# Evaluation of Signs of Safety in 10 pilots

**Research report**

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The Technical appendices, located on the Social Care Workforce Research Unit, King's College London website, contain support materials on background, methodology, instruments used and further tables reporting analysed data.

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# Abbreviations and glossary

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| Appreciative inquiry | Appreciative Inquiry (AI) is a change management approach that focuses on identifying what is working well, analysing why it is working well, and then doing more of it |
| Child protection review conference (CPRC) | CPRCs are convened in relation to children who are already subject to a child protection plan. The purpose is to review the safety, health and development of the child in view of the plan, to ensure that the child continues to be adequately safeguarded, and to consider whether the plan should continue or change unchanged, be amended or be discontinued. |
| Cohort | Families in the sample were recruited in 2 cohorts. Cohort 1 consisted of those referred between March and May 2015 while Cohort 2 was based on referrals made between August and October 2015 |
| Complicating factors | Complicating factors refer to the circumstances of the family that lie behind the neglect or abuse, and include mental health issues, drug and alcohol abuse and family violence |
| Danger statement | Danger statements record past harms and what professionals are worried about |
| Fairy/Wizard tool | Record child(ren)'s views about things that are going well, their worries (things that need to change), things that help them 'escape' their worries, and their wishes (how things would look if their worries were gone) |
| Family network meeting (FNM) | Family network meetings (FNMs) are intended to draw family members into decision-making on how to keep children safe and develop plans to do so |
| Hub and pod model | Based on the Hackney model of Reclaiming Social Work (see Goodman and Trowler, 2011) where social work teams are organised into small units, or pods, based around a 'hub' |
| Initial child protection conference (ICPC) | An ICPC brings together family members (and the child where appropriate) with the supporters, advocates and professionals most involved with the |

child and family, to make decisions about the child's future safety, health and development after an enquiry under s47 of the Children Act 1989 has been made

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| Innovations Programme (IP) | Department for Education programme intended to act as a catalyst for developing more effective ways of supporting vulnerable children |
| Mapping | A Signs of Safety assessment is defined as a mapping. This is set out in 3, or sometimes 4, columns, defining 'what we are worried about' (the harm, danger statements and complicating factors); 'what is working well' (including elements contributing to existing strength and safety); and 'what needs to happen' (the safety plan) |
| Munro, Turnell and Murphy Child Protection Consulting (MTM) | MTM is the partnership which delivered and evaluated the SoS intervention in the 10 pilot areas |
| Pilots | The 10 pilot authorities taking part in the MTM evaluation were divided into 3 groups on the basis of their previous experience in Signs of Safety – beginners, 2 years' experience and more than 2 years' experience |
| Public Law Outline (PLO) | The PLO is a judicial protocol providing the legal framework for children's care and supervision proceedings |
| Safety plan | The safety plan sets out the arrangements in place and actions required to address the danger statements |
| Scaling | Used to reach a judgement on the child's safety on a scale of 0–10. 10 means that everything that needs to happen for the child to be safe and well is happening, and no extra professional involvement is needed. '0' means things are such that the child is no longer able to live at home |
| Signs of Safety (SoS) | A strengths-based approach to child protection casework developed in Australia in the 1990s but since adopted in other jurisdictions across North |

America, Australasia and Europe

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| Statistical nearest neighbour (SNN) | Each local authority has 'statistical nearest neighbour' authorities that  are deemed to have similar characteristics. |
| Three Houses | Part of an SoS assessment, the Three Houses are used to record what children think are the good and bad things in their lives, as well as their dreams (their hopes and aspirations) |
| Time 1 (T1) | Refers to all the baseline information collected for the evaluation at Time 1 |
| Time 2 (T2) | Refers to the follow-up information collected for the study at Time 2 |
| Words and Pictures | A process developed with parents to explain to children and young people concerns about their safety and how these will be addressed |

The terms 'children's service departments', 'children's services' and 'children's social care' are used interchangeably.

# Acknowledgements

# Executive summary

## Introduction

Signs of Safety (SoS) is a strengths-based approach to child protection casework that was developed in Western Australia in the 1990s but has since been adopted in other jurisdictions across North America, Australasia and Europe. The Munro, Turnell and Murphy Child Protection Consulting (MTM) 'Transforming children's services with Signs of Safety at the centre' project was designed to achieve whole-system change in 10 pilot local authorities in England by establishing supportive organisational cultures, including the commitment of those in senior leadership positions, to the SoS practice framework. Although a number of research studies into SoS have been conducted in different countries, this study provides the most comprehensive and rigorous independent evaluation of SoS practice conducted in England, and possibly elsewhere.

## Pilot authorities

The 10 authorities taking part in the study included those in urban and rural settings, and county council as well as metropolitan, London and unitary authorities. Their Ofsted judgements ranged from 'good' through to 'inadequate'. Some had up to 4 years' prior experience of SoS, while others had none. Towards the end of the project, and after consultation with the pilots, we divided them into 3 groups, broadly aligning with their prior experiences of SoS at the start of the project in autumn 2014:

- beginners with either no previous experience or up to one year's experience – Wakefield, Norfolk, Wokingham, Bristol ('new' grouping)

- two years' experience – Suffolk, Lincolnshire, London Borough of Brent ('2 year' grouping)

- more than 2 years' experience – West Sussex, Leicestershire, London Borough of Tower Hamlets ('2+ years' grouping)

## Evaluation – questions and methods

The evaluation sought to address 3 main questions:

- how is SoS delivered?

- what are the outcomes for children and young people?

- what are the costs of implementing SoS across children's social care?[1]

The evaluation adopted a mixed methods approach consisting of:

- site visits and interviews with approximately 50 strategic leaders and those with responsibility for implementing SoS in the 10 pilots, at the start of the project and repeated between 15 and 18 months

- interviews and focus groups, surveys and time diaries, involving a total of 471 social workers

- completion of a self-profiling instrument developed with, and completed by, the 10 pilots

- interviews with 270 families in the 10 pilot areas, including the use of standardised measures at Time 1 (T1); the interviews and measures were repeated approximately 6 months later with 187 of the 270 families at Time 2 (T2)

- scrutiny of case records of the above families at T1 and T2

- examination of 24 key performance indicators for pilots and their statistical nearest neighbours (SNNs) as well as expenditure ratios derived from Section 251 (S251)[2] data over a 4-year period (2012/13–2015/16)

- a cost study examining resources, outputs and expenditure across the pilots

# Findings

## From the local authorities: strategic response

Managers and social workers in the 10 pilots were overwhelmingly positive about the benefits of SoS as a practice framework. Implementation challenges included recruitment and retention of social workers, high levels of referrals, constraints on budgets and reorganisations. However, they were optimistic that maintaining SoS would, in the long term, help to address these challenges and strengthen the service they provided to families. There was evidence that SoS was being more widely applied over the timescale of the project but the advances were not always linear, particularly where reorganisations were happening at the same time.

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[1] The original request had been for a value for money analysis to be conducted as part of the costs study but it was agreed with the Department for Education that the methodology did not allow this.
[2] Section 251 is part of the Apprenticeships, Skills, Children and Learning Act 2009 that requires local authorities (LAs) to submit statements about their planned and actual expenditure on education and children's social care.

The greatest progress was reported in relation to:

- embedding an organisational commitment to SoS
- using plain language that could be readily understood by families
- using tools to engage children and young people – for example, Three Houses; Fairy/Wizard tool
- mapping cases, both by individual social workers and in teams
- using safety plans across initial and review child protection conferences, and in all related groups
- providing advanced 5-day training for all managers
- embedding SoS approaches and principles across all training for those working in children's social care
- aligning initial child protection conferences with SoS
- establishing practice leadership and supervision processes to support SoS

The weakest areas of reported change were in relation to:

- progress towards building constructive working relationships between professionals and family members
- spending the necessary direct contact time with adults in families
- confidence that the service was intervening at the right time
- creating a culture where it is permissible to admit mistakes
- supporting social workers with administrative tasks
- recruiting high-quality staff

As was found in Minnesota (Skrypek et al., 2010), those who had most recently adopted SoS were more likely to rate themselves as having made most progress in their understanding and integration of the model compared with those who had more experience.

## From the local authorities: social workers' reponses

The views of social workers summarised here were collected through focus groups or interviews in the pilots, a survey of those attached to the families in the study and through the diary exercise. A total of 471 social workers contributed. They reported:

- a reasonably high level of confidence in using SoS as a framework as well as in using the associated tools
- increased use of safety planning and mapping over the course of the evaluation

- using the Three Houses tool with nearly all their families but Words and Pictures to a lesser extent

- that the quality of their assessments had improved since the adoption of the SoS framework

- that safety planning, including mapping and scaling, helped to identify and manage risk

- that SoS helped to achieve better communication with families, and greater inclusion of children and young people

Just over half (51%) of social workers working with families in the study and responding to the survey scaled their use of SoS as 7 or more on a scale of 1–10, with 10 representing all the time and 1 not at all, but this rose to over two thirds in the grouping which had used SoS for two years. Three-quarters (75%) considered that families had benefited from the use of SoS. Just under one-third of the social workers (31%) taking part in the evaluation reported difficulties in using SoS with some families and one-fifth (20%) said there were cases where they would not use SoS.

Overall, these are very positive findings reflecting a high level of engagement with SoS amongst this group of social workers. However, once again, there was a lower rating for use of SoS amongst the most experienced groupings for Cohort 2 families than would have been expected. It was not possible to explore the reasons for this, although the number of agency or locum staff increased in some of the more SoS-experienced authorities. There were also comments from social workers that they did not have the time to apply the approach as thoroughly as they would wish.

