducted in either arm of the trial.

Generally speaking, whilst some assessments included some information relevant to an assessment of the family's current functioning, few did this well. In almost half of the assessments we reviewed, there appeared to be missing information that was not recognised as missing by either the social worker preparing it or the manager who signed it off.

Critical appraisal and analysis

Improving critical appraisal and analysis is a central focus of SAAF training and the tools that defined its use as a structured decision making tool, but we found no difference between the assessments produced by social workers in SAAF teams and those produced by their colleagues in the control group. In just 20 cases (12%) did the assessment include a clear description or analysis regarding how the family situation had come about and what factors might be maintaining it, or preventing changes from taking place. Adopting a very generous interpretation of the criteria we used to assess this, we judged 40% of assessments to make at least some links between family and environmental factors and the child(ren)'s development. Only rarely was the influence of parental capacity on the nature of the problems explicitly considered. In only 3 cases could we discern any consideration being given to alternative explanations for the situations that had prompted the referral or present situation. These cases occurred in assessments produced by social workers in the control group.

Estimating the risk of significant harm

The SAAF specifically asks social workers to consider what the consequences might be if no action is taken. In some assessments there was no need to consider this, but in the 133 cases where this was not the case, it was explicitly addressed in just 37 assessments. Similarly, in only 36 assessments was there a clear statement included about the likelihood of future or ongoing maltreatment if no action was taken. Again, in 56% of the 130 cases where the adequacy of a child's parenting was an issue, was there a clear statement made regarding the changes required to address this. We found no differences in these issues between assessments conducted in either arm of the trial.

Assessing parents' capacity to change

Assessing capacity to change is a particular focus of SAAF and we looked to see if the assessments addressed important indicators of this, namely parents' strength of commitment to the child, their acceptance of responsibility for their role in concerns about the child, evidence of their capacity to change and their preparedness to engage with professionals. Assessments often included indirect evidence of parents' strength of commitment to the child, but in only 50 of the 139 cases where the assessors judged it relevant was this made explicit. A similar pattern emerged regarding parental acceptance of responsibility for the concerns raised.

In only 11 of the 126 assessments where it was judged relevant did the assessment explicitly address the parents' capacity to change. Information bearing on this issue could be found in a further 48 (38%) assessments, but it was not articulated by the social worker. Most assessments commented on parents' willingness to engage with professionals, but this was often based solely on parents' self-report or on their having cooperated with the assessment. Subsequent behaviour (for example, as reported in reviews of progress against a CPP) often suggested otherwise. In 32 cases (25%) where parents' preparedness to engage with professionals was important, it was not addressed at all. Rarely did social worker engage fathers or male partners in the assessment process. There were no differences between the assessments produced by social workers in the SAAF group and those in the control group.

Changes needed in family and environmental factors

Social workers identified a range of environmental changes needed in 81 of the 113 cases where such changes were clearly necessary. In only half of the 123 cases where changes were needed in family factors were these explicitly flagged by social workers. Examples of such factors are difficulties in current relationships, the management of conflict, factors arising from a parent's childhood that might be impacting on their parenting, substance misuse. In 30 cases there was no reference to changes required that were arguably needed.

Intervention plans

Child Protection and Children in Need Plans are agreed in a multidisciplinary group meeting or family group conferences. Therefore, when examining the relationship between the assessment undertaken by the social worker and the decisions made about what to do, we considered the social worker's assessment, subsequent reports to a

conference, and the plan itself. We looked for: clear recommendations (or identification) of the interventions needed to bring about specific changes; an explanation of how the recommended interventions would address the problems identified; an estimate of the overall prospects of successful intervention (and how long this would take) and evidence that appropriate account had been taken of the child's age and stage of development and their need for help to address any mental health needs.

In 5 cases it was evident that no action was needed. Surprisingly, forty-four cases were closed despite strong evidence of need and the operation of a 'revolving door'. Of the cases that remained open, we found clear recommendations in 85 regarding changes needed in the parents. In the remaining cases no recommendations were available, despite the existence of a plan, which often comprised further assessments or work of an unspecified kind e.g. 'direct work with the child'. In around half of the 85 cases with clear recommendations, the social workers spelled out how these would bring about change.

Only in two cases was there a statement resembling a judgement about the prospects of successful intervention. Rarely was the child's age or stage of development taken explicitly into account, and of the 100 cases where we thought children would have benefited from a focus on their own needs for support, this was only done in 43 cases. In 28 of these it was clear why the particular service identified was judged appropriate.