## From the families

These findings are based on the views on 270 families who were interviewed across the 10 pilots, almost two-thirds of whom were interviewed twice:

- over half (52%) of the parents in the study were satisfied with the contact with social workers and/or the help received, and believed their lives had improved as a result

- three-quarters (71% at T1 and 75% at T2) of parents interviewed said that they agreed with their social worker about the changes that were needed

- over half (52%) of parents interviewed believed they had the same goal as their social workers and, of the remainder, 17% thought that, while their goals were different from those of their social workers, the social workers' goals were designed to achieve what they considered to be positive outcomes. Only a small proportion (4%) thought their social workers were working towards a negative outcome, in all cases believing the intention was to remove their children

- over two-thirds (69% at T1 and 66% at T2) of parents interviewed agreed with the goals for their family and only slightly fewer (63% at T1 and 66% at T2) thought that their social workers understood the goals that were important for them

- the proportions of parents 'strongly agreeing' and 'agreeing' with the statements about shared understanding of goals with their social workers were consistently higher in the authorities with more experience of SoS and increased overall as the evaluation proceeded

- the proportion of parents saying that their social workers had worked with them to identify the family's strengths and resources was higher in those areas that had most experience of SoS, but by the time Cohort 2 families were interviewed, it had also increased in those authorities newer to the SoS framework

- when interviewed at T2, a higher proportion of families in the authorities that had used SoS for longest said their goals had been achieved

- just under half of parents (48%) rated their overall contact with social workers as helpful although there was a substantial drop amongst those in the '2 year' grouping, but the reasons for this were not clear

- overall awareness of the elements of SoS was reasonably good but only one-third of parents thought that their social workers had helped them to develop their personal networks and sources of support. Many families were antagonistic to the idea of developing their networks. There were no differences between the groupings, cohorts or over time

There were indications that:

- SoS had provided fresh opportunities for social workers to involve families to a much greater extent than had been the case previously

- SoS supported a greater degree of understanding between social workers and families

- SoS supported a more focused approach to goals and how they could be achieved

- where families said they had been involved in goal planning, they were more likely to report that their goals had been achieved, but the numbers are too small to draw firm conclusions

A few areas require attention. Just over half of the families interviewed considered that their social workers had not given them clear enough information about the criteria by which social workers would assess their progress, which indicates an area where improvement is required. Parents were more likely to say that social workers worked with their strengths at T1 than at T2, which may indicate that the planning developed in the early months is not being used effectively as the case proceeds.

## From case records of families in the study

Case files of the 262 families (of the 270 interviewed) who had given their consent for this to happen were examined for evidence of the elements of SoS. We found that:

- in 217 of the 262 files (83%) danger statements were present. In the authorities which had been working with SoS for longer, they were far more evident but the difference between these authorities and those that had recently adopted SoS narrowed over time

- complicating factors were evident in 187 (71%) of all case files examined and again were more prevalent in those from authorities where SoS had been used for longer. The proportion of notes recording complicating factors did increase over time in the authorities new to SoS

- in 81 per cent (n=213) of case files examined there was evidence that social workers had identified strengths in families, and recording this increased over time

- the Three Houses tool was reported to be widely used but, in some authorities, social workers were not able to upload the evidence onto the IT system, so it is not possible to comment on the extent to which it was evidenced for the families in the study

- there were only 14 examples of the use of Words and Pictures across the 10 pilots for the families in the study. Other data from social workers indicate that, while it was more widely used than this, it is not as widely used as Three Houses, which has also been found to be the case elsewhere

- 60% per cent of the recordings of SoS practice were graded as 'reasonable' or 'good' and there was an increase in the proportions graded as such between Cohort 1 and Cohort 2

## From the cost study

The findings of the work around resources, outputs and expenditure produced strong indications that suggest the SoS initiative is becoming embedded in pilots. A substantial amount of training has occurred, and pilots recognised the need to provide a continuous training cycle, despite the costs associated with both provision and attendance. In addition to providing matched funding and other overheads, a great deal of management time was required to support implementation. It was estimated that this amounted to a full-time commitment of one person in each pilot. The analysis of expenditure ratios did not suggest that SoS had brought about sufficient practice and system change to influence overall expenditure patterns.

## Limitations of the evaluation and suggestions for future research

The methodology worked very well but the limitations on time and resources meant that it was not possible to cover certain aspects. These included:

- extending SoS to early help services – this was reported to have led to reductions in the demands on children's services and other agencies

- involving partner agencies, including offering training in SoS – where pilots had done this they reported improved communication, particularly over referrals made to children's social care

- translating plans into practice, and assessing the match between identified need, sufficiency of services, and quality of support provided – given the time required to examine 262 case files on 2 occasions, the focus had to be on the analysis of the evidence of SoS practice and the quality of the evidence in assessments, but there were clear indications that such an analysis is needed

- an examination of what other tools, if any, may be needed to support SoS-based assessments – evidence emerged that indicated these may be needed, but that was beyond the scope of this evaluation

While the cost study provides valuable information for government and any local authority considering implementing SoS, it was always acknowledged that it would not be possible to conduct a value for money (VfM) exercise. The purpose of such an exercise is to develop a better understanding of the costs and results, so that more informed, evidence-based choices are possible. The absence of comparison sites; the fact that the project had only been in place for a short time, and lack of additional data, meant it was not possible to link changes over time and causality. Continued evaluation of the 10 pilots would be required to explore this further.


## Implications and recommendations for policy and practice

The evidence shows that the SoS framework is workable where authorities make the necessary commitment of trust in their staff at all levels, backed up by resources and time. However, there may be scope for other tools to be incorporated to support practice. Our conclusion is that, while SoS is not a magic bullet for the challenges that face children's social care, it has the potential to help improve services for children and young people.

# 1. Overview of project and previous research about Signs of Safety

## 1.1 Project aims and context

Signs of Safety (SoS) is a framework for child protection practice consisting of principles based on conceptual and practice elements. It was developed in Western Australia during the late 1980s and 1990s and is described as a strengths-based, safety-organised approach to child protection casework. The approach also draws on the work of Essex et al. (1996) on responses where abusers deny responsibility for abuse. SoS is designed to integrate professional and family knowledge in the assessment of risk and any subsequent planning, and is based on 3 key principles:

- working relationships are fundamental – honest and respectful relationships between the worker and families and between all professionals involved to achieve a shared understanding of what needs to change and how this will be achieved within a culture where collaborative, appreciative inquiry methods are valued

- stance of critical inquiry – critical thinking to minimise error and create a culture of reflective practice, designed to minimise error, allow admission of errors, and support regular review of the balance of strengths and dangers so as to avoid drift, which may perpetuate an overly optimistic or pessimistic view of the family

- locating grand aspirations in everyday practice – where the experience of the child is at the centre and where families and front line professionals judge the effectiveness of practice

An SoS assessment, defined as a mapping, records:

- past harm – refers to harm that has actually occurred, not what professionals fear may occur

- future danger – defined as based on past harm, what children's services are worried could happen if there were to be no change in the family's behaviour

- complicating factors – any circumstances that may be associated with risk to children and young people such as poor mental health, drug and alcohol abuse, and domestic violence

The mapping is set out in 3 or, sometimes, 4 columns. The 3 columns define 'what we are worried about', encompassing the harm, danger statements and complicating factors; 'what is working', which includes elements contributing to existing strength and safety; and 'what needs to happen', which is the safety plan.

In addition, scaling questions are used with professionals and family members, the results of which allow a judgement to be made on the safety of the child(ren). Having considered the worries, what is working well and what needs to change, professionals and parents

rate the current situation on a scale of 0–10. 10 means that everything that needs to happen for the child to be safe and well is happening, and no extra professional involvement is needed. 0 means circumstances are such that the child is no longer able to live at home. An important aspect of scaling is to understand people's explanations for why they have placed themselves on that point on the scale.

There are also tools designed to be used with children and parents that facilitate their voices being heard in the assessment. The Three Houses tool is the one most commonly used with children. It records what they think are the good and bad things in their lives, as well as their dreams (in the sense of their hopes and aspirations). This tool is often adapted to be more culturally and age specific, but the principle remains the same. Parents are also supported to develop Words and Pictures explanations for their children that set out what has happened, what is happening and, where developed, the elements of the safety plan. The safety plan sets out the arrangements in place and actions required to address the circumstances oulined in the danger statements.[3]

The Innovation Programme (IP) project, 'Transforming children's services with Signs of Safety at the centre' enabled the company Munro, Turnell and Murphy Consulting (MTM) to work with 10 English local authorities to develop the whole system design that MTM considered essential to support, monitor and build high-quality SoS practice. This design requires a supportive organisational culture and the commitment of those in senior leadership positions, both of which are integral to MTM's transformation framework and its theory of change (see Munro et al., 2014 and Appendix A in the [Technical appendices](#)). It was anticipated that a 2-year period of intense activity within the context of a longer-term commitment, estimated to be about 5 years, would be needed to embed this framework. In the event, the 2-year time period was closer to 18 months, given the IP timescale. MTM devised a plan for developing and sustaining the work after the project came to an end (see Munro et al., 2016).

MTM's Transformational Framework covered the structural arrangements, learning strategies, leadership requirements and sustainability for the delivery of SoS. The 10 pilots were at different stages of implementing SoS at the start of the project and they used the funding provided by the IP to develop their work. MTM's input covered:

- training for social workers and other professionals – in the course of the project 7,180 staff, mainly social workers but also other professionals, attended 143 2-day basic training and 22 5-day advanced training events, in addition to the 246 regular half-day coaching sessions held for practice leaders

- coaching sessions for practice leaders

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[3] For a full explanation of Signs of Safety see Turnell, 2012.

- bi-monthly events for key staff in the pilots, covering strategic and practice matters, and the opportunity for the pilots to network and learn from each other

- four subgroups established to explore SoS in relation to key elements of child protection practice, including the continuum of services, the processes from 'front door' to conferencing, the Public Law Outline and partner integration. MTM directors also provided strategic support to the pilots, and attended many staff and local authority events

Other outputs were provided by MTM but did not come within the scope of the evaluation although they were designed to support the project's sustainability. These included:

- development of a quality assurance system in collaboration with the 10 authorities

- an 'Ofsted Inspections and Signs of Safety' document which sets out how to evidence SoS against the categories in the inspection assessment framework

- the production of 3 practice guidance documents – 'Signs of Safety Continuity of Case Practice', 'Signs of Safety Conference Workbook' and 'Signs of Safety Adaptations across the Continuum of Service'

- the development of a Three Houses app available on Apple, Android and Windows platforms

- the Information Management Prototype and Community Interest Company, focused on developing an open source recording system

- a Yammer site which allowed sharing of resources and experiences across the pilots

## 1.2 The 10 pilot local authorities

The 10 authorities taking part in the study included those in urban, rural, county council, metropolitan, and London settings, as well as unitary authorities. Their Ofsted judgements ranged from 'good' through to 'inadequate'. Some had up to 4 years' prior experience of SoS while others had none. Towards the end of the project, and after consultation with the pilots, we divided them into 3 groups, broadly aligning with their prior experiences of SoS at the start of the project in autumn 2014:

- beginners with either no previous experience or up to one year's experience – Wakefield, Norfolk, Wokingham, Bristol ('new' grouping)

- two years' experience – Suffolk, Lincolnshire, London Borough of Brent ('2 year' grouping)

- more than 2 years' experience – West Sussex, Leicestershire, London Borough of Tower Hamlets ('2+ years' grouping)[4,5]

A brief profile of each authority is included here with further demographic details in Appendix B of the Technical appendices. In reporting our results, for reasons of confidentiality we have not linked data collected with individual authorities.

## 1.2.1 London Borough of Brent

Brent had trained many of its staff in SoS over the previous 2 years but the approach had not embedded. The plan had been to train all staff in the SoS methods and encourage them to use it in their practice. Strategic commitment was eroded as a result of senior managers leaving, and structural changes being introduced. High vacancy levels amongst social workers, and high caseloads, compelled the authority to employ a large number of agency (locum) workers throughout the project. Involvement was seen as an opportunity to introduce a consistent approach to social work practice and reconfigure children's services. Ofsted inspected its children's services in the last quarter of 2015 and reported that, when the SoS approach was used, the assessments that resulted were 'mostly good', in contrast to cases where it was not used.

## 1.2.2 Bristol

Bristol was new to SoS. From 2012 onwards Bristol had experienced a series of steps towards reshaping its children's social care services, which was just one strand of a large remodelling of all services across the authority. In children's social care the intention was to adopt the 'reclaiming social work' model used in the London Borough of Hackney, and, as a result, several key staff had already had undergone training to support its implementation. But then the local authority was required to make significant savings and the timetable for remodelling children's services was delayed. The cuts also led to a reduction in the number of social workers, but increased the number of support staff. The last Ofsted inspection report on Bristol children's services was published in December 2014. The Ofsted judgement then was 'requires improvement'.

## 1.2.3 Leicestershire

At the time when the IP was introduced, this pilot was in its third year of implementing SoS as a framework for assessing risk and for care planning. Senior managers were committed to the approach, but they were also realistic about the time that would be needed to

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[4] Tower Hamlets' children's services had worked with health colleagues to develop a two-day training on Signs of Safety which was delivered in-house.
[5] These categories are based on the authorities' responses on their 'prior experience' and do not coincide exactly with the information provided by Spring Consortium, the company that was appointed as DfE's delivery partner for the Innovation Programme.

embed new practices, and saw the partnership with MTM as an opportunity to strengthen the work. At this point, the project managers thought staff were beginning to recognise the strengths of SoS and were feeling more comfortable using it. Since the introduction of SoS the authority has also introduced pod working, along the lines of the reclaiming social work model used in Hackney, and it was thought that this supported SoS practice by allowing practitioners to work together on mapping and other key aspects. As in other areas, the authority has had to make significant cuts, which are set to continue over the coming years.

### 1.2.4 Lincolnshire

A member of Lincolnshire's senior management team had visited an authority where SoS was in place and, as a result, recommended that it should be introduced into Lincolnshire. By the time the IP project started in 2014 the authority had been using SoS for under 2 years. All front line staff had been on the 2-day training, along with some staff from partner agencies, and many of the managers had been on the 5-day training. The commitment from the senior management team continued; they saw it as the vehicle for embedding a unifying framework and consistent practice, which would help to transform children's services.

### 1.2.5 Norfolk

SoS was intended to give social workers the opportunity to create plans in collaboration with families. It was hoped both that SoS would both empower families to take responsibility and address low morale across the social work workforce. Many social workers reported that they were unable to do the work with families that they wanted to because of high caseloads and a drift away from direct work with families, as well as the implied criticism that came with an inadequate Ofsted judgement in 2013. Following that inspection, the intention was to shift to a position that valued a high level of engagement with children and families, and placed them at the heart of the system. The IP provided the opportunity to consider an authority- wide approach based on SoS, encouraged and supported by a neighbouring authority, Suffolk, which had embarked on the same path a few years previously.

### 1.2.6 Suffolk

Suffolk is one of the 7 pilots that had begun to implement SoS prior to the IP. An Ofsted inspection of children's services in 2013 found that social work assessments and direct work with children were usually undertaken to a standard which was at least adequate, but that the quality of practice was too variable. The authority's adoption of SoS was directly linked to an attempt to achieve greater consistency by promoting one model of practice. In January 2014 Suffolk agreed a 3-year contract with Resolutions Consultancy, and training started in February. The authority used reserve funds for the training and to appoint a project manager, a former Head of Performance. In the course of 2014, it arranged 42

2-day training events and, by the end of the year, over 1,000 members of staff had been trained, including some in partner agencies.

### 1.2.7 London Borough of Tower Hamlets

This authority had developed its own SoS training with health colleagues, which had been in place for several years prior to the IP. Most social workers had attended this training but, while some social workers used SoS, it had not become embedded across children's services. The challenge for those committed to SoS was to take the next step and use the opportunities provided by the project to move it from an 'add on' to the practice framework at the centre of all social work with families. Although the number of agency social workers was said to have fallen, it was reported to be at around 45 per cent. In the longer term, it was hoped that a more consistent approach would contribute to a more stable workforce, but, in the short term, there were obvious implications for training. The infrastructure to support implementation was not put in place until the funding had been received. As a consequence, a project coordinator and 2 practice leads were not in post until late March 2015, and booking the 2-day and 5-day training was delayed.

### 1.2.8 Wakefield

Wakefield was new to SoS and the IP project was viewed as an opportunity to accelerate plans that would have taken longer to bring to fruition. The impetus behind the change came from a desire to simplify the existing system and engage more effectively with partner agencies. There had been a number of serious case reviews between 2011 and 2012 that appeared to have raised anxiety levels across partner agencies about managing risk. These were linked to the very high levels of referrals and child in need cases. It was hoped that, by adopting SoS as the practice framework across all agencies, it would be possible to achieve a better understanding of risk and how it should be managed.

### 1.2.9 West Sussex County Council (WSCC)

One social work team in WSCC had adopted a solution-focused approach by 2006. It had been adopted as the whole-service approach, so all staff had been trained in solution-focused group therapy and all the processes brought into line, but it had not spread beyond that team. In an Ofsted inspection in 2010, WSCC's children's services was judged to be 'inadequate' but with good practice in some areas. The team described above was one of them and identified as a model by which the authority could improve. The manager of that team had attended an SoS event previously. Her view was that SoS was based on the principles and the values of solution-focused work. With the support of senior managers, she and colleagues attended the 5-day SoS training in 2012 and, over the next 18 months, all staff, both social work and others, attended some SoS training. At a very early stage of the IP a planned reorganisation began which introduced smaller units led by practice managers. While the model was considered to fit very well with SoS practice – creating more opportunities for joint activities and peer supervision – it had

created some uncertainty and was thought to account for a higher than normal level of staff turnover.

### 1.2.10 Wokingham

Wokingham's involvement in the IP provided the opportunity to introduce SoS across the authority. Two reasons were stated for wanting to adopt SoS. One focused on workforce change, at both skill level and in terms of recruiting and retaining skilled social workers. The other was a desire to use it as a platform for practice and service change. SoS was introduced into early help and duty triage and assessment teams, and then rolled out to other teams across this small authority. By the end of the project, all social workers had attended the 5-day SoS training.

## 1.3 Summary of existing research about Signs of Safety

There is a growing body of research examining SoS from a number of different countries which ranges in its scale and rigour. A study by the Department for Child Protection in Western Australia found that 88 per cent of staff responding to the survey found the approach useful or very useful (Government of Western Australia Department for Child Protection, 2010). The majority also reported that they thought their clients had a clearer understanding of goals and of harm, and had participated to a greater extent in the proposals they had made. Two-thirds also recorded increased job satisfaction. These positive results do, however, need to be balanced by recognition that they were based on a very low response rate (251 responses from 1460 staff, representing a 17% response rate). A further survey was conducted in 2012 (Government of Western Australia Department for Child Protection, 2012) which was more detailed, and designed to gain information on the use of SoS and test the extent of practitioner knowledge and depth of practice by child protection workers and related staff across the organisation. This time only 202 responses to the survey were received. Only responses from staff working in child protection roles (n=177) were included in the analysis of data referring to the use of SoS. Despite the low response rate, the findings provide a deeper understanding of the way these practitioners were approaching the framework. The majority (80%) indicated that it was useful, or very useful, and commented on how it supported the decision-making process. The survey allowed an exploration of those areas where respondents felt confident. So, for example, while the majority rated their confidence level using the Three Houses and undertaking safety planning as adequate or better (73% and 78% respectively), one-third was less confident in developing a Words and Pictures document and conducting an appreciative inquiry. Some responses did not consider that SoS replaced other tools and analytical skills, and that additional knowledge and experience was also needed. Overall, this seemed to be a most useful survey and would prove a very useful tool for assessing progress if the response rate could be boosted.

Between 2013 and 2016, the same Department funded 6 research projects at the Australian Centre for Child Protection, University of South Australia, to examine the implementation and impact of the SoS child protection practice framework on outcomes for children, parents and the child protection workforce.[6] One study, which examined the resilience of front-line child protection practitioners in Western Australia, found that, amongst other things, skills and confidence in SoS were associated with role clarity, autonomy and professional practice, as well as workforce wellbeing. However, the sample size was small and the association was very weak. This introduces a potential bias with the possibility that those who chose to participate in the survey were different from those who did not participate. There are also questions of definition that need to be addressed when correlations are drawn on respondents' assessment of their 'professional practice', rather than it being externally measured.[7]

In Minnesota, United States (US), the SoS approach was first introduced in Olmsted County in 1999 and in Carver County in 2005 (see Idzelis Rothe et al., 2013; Skrypek et al., 2010). A study across the whole State (Skrypek et al., 2010) found inconsistent implementation of the model. Workers referred to a lack of trust in their agencies' commitment to the model, in the efficacy of the approach and the capacity of families. The authors found that those who had most recently adopted SoS were more likely to rate themselves as having made most progress in their understanding and integration of the model compared with those who had more experience. The authors concluded that it was possibly a result of the ease with which the tools may be used, but the learning and skill required to integrate the approach into all aspects of practice took more time to acquire. In a second study by the same team (Skrypek et al., 2012), there was evidence that social workers were using the model and most of the 24 parents interviewed were positive about the approach. The researchers encountered a high refusal rate amongst the parents approached for interview. They acknowledged that as the approach was made through the worker they could not be confident that the findings reflected those of the parents. Idzelis et al. (2013) detailed the implementation of SoS in Olmsted and Carver Counties and have analysed data for both from 2002 and 2012. Although they found a decrease in referrals and re-entry into care, the fact that the Differential Response (see Merkel-Holguin and Kaplan, 2005) and Structured Decision Making (SDM)[8] had been introduced meant they could not attribute a causal link between the decreases and SoS practice. In addition, they reported that Olmsted County also uses solution-focused therapy, alongside training in mindfulness, motivational interviewing and trauma-related approaches, and claims its practice to be an amalgamation of all of these. While the authors did record that anecdotal evidence from social workers using SoS reported a link between the approach and

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[6] For full details of the projects, see Research and Evaluation, University of South Australia (viewed on 26 Janurary 2017).