Goal setting, monitoring and evaluation

Ignoring the 44 cases that were closed, no clear goals were discernible in a further 40 cases, and in only 24 cases could we find at least some goals that were sufficiently clear that progress against them could be monitored. Of these, only 12 provided information as to how progress would, in fact, be assessed e.g. who was responsible, what measures might be used.

Conclusions from the quality assessment of social work assessments

This review of 174 core assessments sheds light on the strengths and weaknesses of routine assessment practice, rather than what some might see as 'aberrant practice' in cases scrutinised under the spotlight of serious case reviews or enquiries. It points to a number of areas where the quality of assessments would benefit from improvements in the collection, critical appraisal and analysis of information. These are areas of practice that the use of SAAF was intended to improve.

Taken together with the results of the analyses of the primary outcomes, it appears that those social workers working in the experimental group did not produce noticeably better assessments than those in the control group, and that the patterns of re-referrals and CPPs did not differ either. In this study, SAAF did not make a difference to the quality of practice, nor to the ultimate outcomes for children in the system, as far as we have been able to determine.

What we found about the implementation of SAAF

The implementation study sheds some light on why using SAAF made no apparent difference to the assessments produced by social workers in the intervention group, or to the outcomes for children that the study was designed to detect. Key factors appear to have been poor take-up and implementation. Interviews with a cross section of SAAF some weeks after they had attended the SAAF training and again at the end of the trial suggested that take-up varied both across and within local authorities. Few social workers were consistently using all four of the tools that were regarded as essential for judging SAAF to have been used. Most had used all the tools in at least one case, but more commonly their use was partial, infrequent and not infrequently completed after an assessment was completed (to meet organisational or trial requirements). The reasons for this are diverse.

Perceptions and experiences of SAAF

Explanations for not routinely using SAAF in all complex assessments undertaken during the study period included lack of familiarity with the tool, lack of confidence in its use, the absence of easily accessible support and the time taken to complete the tools. Of those interviewed, not all saw the need for SAAF, either because they did not agree with the 'diagnosis' (that assessments needed improving) or because they did not consider SAAF to be the best way to address the issue. Whilst the alignment of SAAF with the Department of Health (2000) Assessment Framework was seen as a strength, it also served to fuel the view of some respondents that there was little that was genuinely new in SAAF, little to differentiate it from usual assessment practice, and that it therefore conferred few real benefits. For some, the requirement to 'rate' items in the tools was seen as 'tick boxy' and a retrograde step in organisational contexts that were trying to move away from a mechanistic completion of checklists. Whilst this is unquestionably *not* what the SAAF was designed to be or do, these perceptions were strongly held, and

particularly so in two local authorities that had revised their assessment forms in ways that they hoped would encourage explanation and analyses.

Staff capacity

Some social workers and team managers saw SAAF as feasible and easy to use, and where staff invested the time to familiarise themselves with it, they perceived benefits from using it. But many held strong views to the contrary, and even those who were positive did not necessarily use it 'as intended'. Those who had more negative views saw the SAAF tools as being too long, over-detailed and internally repetitive, with too many individual items in the *Profile of Harm* and *Prospects for Successful Intervention*. Although all of the training was highly evaluated, some social workers said they had come away somewhat overwhelmed, and with no clear understanding of the purpose and intended use of each of the tools. They felt the language used was overly technical or unclear and the names of the tools did not easily differentiate them. It may be that these participants were 'externalising' the reasons for not using SAAF, either because they found it difficult or had simply not used it, for whatever reason, but complaints about the time taken to complete the SAAF was a persistent theme.

Resources for implementation

Staff consistently expressed the view that their local authority had under-prepared for the implementation of SAAF. Although many social workers and line managers left the training feeling enthusiastic about SAAF, and although all were told to start using SAAF immediately post training, many of those interviewed said that they did not know what was expected with regard to using SAAF in practice, and that this exacerbated by a delay between the training and the point at which the trial 'went live' in their area. Such experiences are not unusual. Evidence in the wider implementation literature points to the importance of coaching as a necessary adjunct to realise the benefits of training, which is one reason C&FT agreed to include a 'refresher' half day sometime after the training. However, these sessions were often poorly attended, most participants had not practiced using the tools, and their original learning had 'faded'. In house, the amount of other ongoing support for social workers to develop skills in using SAAF varied immensely from quite extensive one-to-one support to little or no further support for further skill development and no arrangement for training new staff. Given the high turnover of staff, the absence of a process to train new staff joining the authority was a major resource gap.