[7] The initial findings from this study were presented at the British Association for the Prevention and Study of Child Abuse and Neglect (BASPCAN) Conference in April 2015, University of Edinburgh, but a full report is not yet available.

[8] Details on the National Council on Crime & Delinquency website (viewed on 22 November 2016).

improved outcomes for children and families involved in child protection, they also urged caution in attaching too much significance to the findings, as similar improvements have been noted in areas where SoS has not been introduced.

Researchers at the Centre for the Study of Services to Children and Families at the University of British Columbia in Canada conducted a study of the implementation of Structured Decision Making (SDM) and SoS (Wells et al., 2015). They found that SoS and SDM complemented, but could not replace, each other. They also concluded that commitment and time, both to develop and embed a model in practice, were more important than which model was adopted.

A study to pilot the SoS Supervisor Fidelity Assessment Checklist across 6 countries and 13 jurisdictions reported in 2016 (see Roberts et al., 2016). The checklist consists of 35 items rated on an 11-point Likert scale ranging from 0 (Never) to 10 (Always). It was intended to involve 285 supervisors, each assessing 2 workers who were using SoS, which would have produced 570 forms. In the event, 435 forms were completed (76%), with completion rates ranging from 20 per cent to 100 per cent across the jurisdictions. Four clusters or areas of skills emerged. These were practice skills; safety mapping; family engagement and safety mapping; and child engagement. Almost half of the items came within the 'high frequency, fidelity range'. However, about a third of the items were rated in the 'moderate frequency' range and just under a fifth were in the 'low' range. There were variations across sites and, not surprisingly, those workers with less experience were rated consistently lower than average across the 4 dimensions of practice, and those with more experience were rated at the higher levels.

Although previous studies have provided some empirical evidence and theoretical support for SoS, sometimes they have been characterised by low response rates and/or small samples, which undermines their usefulness. The work undertaken in the University of South Australia continues to add to the body of knowledge on SoS but those who have been involved in developing the practice are also involved with those conducting some of the studies. This raises concerns among some researchers. Oliver (2014) has written that 'there may be some reason to be sceptical of claims by those who stand to gain commercially from the success of the SoS approach.' (p26) Although other smaller scale studies by consultants working for Resolutions Consultancy are the main target of concern it is important to address this criticism by increasing the number of independent studies. In light of the interest in, and rate of adoption of, SoS in this country and elsewhere it is vital that a body of evidence is constructed around SoS. Up to now there have been gaps in empirical evidence of how SoS works in England and an over-reliance on the perceptions of social workers rather than offering data on outcomes for children and families. This work has addressed both points but a longer timescale would have been required to provide more definitive evidence on outcomes.

# 2. Overview of the evaluation

The aims of 'Transforming children's services with Signs of Safety Practice at the centre' are to:

- improve the quality of direct work with children, young people and their families

- improve partnership work with parents and families which recognises strengths, and uses these as part of any intervention

- improve the quality of safety planning to support safety and permanence of children and young people

- improve the skills and confidence of the social work workforce

- identify the system conditions that need to change for the SoS model, both to generate the greatest impact for families and to empower social workers to deploy the model confidently

The evaluation sought to address 3 main questions:

- how is SoS delivered?

- what are the outcomes for children and young people?

- what are the costs of implementing SoS across children's social care?[9]

## 2.1 Methodology and amendments to original protocol

A major strength is that the study was conducted as a realist evaluation across 10 local authorities. One of the important foci of this methodology is its emphasis on identifying transferability (see Pawson and Tilley, 1997). Ethical approval was granted by King's College London's GSSHM Research Ethics Panel (REP). 8 of the 10 pilot areas had their own research governance process and 6 accepted the approval by the King's REP without requiring a further application. The other 2 required a separate application to their relevant committees, and one also required the team to seek clearance for the methodology through the Office of the Information Commissioner. The areas where research governance processes were not in place accepted the approval granted by the King's REP. An advisory group was established, comprising representatives of the DfE/Rees Centre, MTM, academics, and a practitioner from an authority using SoS but not involved in the IP project.

The study had a multi-method longitudinal design, in which a range of different types of data were collected at 2 points in time, as shown in Figure 1. Families taking part in the

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[9] The original request had been for a value for money analysis to be conducted as part of the costs study but it was agreed with the Department for Education that the methodology did not allow this.

study were drawn from 2 successive cohorts of referrals made between March and May 2015 (Cohort 1) and August and October 2015 (Cohort 2).  The key reason for recruiting 2 cohorts was to provide an additional contrast in the study design, given that existing research had shown that SoS took time to become embedded and that authorities already using SoS would obviously be at a different starting point.

The components of the methodology were tied to the outcomes required by the DfE: implementation, outcomes for children and young people, and the costs of implementing SoS. Appendix C in the Technical appendices contains further details on how contact was made and maintained with families, additional details about the sample and the interviews, and details of the analysis undertaken. Appendix D in the Technical Appendices contains copies of the information for families and consent forms, as well as instruments used.

We examined implementation in 3 ways. First, we conducted interviews with approximately 50 strategic leaders and those with responsibility for implementing SoS in the 10 pilots at the start of the project. The first site visits and interviews were in February and March 2015 and were repeated between 15 and 18 months later between March and May 2016 . At the second visits,  24 individuals were re-interviewed or interviewed, depending on changes in personnel. Some pilots arranged for groups of managers to be seen, as well as individuals, during the first visits but this happened less frequently at the second visits and accounts for differences in numbers seen. The researchers were also invited to attend steering group, planning and review meetings and accepted these offers whenever possible.

Second, we developed an instrument to allow the pilots to assess where they were at the start and end of the project in relation to a range of relevant issues. It was developed with experienced SoS practitioners in 2 pilots and tested with 2 others before being sent to all 10 pilots. It was completed by all the pilots in early summer 2016.

Finally, we held discussion groups and interviews with social workers in 8 of the 10 pilots. Over the course of the project, 14 groups were conducted in 7 of the pilot areas. The team also met with 4 individuals in another pilot when it was not possible to arrange a group. One pilot declined to take part in this aspect and it proved difficult to arrange groups in another. The discussions were wide ranging and provided valuable insights into social workers' views on SoS training and practice.

In order to examine outcomes for children and young people in the context of how SoS was being implemented, we interviewed families in the 10 pilot areas, with parents and children being interviewed separately wherever possible:

- at T1, 270 families were interviewed and 111 children/young people were interviewed in 95 families

- at T2, 187 families were re-interviewed and 61 children/young people were re-interviewed in 52 families

The interviews primarily covered participants' experiences of their most recent assessment and support plan, their views about its helpfulness, congruence between their views of the situation and those of the social worker, and their hopes and aspirations for the future. They also included a number of standardised measures to record changes, if any, between T1 and T2 and to compare the sample with results from other similar studies. The measures used are listed in Table 1.

Table 1: Standardised measures completed by parents and children

| Parents | Children |
|---|---|
| Pearlin and Schooler (1978) (mastery) | Positive relationship with parents – teen survey for children/young people over 11 years of age[10] |
| Lubben (1988)(social networks) | An exercise adopted from a study being conducted in Western Australia for those aged 6 and over |
| Yatchmenoff (2005) (client engagement) | Life satisfaction if over 8 years of age (see Cantril, 1965). An alternative overall happiness scale was used for those aged 6–8 |
| Strengths and Difficulties Questionnaire for children under 11 years of age[11] | Children's Society Safety Questions (see Rees et al., 2010) |
| Fidelity (concordance with social worker about SoS)[12] | Children and Youth Resilience Measure (CYRM) – 12-item child version, age 6 to 10; over 10 Child and Youth Resilience Measure (CYRM) –12-item youth version[13] |
| | Strengths and Difficulties Questionnaire for children/young people over 11 years of age |

The intention was that the T1 and T2 interviews would be approximately 6 months apart. Nearly two-thirds (63%) of the T2 interviews took place between week 24 and week 32 following T1 and 88 per cent between weeks 20 to 39 after T1. The interviews conducted outside this period were to accommodate families' arrangements. For example, some families were abroad for extended holidays and others had requested a postponement but agreed to be contacted at a later date. Occasionally, an opportunity arose at T2 to interview a family that had not been contactable when first approached; this usually led to brief telephone interviews at a late stage.

To complement the interview data, we examined the case records of the families interviewed. When parents were interviewed they were asked if they would be willing to allow a member of the team to examine their case records. Of the 270 families interviewed

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[10] Measure developed by Child Trends for the Flourishing Children Project funded by the Templeton Foundation. See Child Trends.
[11] What is the SDQ?
[12] This was an adapted version of an instrument used on another study and results will be reported at a later date.
[13] CYRM: Research Tool.

only 8 refused permission. Two templates were devised with senior practitioners with experience of SoS but not involved in the IP and tested in the authorities where they worked. One was designed to record evidence of the elements of SoS, to attempt to understand the extent to which a holistic approach had been adopted in each case examined, the other to record the quality of assessments as recorded in the case notes.

We then reviewed re-referrals for any of the families by summer 2016. This was an unplanned element of the methodology but, as the data from the evaluation may provide baseline evidence for a future investigation, it seemed appropriate to extend its reach wherever possible where to do so would not detract from planned parts of the study. Staff in the pilots were very helpful in providing this information.

To set the families' accounts into context, we surveyed the social workers to whom they had been allocated, asking them about their professional experience, training, confidence and use of SoS in general and how they had used it with these families specifically. There were options to complete the survey online using the Survey Monkey platform, or to complete a Word document attached to the invitation to participate. All surveys create a degree of burden, but this was designed to be quick to complete while providing the opportunity to collect data that would enrich the evaluation and deepen knowledge about the use of SoS in everyday social work practice. Given that a proportion of social workers were assigned to more than one of the families in the sample, the researchers approached 246 social workers. This approach was made after T1 interviews had been completed. Responses were received from 165 social workers in respect of 172 families; no response was received from the remaining 81 social workers.

To examine the costs of implementing SoS across children's social care it was necessary to identify the resources required to implement a change in social work practice and to explore the potential impacts and costs at the local authority level data from several sources.

Following negotiation with senior site personnel, 8 of the 10 pilots agreed that some of their social workers would complete diaries in 2 separate weeks (one in January, one in March 2016) that recorded their activities over a period of days in half-hour segments, from midnight to midnight each day.[14] Each half hour was assigned by respondents to one of 28 codes, according to the activity that took the majority of that time. These 28 activity codes can be broadly grouped into 8 areas, of which 4 (direct contact with the client – child and/or parent, case-related recording, case-related work, inter-agency work) are case related and 4 (supervision, training, travel, other) are not case related.

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[14] Respondents were given the option of completing either paper (59%) or electronic (41%) diaries which were then entered into SPSS and checked for obvious errors.

**Figure 1: Data sources and project stages**

| | | | |
|---|---|---|---|
| Interviews with key informants in each pilot area | Recruit Cohort 1 of families referred to social care | Time 1 Interviews with Cohort 1 families | Analysis of case files of Cohort 1 families who agreed to be interviewed |
| Interviews and focus groups with social workers | Recruit Cohort 2 of families referred to social care | Time 1 interviews with Cohort 2 families | Analysis of case files of Cohort 2 families who agreed to be interviewed |
| Social workers complete survey | Social workers complete time diaries | Time 2 interviews with Cohort 1 families | Time 2 interviews with Cohort 2 families |
| Reanalysis of case files of families reinterviewed at Time 2 | Pilots provide information on costings, recruitment etc | Key informants reinterviewed in each pilot area | |

Response rates varied significantly between authorities. A total of 162 diaries were completed by 121 social workers (with 41 completing diaries in both January and March). The data from the diaries are heavily skewed, with 4 authorities accounting for 80 per cent of total responses[15] due to variance in the size of staff establishments and response rates between authorities. There was a fairly even distribution of responses across experience groups, although the entire response for authorities with 1–2 years' experience is based on one site. Data relating to children's social workers in local authorities from the Social Workers' Workload Survey 2009 (see Baginsky et al., 2010) were re-analysed to reflect the broad categories of the 2016 collection. These were the only available data that provided a comparison of social worker time use before the implementation of SoS, although given the changes that have occurred since 2009 and the differences in methodology, comparisons should be treated with caution. Any results reported here are therefore not directly comparable with the data published in the report due to differences in methodology.[16] Information on the training provided by all staff that completed the diary exercise was combined with data from other sources on the numbers of staff trained before and during the IP, and with profiling data from pilots, to assess the impact of SoS training on staff turnover. Additional data from the resources questionnaire provided examples of the days or hours of training provided and number attending each course, including events provided to partner organisations.

**Table 2: Responses from pilots and staff by SoS experience groupings**

| Pilot group by SoS experience | Pilots | Staff | Responses | % |
|---|---|---|---|---|
| New to SoS | 4 | 37 | 59 | 36% |
| 2 years | 1 | 52 | 66 | 41% |
| More than 2 years | 3 | 32 | 37 | 23% |
| Base number | 8 | 121 | 162 | |

A short questionnaire was used to identify the resources used to support SoS implementation in each site. It was emailed to a senior manager in each site at the time of the second round of interviews (T2 – May–July 2016). Based on previous work,[17] it covered 8 topics: the IP grant; the internal resources allocated to SoS; direct expenditure on SoS; 'hidden' costs; IT costs; inputs from management personnel; additional information on training; and additional front-line staff SoS activities. (The questions sent to the pilots are listed in Appendix D of the Technical appendices.) The 10 SoS pilots all responded by the end of July 2016, although with different levels of detail. Most found quantifying expenditure and inputs difficult. Where estimates were given, respondents noted they were likely to be underestimates, as they were not aware of the full picture.

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[15] Site 8 accounted for over 40% of total responses alone.
[16] A mapping of how the 2009 categories were recoded to the broad 2016 categories is provided in Appendix E of the Technical appendices.
[17] Beecham et al., 2010.

Data from the questionnaires have been collated and described using information for individual pilots to illustrate the resources used, or broad averages across all pilot authorities. The data provided do not support comparisons being made between pilots or by level of experience.

Twenty-four key performance indicators were abstracted from existing national collections for 2013/14, 2014/15 and (where available) 2015/16. The objective of this secondary data analysis was to examine key data across 3 annual collection periods (2013/14, 2014/15, and 2015/16) in the pilot areas and in matched SSNs. To avoid placing any additional burden on local authorities, we sourced all of the secondary data from existing national collections (e.g. Children looked after in England, Children in Need Census, Children social work workforce survey, Public Health Outcomes Framework). Data for each of the 10 pilot authorities were compared with the average of the 10 closest statistical neighbours (SNNs). Initially, over 75 relevant variables were identified, which were then rationalised down to 24 key comparable variables covering the following areas: children in need; referrals; assessments; s47 and child protection conferences; child protection plans; looked after children; and workforce. Descriptive statistics for each pilot area and their statistical nearest neighbour group (SSNs)[18] were compared to identify any possible patterns or trends. Comparisons were also undertaken between pilot areas, by grouping them according to their experience in implementing SoS. Significance testing was undertaken to explore any significant differences between the pilot authorities and the SSNs.[19]

Expenditure ratios derived from Section 251 (S251 data)[20] over a 4-year period (2012/13–2015/16) were analysed for significant trends over time, or differences between SoS pilots and their statistical nearest neighbours (SNNs). Data were collected from the S251 for the years 2012/13, 2013/14, 2014/15 and 2015/16. The ratios of the following areas of expenditure were calculated for each year:

- residential care to overall children's services expenditure
- looked after children in residential care to total residential care expenditure
- fostering services to overall children's services expenditure

These ratios were calculated for all local authorities, and also just the pilot authorities and their statistical nearest neighbours (SNNs). Each pilot authority had a group of 10

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[18] The SNN figure is the mean average of the 10 closest statistical neighbours to each pilot.

[19] Although it does provide a reasonable indication of significant difference from the expected norm, caution should be given to any analysis involving SNNs, particularly given differences in statistical 'closeness' of groups.

[20] Section 251 is part of the Apprenticeships, Skills, Children and Learning Act 2009 that requires local authorities (LAs) to submit statements about their planned and actual expenditure on education and children's social care.

statistical nearest neighbours for which the mean ratio was calculated. The 10 resulting SNN average figures were then used as a comparison group for pilots. The analysis of expenditure had 3 objectives which were to explore whether:

- there were any statistically significant differences in the ratio of expenditure between the pilots and SNNs, and the pilots and all local authorities, over the last 4 years' data

- there was a significant difference in the degree of change in the expenditure ratios between 2012/13 and 2015/16, and 2014/2015 and 2015/2016

- there was a significant change in the expenditure ratios over time, either between the pilot local authorities and their SNNs, or between the pilot authorities and all other local authorities

The next 3 chapters summarise the main study findings in terms of evidence about:

- embedding SoS in practice

- outcomes for children and families

- investment in SoS in terms of resources, outputs and expenditure

# 3. Key findings 1: Embedding Signs of Safety in practice

The data presented in this section include:

- the views of strategic leaders and practitioners on implementation and delivery
- the achievements and challenges of the project, and the extent to which the IP project 'Transforming children's services with Signs of Safety at the centre' contributed to the IP objectives

The emphasis placed on implementation and sustainability is deliberate. There has been very limited research addressing how to embed SoS and none that has examined how this can work in the current English context. Many authorities and other agencies are exploring the possibility of introducing it as their practice framework. If they see it as providing a solution to current challenges it is important that they realise there are no 'silver bullets' on the route to improving outcomes for children and families; thus success will be linked with learning from what has worked elsewhere and then applying the framework according to their own circumstances.

## 3.1 Introducing Signs of Safety across 10 pilots sites – the strategic viewpoint

### 3.1.1 Responses of strategic leaders at the outset in 2015

Although the pilots were at very different stages of adopting SoS at the start of the project, it was possible to identify common goals. One of the most important was changing the culture in children's services and, on a more practical note, adapting processes and recording to fit with SoS. As far as the former was concerned, it was understood to mean demonstrating that it would still be possible to meet Ofsted's requirements if the discourse shifted from one dominated by 'Have you done it?', 'Have you done it on time?' and 'Why have you not done it?' towards a more collaborative discussion of 'What is working well?' and 'What has to change?'. Some pilots had begun to align their processes, including recording, with SoS work, and others were planning to do so. The  motivation for this across the pilots was that, until everything had been aligned, SoS would still be a 'bolt on' to the dominant processes and procedures:

> Now, ideally, you would want to replace an assessment by a mapping, but at the moment what we do is a child and family assessment and a mapping so, actually, one of the things that Eileen Munro was talking about, to reduce the bureaucracy and enable social workers to spend more time with families, is shot to pieces straight away. (Informant in a pilot in the '2 year' grouping)

The pilots were also focused on maintaining the commitment of all staff at all levels, training in SoS practice, reorganising their services and reducing the pressures on staff. It was hoped that involvement in the IP project would increase their capacity and provide the additional impetus to do this while using MTM directors Eileen Munro, Andrew Turnell, Terry Murphy, and others, as critical friends. In the medium term the hope was that it would be possible to nurture SoS to a point where it was the 'natural' way of practising, and that in the long term it would be possible to generate enough energy to sustain a whole-system approach to support children and families.

## 3.1.2 Commitment and consistency

It was a condition of participating in the project that senior management teams and elected members in the pilots should demonstrate their commitment and MTM devoted time and effort to ensuring all parties had a good understanding of what was involved. Possibly, as a result, there were reports of the interest expressed, and support given, not only by Directors of Children's Services but also by lead cabinet members in local government and their colleagues. In most cases, the commitment of senior managers was very apparent. However, in one pilot that was going through a particularly turbulent period, a less than decisive commitment from an interim manager at this early stage led to delays in launching the project, even though the authority had been using SoS for a number of years and had developed its own SoS training.

Informants realised that a major challenge was to achieve consistent use of SoS and convince all practitioners to adopt new ways of working. This was frequently called a 'pick and mix' approach to practice where practitioners could choose what aspects they adopted. Despite the many references to whole-system change, it was not always clear how it would be achieved. This was particularly the case in those authorities where there had been frequent changes among senior children's service managers and/or those that had adopted, and later abandoned, different approaches to social work delivery. In these pilots, one of the biggest challenges was said to be convincing social workers that there was a commitment to making the innovation a permanent practice framework:

> We have to suspend the disbelief of the workforce – they like it [SoS] but they have had 101 innovations in the past and no one follows through. Now we also have a change of management. So some feel why do I need to bother getting engaged in this? If I stay long enough this too will pass. (Informant in a pilot in the 'new' grouping)

Some pilots prioritised the engagement of partner agencies from the outset, in the hope of bringing greater coherence to service delivery and improving inter-agency communications. Others wanted to embed SoS in their own organisations before involving other agencies.