Examples of 'implementation-critical' work that had not been done included: defining 'within-scope' cases (despite the agreed definition, each local authority felt it needed to amend or finesse this to avoid diverse interpretations); establishing a process for identifying cases where SAAF was to be used; incorporating individual SAAF tools at specific stages of assessments, and establishing arrangements for uploading completed SAAF tools and logging their use on case management systems (see also below).

Compatibility with existing systems

There was a widespread recognition that in order successfully to implement the use of SAAF, it needed to be integrated into the local authority's existing assessment framework and case management systems, possibly amending these to accommodate its use. A number of strategies was tried but none was successful. For example, five of the local authorities made the completion of SAAF a requirement for case closure, case transfer or signing off an assessment as completed. However, team managers found this difficult to sustain without senior level support, and some did not regard SAAF as a high priority. After all, if the assessment was done, the major pressure was hitting the target for a timely completion of an assessment – and SAAF played no part in that. A major impediment to some of the changes that might have made an impact on implementation was the trial itself, as changes to the local authority's assessment framework and case management system could only effectively be introduced on a 'whole system' basis. This was not appropriate as long as only some teams were using SAAF.

Leadership

Local leadership and championing of SAAF was seen as important across all the sites, and our analysis highlights that it was needed (and often missing) at multiple levels. In this study, senior managers committed their staff to participation in the study, but little had been done to engage front line staff or middle managers. Most respondents felt that more communication had been needed about why their local authority was involved in the trial, the impacts hoped for, and how SAAF fitted with local needs, priorities and strategies. These views persisted and respondents often talked about not owning SAAF as a result of how it was implemented.

Most senior managers felt they had underestimated the leadership role involved in effective implementation, relying too much on project leadership from the evaluation team. This was particularly true in the early phase of implementation. Implementation leads had found it hard to make enough time available for SAAF among competing

priorities. In most sites it was felt that team managers should have been brought into plans for implementation at an earlier stage, and – with the benefit of hindsight – that implementation would have benefited from a dedicated implementation support team comprising staff from various levels of the organisation, including administrative and IT support.

Wider system issues

High staff turnover had a detrimental effect on the implementation of SAAF. Many of those who attended the training subsequently left, and most of those recruited to fill their posts were unable to attend any training. Vacancies and staff changes resulted in case 'drift' and the quality of agency staff was perceived to vary. In some teams with high staff turnover, morale was said to be low and workloads in all teams were demanding. These impacted negatively on the capacity to absorb a new approach, and often led to SAAF not being seen as a priority. In some authorities, major changes in structure and service delivery were still bedding down, and the implementation lead in one local authority said that SAAF had acted as a 'lightening rod' for the resentment and anger people felt about these, and other changes. There was also some evidence of confusion amongst some staff about the distinction between the SAAF and the Case Report Form that was designed to collect additional information about cases.

Several of the authorities used other named approaches or assessment tools, including some introduced during the trial implementation period. In some authorities, the view was taken that these were not compatible with SAAF, but for the most part the approach taken was towards a 'pick and mix' mode of practice, in which social workers had discretion to use those tools they found most useful.

Staff generally recognised the aim of SAAF to improve outcomes for children, and to reduce demands on the system in the long term, by reducing re-referrals and repeat child protection plans. However, these longer-term benefits are of limited visibility to those who bear the cost of its use, particularly those working in teams dedicated to assessments, and the costs seem to have outweighed the benefits for many of those interviewed. At the end of the trial, the local authority that had been most proactive in implementing SAAF had decided to implement a train the trainers programme and use its trainers to train social workers in the control group in the use of the SAAF, and in another a decision was made to roll out the use of the Systemic Analysis in their assessment protocols

Overview

Some of the implementation issues detected were a consequence of the nature of the trial itself (for example, that the roll-out was, by design, not across the whole authority) but most of the hesitations and difficulties in the implementation of SAAF would be generic were it to be rolled out in other circumstances or as a national intervention. They highlight the issues that would need to be addressed if a local authority wished to introduce SAAF successfully, and also have some generic implications relevant to the evaluation of complex social interventions.