### 3.1.2.1 Service reorganisation

Several pilots were introducing or consolidating reorganisation of their services. Some had, or were adopting, a 'hub' or 'pod' model for front-line practice. Informants in a pilot where the model had already been introduced thought that it supported SoS practice by allowing practitioners to work together on key aspects. Others who had decided against that model were not convinced that the introduction of small units was the best route to take and were looking at alternative ways of configuring their services. Their reservations about 'units' and similar arrangements arose from concerns over maintaining sickness and vacancy cover, as well as the challenges involved in ensuring the level of experience and depth of practice required in each small unit.

### 3.1.2.2 Staff training

Because experience of SoS varied across the 10 pilots, those that had been using SoS for some time were obviously at a different stage in training their staff in the framework than those who had adopted it for less than a year. By the start of the project in 4 pilots, all, or nearly all, social workers had been on the MTM 2-day training, and in a 5th area most had attended the authority's own SoS 2-day offer. All these authorities saw the IP project as an opportunity to boost the numbers able to attend the 5-day training. The authorities that were new to SoS faced challenges in booking as many places as possible, sometimes for large number of individuals. Even at this early stage pilots had started to discuss possible opportunities for collaboration, particularly over sharing the 5-day training.

There were a few references to other approaches that had been, or were being, adopted to support SoS, particularly relationship-based and solution-focused practice. One authority that had committed itself to SoS 3 years previously had trained all social work staff in solution-focused group therapy, and had adopted a solution-focused approach to all its service delivery. Some were using the Outcome Star tools[21] and the Graded Care Profile (GCP),[22] and one had the agreement of the developer to reverse the GCP scaling to fit with SoS scaling. Both tools were said to fit well with SoS.

### 3.1.2.3 Social worker workload and caseloads

It was widely assumed that SoS practice would take more social worker time and that, as a result, in the long term, their workloads would have to be reduced to accommodate the more intensive approach required by SoS. One principal child and family social worker said:

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[21] Outcomes Star (accessed 26 January 2017).
[22] Graded Care Profile: Assessing care and identifying neglect (accessed 26 January 2017).

Signs of Safety will take longer, that's my sense of it – to have capacity to do that work with the family at the front end, to achieve your goals, spend time doing your family meetings, spend time with the children and spend time mapping the family. So we'll need to stop reacting all the time to find the space to work with families. (Informant in a pilot in the 'new' grouping)

Most informants reported trying to find ways to maintain services in the face of substantial budget cuts. One pilot had been given 18 months by its elected members, aligned with the IP timetable, to reconfigure children's social care to be fit for purpose in 'a time of austerity', as well as to meet a significant level of need, not least the rising level of referrals. However, that authority had also committed significant investment to bring social workers' caseloads down from over 30 to nearer 20, by increasing the number of agency workers it employed.

### 3.1.2.4 Being part of the MTM Innovation project

At the end of the interviews, in addition to all the areas explored above, it was clear that the 10 pilots placed great store in being part of a network. While the additional resources were welcome, many authorities were contributing major sums to supplement the funding they had received. It was evident that they were appreciative of the opportunity to work with Eileen Munro, Andrew Turnell and Terry Murphy, all of whom had played significant roles in either social work or the development of SoS. Informants in the pilots considered that this gave the project a national profile that had the potential to have far-reaching impact on their own agencies and beyond.

## 3.1.3 Pilots' responses in 2016

Fifteen months after the 2015 interviews, we were able to interview most of the same informants, often alongside colleagues that had joined the project in the intervening time. Two factors emerged as particularly helpful: the value of the project plans which each pilot had developed in the early stages of the project, and the expertise of project managers where they had been appointed.

The re-interviews showed that all the pilots continued to be committed to the further development of SoS. To guide those who may choose to adopt SoS in the future, it is important to consider their estimates of what they thought had been achieved, and capture their experiences of the journey they had made. The key themes that emerged in the interviews related to reorganisation, sustainability, training consistency and impact on practice. They indicate the progress that had been made and the steps that would be required to maintain and improve it.

### 3.1.3.1 Perspectives on progress and challenges at Time 2

The evaluation team worked with project leads in 2 pilots to develop a profiling document designed to assess progress (or not) against relevant variables and examine the journey towards a whole-system approach to support for children and families. Ideally this would have been completed early in the life of the project and then towards the end but, as it was developed during the project, respondents had to assess their starting point retrospectively. All 10 pilots provided their views about their own progress.

The areas where the greatest progress was reported were in relation to:

- embedding an organisational commitment to SoS

- using plain language that could be readily understood by families

- using tools to engage children and young people – for example, Three Houses; Fairy/Wizard

- mapping cases by individual social workers and mapping in teams

- using safety plans across initial and review child protection conferences, and in all related groups

- providing advanced 5-day training for all managers

- embedding SoS approaches and principles across all training for those working in children's social care

- aligning initial child protection conferences with SoS

- establishing practice leadership and supervision processes to support SoS

The weakest areas of reported changes were in relation to:

- progress towards building constructive working relationships between professionals and family members

- spending the necessary direct contact time with adults in families

- confidence that the service is intervening at the right time

- creating a culture where it is permissible to admit mistakes

- supporting social workers with administrative tasks

- recruiting high quality staff[23]

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[23] Full details of responses are contained in Appendix E of the Technical appendices.

An agency's culture is extremely difficult to change because it is so embedded in every aspect of its system. In words that have been attributed to the business management consultant, Peter Drucker, 'culture eats strategy for breakfast'. It is not surprising that the pilots were not able to adapt quickly enough on all aspects, and particularly on those where it would be difficult to change by dictat alone: it was possible for large numbers of staff to access training but it will take longer to create the conditions that would allow social workers to spend more time with families. So, while it is to be expected that 10 agencies would respond in different ways with different timings and priorities, and with different levels of effectiveness, the pilots thought there had been a positive move towards embedding an organisational commitment to SoS. As Skrypek et al. (2010) found in their study of SoS's introduction into Minnesota, those who had most recently adopted SoS were more likely to rate themselves as having made most progress in their understanding and integration of the model compared with those who had more experience.

Overall, the interviews showed that, over the 18 months of the project, the key individuals in the pilots developed a very clear understanding of what had helped them to achieve as much as they had and barriers that still needed to be addressed.

### 3.1.3.2 Reorganisation between Times 1 and 2

Those pilot areas that had undertaken reorganisations in the course of the IP had faced various challenges, although none of them regretted having embarked on them. They believed that they had replaced structures that were not working with ones that, in the long term, would create the space and support needed to sustain SoS. But as staff had moved into new roles and new ways of working, this had inevitably created some instability. In the short term, reorganisation was reported to have slowed down the introduction of SoS and, in one pilot, was reported to have even reversed the progress that had been made. A senior manager in that authority with more prior experience of SoS than most said:

> My worry is that we've done the reorganisation … and potentially it could look like we've gone backwards, and I think in some ways we may well have done. (Informant in a pilot in the '2+ years' grouping)

Another manager in an area new to SOS that had recently adopted a unit-based model reflected:

> The staff say the model works well … and if you add in the Signs of Safety methodology, what you've got is more decisive, assertive social work practice, where families are much more included. When it doesn't work well, because there's inconsistency within the team or sickness or all of that, cases drift and we're firefighting. (Informant in pilot in 'new pilot' grouping)

### 3.1.3.3 Sustainability beyond the orginal IP funding

Large parts of the discussions focused on the sustainability of SoS. Key to this, as it had been to the IP project overall, was said to be the active support of senior management. This was reported to be stronger than it had been at the outset, even if it was accompanied by a degree of caution about the future and what might follow a change of personnel, a poor Ofsted report or major budget cuts. Possibly the biggest challenge to sustainability was said to be over-dependence on individuals who had been closely associated with SoS in the pilots. The development of networks for practice leads, practice champions and committed managers across their authorities was seen as a way to counter this, as well as sustainability plans that covered areas such as training, leadership and alignment of practice and processes.

### 3.1.3.4 Future priorities for training

The views reported here are of those with strategic responsibility for SoS. The views of social workers attending the training are reported later in this section. Alongside support and supervision, training was viewed by those interviewed as essential to underpin and embed cultural change. Not surprisingly, the pilots new to SoS had approached training in different ways. In some authorities, priority had been given to specific teams or functions while others had spread the offer more widely. While the first approach produced a core of skilled people who had been trained at the same time and were able to support one another, it subsequently proved more difficult to engage other teams at the same level. One informant said this had left them feeling as if they were 'always playing catch up'. Yet, where there had been a more open offer, social workers had sometimes been trained ahead of their managers. As a result, they had found it difficult to practise the skills they had learnt, and had usually discarded them until later, when refresher sessions had been required.

One pilot where most staff had attended the 2-day training several years earlier faced another problem. They reported that the training offered then had not covered safety planning. Although the local authority was providing top up, or supplementary, training to address this deficit, it was said to have had lasting consequences:

> So our staff learned about the framework, they learned about the dimensions and they learned about scaling and they got danger statements, but the training didn't even really cover safety goals…it created a bunch of our workforce who think 'old wine in new bottles' who think that they've done a fantastic plan because they've got it all and it looks beautiful, but actually, they've missed the fundamental principle about where's the family in the middle of this, and we've now changed our training to make sure that comes in. (Informant in a pilot in the '2+ years' grouping)

There was also some confusion around the content of the 5-day training, especially where it had been a few years since informants had attended. They spoke very highly of their experiences, although again, and with hindsight, they thought there had been insufficient coverage of safety planning in general and, in particular, the development of danger statements. Nonetheless, some informants considered there was a deficit in the current 5-day offer, with reference to it having become 'no more than an enhanced version of the 2-day training'. In their opinion the training focused too heavily on mapping cases at the expense of more intensive work on safety planning, as well as on specific elements, particularly Words and Pictures. There were also reports that some trainers had introduced a degree of flexibility about aspects of SoS that informants had thought was not allowed. However, this was of less concern to them than the inconsistency that had been introduced and the uncertainty engendered amongst practitioners.

By the end of the project, managers were mapping the different levels of training that were needed to sustain SoS. The IP funding they had received, which they had all supplemented, had enabled them to boost the number of staff trained in SoS work. While they were committed to maintaining the momentum, informants in several pilots were concerned that they had failed to secure enough funding in 2016/17 to be able to provide the training they considered necessary. Ensuring that sufficient training was in place was a particular challenge for those with higher staff turnover and higher proportions of agency staff. It was easier where pilots were able to deliver their own 2-day training, but while some pilots had been allowed to do so, and believed it was part of the IP agreement, others said they had been refused permission by MTM and Resolutions Consultancy[24] to do this.[25]

Despite an overall commitment to ongoing training, informants had different opinions on what was needed. Some regarded the 5-day training as essential for every social worker, even if they could not afford to put that into practice. Others were committed to providing the 2-day training for all, but reserved the 5-day training for managers, practice leaders and selected practitioners. Whatever their views on this, access to the 5-day training was regarded as an essential component of embedding SoS. However, for most informants, continued access depended on future collaboration across the pilots, as well as partnerships with other authorities, to commission training regionally. This, of course, would take time and resources to sustain.

While some informants held in very high regard individual trainers with whom they were linked, and who provided coaching and ongoing support, others expressed concern about variability in quality, as well as the lack of experience some trainers had of

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[24] Resolutions Consultancy license Signs of Safety trainers and consultants.
[25] MTM was unaware of why this had happened and is following up.

contemporary practice. As a result, there were pilots that had decided not to proceed with planned development days. In a few cases where pilots had commissioned training to fit their own situations, individuals had offered what they described as 'off the peg' and 'one size fits all' versions. This should be seen alongside reports that an insufficient number of practice leads in some pilots were attending sessions specifically designed for them. Sometimes this was said to be the result of their workloads, but there were also references to feedback from them that the content of sessions was too repetitive. As a result, social workers had failed to prioritise attendance which, in turn, led both to authorities being reluctant to use scarce resources on them and to the development of in-house sessions and the commissioning of alternative training.

### 3.1.3.5 Achieving consistency in SOS use and practice

Informants discussed the difficulties they faced in achieving consistency across their services. This was a very practical problem for large authorities where it could be difficult to ensure a consistent approach was taken in all social care services and locations. Changing the culture of their organisations also remained a significant challenge for many. They shared a belief that leadership at all levels was key to giving staff the confidence, not just in their own skills, but in an organisation's willingness to support them to work in ways which may be different from how they had worked previously. So, for example, the safest option in the short term might be to remove a child, but this was not necessarily the best long-term outcome for the child. By placing SoS at the centre of their practice, staff were considered to be more likely to take decisions that balance the child's welfare and possible risks ('walk a tightrope') more frequently. This is a crucial issue. If social workers are to take these steps they need assurance that not only will their thinking and recommendations be challenged but, that having satisfied supervisors about their judgements, they will subsequently have strong managerial support.

In the time between T1 and T2 interviews all the pilots had tried to align their case recording and information management systems with SoS in an attempt to reduce the administrative burden and embed SoS principles. This had been achieved with varying degrees of success, with some pilots installing new systems, and others significantly upgrading theirs. Once recording processes were aligned to any extent with SoS, all staff, however new to the authority and however temporary, had to understand the basic principles. But many informants remained frustrated that the limitations of their IT systems meant staff were still not able to upload the work done with families on their computers, and the rigidity of a few systems was reported to conflict with SoS principles. For example, social workers worked across the 3 columns (what's working well, what are we worried about, and what needs to happen) when writing reports, and wanted to be able to move backwards and forwards as they reviewed them, but this was not possible where they had to complete one step before moving on to the next. The problem lay in the fact that IT systems had been set up to service existing statutory guidance and, even if some flexibility could be achieved, changes were expensive to make, had to be agreed

at a senior level and be scheduled well in advance. In a time of scarce resources, priority was often given to those amendments that reflected changes in legislation rather than practice.[26]

Achieving greater consistency was also linked with continuing to develop social workers' skills to undertake work with children and adults. Informants described workforces where some members had very good skills, but others did not. Adopting practice that was based on the principles of SoS had exposed a skill deficit that had often been disguised when a more procedural approach to social work practice had been in place. They also identified social workers who opposed SoS as well as those who were 'cherry picking' the parts of SoS that they thought would work with families, and then going on to select the families with whom they used SoS. While authorities expected to invest heavily in their newly qualified social workers, who, it was said, usually adapted to the model well, a greater challenge was presented when more experienced social workers resisted change:

> This is about moving to collaborative practice and co-production and about doing your practice with people, not to them. It's a whole mindset shift and we're not there on that, because some people still like the comfort in a nice form and a tick-box, so it's a heart and minds thing, that bit, and that's your organisational culture bit, which you do not get from training. (Informant in a pilot in the '2 year' grouping)

The situation where managers who had either not attended any SoS training or, if they had, failed to apply it, were responsible for colleagues who were critics of SoS, was described as 'the lethal combination' for implementation. Although reported to be the minority, most resistance to SoS was said to come from some of the most experienced social workers. Their opposition was linked to perceived confusion about the role of 'past harm' and a belief that it was downplayed in SoS practice. The counter argument that, while past acts should not dominate judgements about the present situation, recording harm that has occurred in the past is integral to an SoS mapping, had proved difficult to make with this group of workers. While informants were attempting to identify teams in which SoS practice was less evident, it was not clear to them how they would then set about unblocking mindsets. Up to this point most had adopted an approach based on persuasion, but at least one pilot was reported to be dealing with non-compliance as a performance issue that needed to be addressed.

During the course of the SoS project, the 10 pilot areas were informed of the possibility of applying for an exemption to allow the temporary suspension of elements of the Working Together to Safeguard Children (HM Government, 2015), specifically in relation to the

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[26] As a result of the ICT strand of the project, an Open Source initiative is being set up whose aim is to develop a generic recording system for social care, which will support any practice model. The software is intended to be freely available to any local authority or relevant agency.

timing of ICPCs. Three pilots applied and were granted an exemption by the Minister of State for Children and Families. However, only one chose to use it. Informants in this pilot reported using it in cases where immediate safety plans were in place and extra time was required to engage the wider network.  In their opinion, applying the exemption had sometimes made it possible to avoid a CP plan by giving practitioners time to work more intensively with a family. Other pilots that had either applied for an exemption and not then used it, or had not made an application, did not consider they needed the flexibility it would have brought.

### 3.1.3.6 Overall impact of Signs of Safety on practice

Informants reported higher rates of SoS mapping taking place which, they thought, was leading to better assessments. Some pointed to their recent Ofsted reports as confirmation of this, but recognised that further progress was still required:

> We are beginning to see a greater awareness that the first job is to go out and map with families and we are seeing better assessments. But there are people still wanting just to map in the office, then take out what they've done and share it with the family. The mapping should be done with the family and brought to the conference. (Informant in a pilot the 'new' grouping)

> Mapping is helping. Ofsted inspectors said they saw some good assessments but we are not there yet. (Informant in a pilot in the 'new' grouping)

> I know Signs of Safety is helping us to do better assessments, and that's what Ofsted picked up. (Informant in a pilot in the '2 year' grouping)

Some suggested that re-referral rates could be used as one measure of the success of SoS in the longer term, but that it was still too early to do so, as these rates were so volatile across most of the pilots. While reorganisations and high levels of staff turnover in some children's service departments were said to have contributed to this volatility, some informants felt that achieving and maintaining lower levels of re-referrals would require greater engagement and understanding of SoS across partner agencies. In turn, to have seen this at this stage in most pilots would have required much greater levels of funding. Others felt that re-referral rates would not fall until there were more precise assessments of parents' engagement that differentiated between parents committed to making changes in their children's lives and those who found it more difficult to do so, leading to repeated involvement with children's social care.

Pilots had also faced various levels of support from those chairing initial child protection conferences (ICPCs). In most areas their level of engagement was said to have increased considerably over the past 15 months. This was attributed to visible benefits that followed from using SoS from initial contact through to conference, as well as using danger statements and safety planning to scale and identify change as cases

progressed. But, as was confirmed when case files were examined, good mapping and planning for an ICPC did not guarantee these would be followed through in reviews. So work continued to be needed to make sure that parents, social workers and chairs were prepared, in an attempt to improve continuity and consistency.

An area that was proving more difficult to address was the introduction of Family network meetings (FNMs), which are intended to draw family members into decision-making on how to keep children safe and develop plans to do so. A few informants spoke of the progress they had made, but the numbers being held were usually small and other areas had not started to use them. In at least one authority, efforts to establish FNMs were reported to have been thwarted by social workers who wrongly interpreted FNMs as ceding responsibility to families. Several examples were provided where families had come up with plans to stop proceedings being initiated but which were then not accepted by social workers on the grounds that they were not sufficiently safe:

> There was a real feeling that, certainly on a number of occasions during family group meetings, we were giving away some power, and that was quite, well, unsettling in some ways, because it doesn't come naturally. (Informant in a pilot in the 2+ years' grouping)

The discussions ofn the impact of SoS on practice led to consideration about what else might be needed. SoS draws upon techniques from solution-focused approaches, and a number of pilots continued to provide training for all staff on solution-focused practice. Other informants mentioned using restorative practice and social pedagogy, as well as continuing use of the Graded Care Profile and Outcome Star tools. However, many informants returned to the skill base of social workers and were concerned that the depth of experience and practice knowledge were not always sufficient to support the quality of assessments that were required. They expressed concerns that, while assessments should use the 3 domains of the Assessment Framework (see Department of Health et al., 2000) to assess the needs of and risks to individual children, insufficient emphasis had been paid to its continued relevance.[27] To address this, at least one pilot had mapped the SoS columns against the 3 domains of the Assessment Framework.

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[27] Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (Department for Education, 2015) clearly states that a good assessment is one which investigates the 3 domains of the Assessment Framework (pp 21–22).

## 3.2 Introducing Signs of Safety across 10 pilot sites – the social workers' viewpoint

The data reported in this section draws mainly on the focus groups and interviews conducted with social workers (n=185), supplemented by data collected through the survey of social workers assigned to the families in the study (n=165 of the 246 social workers approached)[28] and through the diary exercise completed by 121 social workers.[29] In order to differentiate the various sources, boxes are used to report the survey and diary data. In a few instances, data were only available from the survey or diary and where this is the case, it is made clear and the findings are not in boxes. The evaluation was not resourced to collect other practitioners' experiences.

### 3.2.1 Social workers' views about training in SoS

Nearly all social workers contributing to the evaluation had attended the 2-day SoS training course and some had also attended a 5-day training course. They were extremely positive, both about the opportunities they had to attend training and/or workshops, and the ways in which they had been able to develop their practice. For some, this came through the chance to be able to reflect on their own practice and take appropriate action to enhance or address deficits; for others, it provided a holistic framework for their work with families, which they reported had previously been absent:

> The two-day training changed my practice…and with support and enthusiasm I think it just works very well for families. (Social worker in a pilot in the '2 year' grouping)

> I'd been qualified 6 years at the point, and for me, I remember sitting in one of the sessions and speaking to a colleague and saying, I actually don't know what I've been doing for the last 6 years. I felt like almost... it sounds terrible, but, like social work, because I think the framework gives you so much focus, doesn't it? In terms of identifying risks, strengths, I almost feel like what was I doing before that? (Social worker in a pilot in the 'new' grouping)

A minority of social workers in several pilot areas did not consider the 2-day training provided adequate preparation for SoS practice, even when additional in-house workshops and peer support were available, and wanted the opportunity to attend the

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[28] A profile of the social workers working with families in the study is contained in Appendix F of the Technical appendices.