Conclusions

Effectiveness of SAAF

The study found no evidence that SAAF resulted in fewer children being subject to a second Child Protection Plan (CPP) or to a CPP following an assessment which had not initially resulted in a CPP. Further, assessments undertaken by social workers trained in SAAF did not result in a reduction in number of reassessments or re-referrals as a result of concerns linked to the original maltreatment, or perceived risk of maltreatment. There did appear to be a difference between the groups in the number of children who became subject to a CPP following an initial referral, in the time from referral to CPP and in the likelihood that a child categorised as experiencing one form of maltreatment would later be recorded as experiencing a different form of maltreatment. These differences relate to findings that emerged from the analyses, and were not measures of effectiveness adopted by the study. They therefore need to be treated with caution, particularly given other evidence available within the trial and the implementation study.

An analysis of a ten per cent sample of assessments also failed to find any indication of the impact of SAAF on the inherent quality of assessments conducted by social workers in SAAF teams compared with their colleagues in the control group. Assessment practice (both information collection and presentation, and its analysis and synthesis) appeared to be weak in both groups, suggesting that participation in SAAF training and using the tools (albeit in a variety of different ways) did not help raise standards. The absence of sufficient implementation survey data prevented analysis of any links between different ways of using SAAF in practice and the quality of (or type of, or approach to) assessment in individual cases, although substantial qualitative data indicated that implementation was patchy and variable across the sample of sites,

The overall quality of implementation was poor in this trial, which itself provides a likely explanation for the lack of positive outcomes.

SAAF as a structured decision-making tool (SDM)

The programme developers were certain that SAAF trainers gave clear instructions about how SAAF should be used. However, the data from the implementation study revealed substantial variation in how SAAF was used, both within and across authorities. For a complex array of reasons, intervention fidelity in SAAF's use as a decision-making tool was extremely low in this trial, and this study highlights the issues that local authorities wishing to implement SAAF would need to address.

The content and structure of SAAF is certainly designed to help social workers think systematically and in a structured fashion about the collection, appraisal and analysis of information, and it is intended to improve decision making. Most participants recognised its potential for this. However, much of the training is focused on how to leverage the potential of the assessment framework produced in 2000. Prior to this trial, no group of social workers had been instructed to use the SAAF in a particular way – in this case completing four summary grids in every complex case. The evidence from this study suggests that, not least because of the time it took to complete, social work staff are unlikely to use it as a routine 'tool', even when provided with more effective organisational support. The conclusion appears to be that, in its present form, SAAF is no more a structured decision-making tool (SDM) than the Assessment Framework itself (which many view in this way) but rather an elaboration of it. The programme developers are considering whether they can develop a single tool that would more readily function as an SDM tool. Such a tool would need to be treated as a completely new innovation and re-tested, and the lessons learned from this trial point to important considerations for feasibility testing and effective implementation – both important pre-requisites to meaningful evaluation of effectiveness.

Implications for future research

A number of lessons emerge from this study for future research in local authorities. Whilst a randomised controlled trial (RCT) is an entirely appropriate approach to rigorous evaluation of complex interventions, not all the conditions necessary for a successful RCT were met in this study, although this was not clear at the outset. The precipitating review conducted by Barlow et al. suggested that SAAF was an established tool, ready

for evaluation, and this was apparently confirmed by information about the extensive training the programme developers had already provided in a number of local authorities, with positive feedback. Only when we had embarked on this study did it become clear that there was no operationalised form of 'the intervention'. This work not only delayed the start of the trial, but meant that, contrary to best practice, we had to 'go live' with an evaluation of an intervention that had not been subject to a feasibility study. Further, the timeline of the study was such that we were unable formally to 'pilot' the methodology. As a result, important 'upstream' work on engaging participants in ways that maximised the successful implementation of SAAF was not done. Similarly, the challenges of data collection emerged only after the trial was 'live', and defied our many efforts satisfactorily to resolve them e.g. facilitating the completion of the Case Report Form which had been designed to supplement the Children in Need (CiN) Data, but which social workers were reluctant or unable to find the time to complete; securing CiN data relevant to the timelines of the trial.

Our recommendation is that funders seeking to commission RCTs in children's social care should take a staged approach, comparable to that recommended by the MRC, in which the feasibility of interventions can be tested and amended as necessary, followed by a careful piloting of proposed evaluation methods in conditions which are as stable as it is possible to secure in local authority children's services departments. This inevitably requires longer time-lines and potentially enhanced resources.