[29] 28 social workers completing the survey were agency workers. There were no notable differences between their responses and those from directly employed social workers. Further investigation beyond the scope of the study would have been required to understand why this might be the case, but it is worth noting that nearly all the agency workers had completed the 2-day SoS training.

5-day training.  Others questioned the requirement that they attend the 2-day training before the 5-day training, especially when they knew managers and senior colleagues had gone straight onto the 5-day training. While they understood that the 5-day training was intended to deepen participants' use of SoS, those who had experience of both commented on the extent to which aspects of the 2-day training had been repeated. They suggested that there was a need for alternative models, especially in light of the numbers they considered would require the 5-day training to make a lasting difference to practice across their authorities. The most popular option would be 5 days for everyone but, because this might not be feasible or affordable, a 2-day plus 3-day model would be popular, particularly if those attending the 3-day training were sent 'revision' materials prior to the start of the training.

There were lessons which would be useful for authorities deciding to adopt SoS. Social workers who attended the training at a very early stage, and before their managers, reported their frustration over the delays in establishing the structures, documentation and supervision to support SoS, some saying said they had forgotten too much by the time they were expected to use SoS.[30] A few had also found elements of the training confusing and, because they had not had an opportunity to discuss this with managers who understood the framework, thought it had a negative and persistent effect on their engagement with SoS.

### 3.2.2 Social workers' confidence in using SoS

Given that most social workers found SoS a useful model, it is perhaps not surprising that, as the box below and Figure 2 show, there was a reasonable level of confidence in using the practice framework amongst those social workers working with families in the study. Most of those who were interviewed, individually or in groups, appeared to be even more confident than those completing the survey. This may reflect enthusiasm for SoS that led them to give up time to attend a group or interview, whereas the survey went to all social workers working with a family in our sample and as such represented a random sample.

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[30] The importance of providing supervision at this early stage also emerged in Wells et al's (2015) study.

**Figure 2: Levels of confidence in using Signs of Safety across the pilots amongst social workers working with families in the 10 study areas**
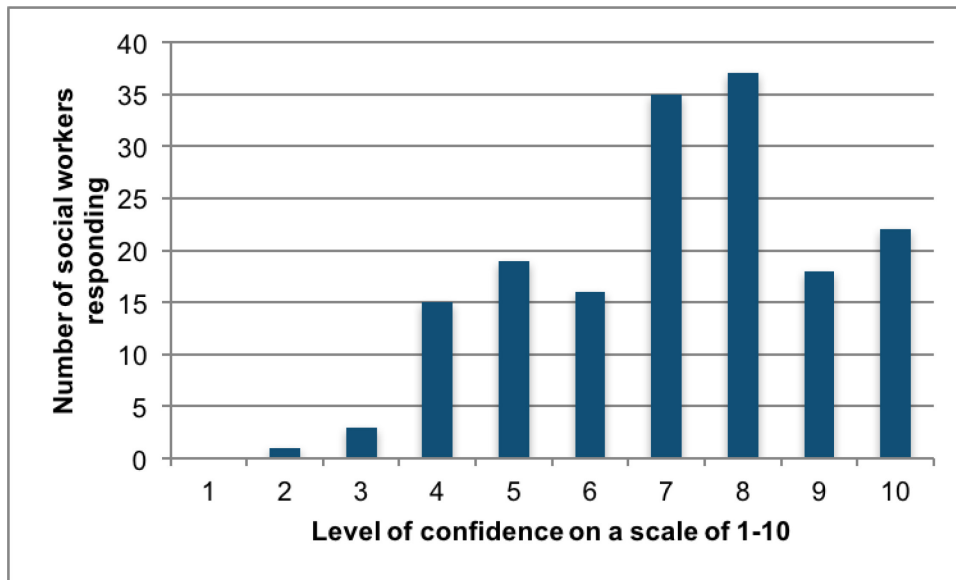
## Confidence in Signs of Safety amongst those surveyed

Social workers (n=165) working with families in the study and responding to the survey were asked to rate their confidence in using SoS on a scale of 1–10 where 1 represented 'no confidence' and 10 'complete confidence': over half of respondents said it was 7 or over; all the respondents in the '2 year' group reported a confidence score of 5 or over, and that grouping also had the highest proportion (two-thirds) reporting confidence levels of 7 or above, compared with the other 2 groups where under half reported a confidence level of 7 or more[31]

## 3.2.3 Social workers' use of Signs of Safety tools

Social workers working with families in the study who completed the survey were asked to record the extent to which they used SoS in their practice on a scale where 1 represented 'not used at all' and 10 represented 'used all the time and with all families'. Figure 3 summarises the overall confidence reported by social workers. Their responses in relation to individual aspects of SoS are reported below and in more detail in Appendix F of the Technical appendices.

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[31] There were 3 authorities in the '2 year' grouping. On a number of issues, the grouping's high performance was linked to responses from social workers in 2 of the 3 authorities, with responses from the 3rd generally being much lower. The number of responses from that area was also very low, which strengthened the influence of the returns from the other 2 authorities.

## Use of Signs of Safety amongst those surveyed

Forty-two per cent said they were using safety planning with all families and 56 per cent with some families; only 2 per cent were not using it at all and they were all in the 'new grouping'.

Thirty-eight per cent used SoS mapping with all families, 58 per cent used it with some families and only 4 per cent did not use mapping at all.

Forty-eight per cent used danger statements with all families, 51 per cent used them with some families, and only one respondent said s/he did not use them at all.

There was a slight increase in the proportions using 'safety planning' and 'mapping' with all families from Cohort 1 to Cohort 2. The proportions using safety planning, mapping and danger statements with all families were highest in the 'new' and '2 years+', although this was less pronounced for the use of 'danger statements'.

Given the centrality of appreciative inquiry (AI) to SoS, it was surprising that so few respondents (7%) said they used AI with all families, with 24 per cent using it with some families and 69 per cent not using it at all. The proportion of social workers using AI was highest in the '2 year' grouping, with very little difference in the proportions in the 'new' and '2 year+' groupings. A minority did not understand what was meant by the term 'appreciative inquiry'. For example, a social worker in an authority in the '2 year' grouping wrote, 'I do not know what Appreciative Inquiry is and, when asked, my colleagues did not understand this concept either.'

**Figure 3: Level of usage of Signs of Safety amongst social workers surveyed**



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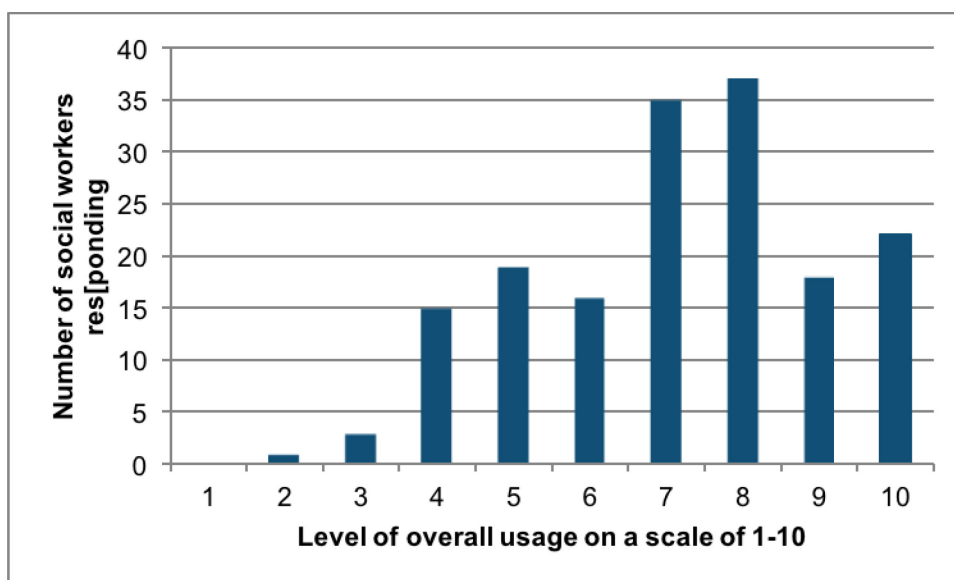
The results showed that nearly everyone in the '2 year' grouping, and two-thirds of respondents in the 'new grouping' rated their usage as at least 7 out of 10, whereas only half of those in the '2 year+' grouping did so.

Most social workers who were interviewed used the Three Houses Tool with children and young people. The tool supports interviews with children by using their own words and drawings to populate a 'house of worries', a 'house of good things' and a 'house of dreams'. Some experienced social workers claimed it was particularly useful for newly qualified workers as an introduction into direct work with children, but its use was certainly not confined to that group. It was regarded positively by many social workers participating in the evaluation, who provided some examples of how it had worked well in particular situations. While some informants would not attempt to use it with a child over 10 years of age, others reported using it 'successfully' with 14-, 15- and 16-year-olds. A great deal seemed to depend on what both the social worker and child felt most comfortable using. One social worker summed up their practice by saying:

> I tend to go back to some of the older things I've done with them. So if they prefer a more logical format we'll do timelines but then discuss the good things and bad things that have happened along the way. With others well we'll talk, maybe we'll drive somewhere. But I don't find most [older children and young people] are [too] embarrassed to pick up a pen and draw a picture in a house of what frightens them or what makes them happy. (Social worker in a pilot in the '2+ years' grouping)

This social worker was not alone in preferring to incorporate the tool into the range of techniques which they had used over years of professional practice but which, of course, would not be available to those with little experience.

Another SoS tool is 'Words and Pictures', which is a process to be developed with parents for explaining to children and young people the concerns that exist about their safety and how these will be addressed. Those that were using it had approached it in different ways. The following are 2 of the many examples of how parents had been supported to complete the 'story':

> We've used Words and Pictures quite a lot recently to provide explanations for children. For example why they were in care, then returned back to Mum, and now they're back in care again. Also a parent did a Words and Pictures to explain to his daughters what the problems were between him and his wife prior to everything happening, so that's sort of given them a bit of confidence and trust that Dad's going to protect them. (Social worker in a pilot in the '2+ years' grouping)

> And some parents have taken to it and enjoyed it so much that they've actually gone one step further; not just doing it on a piece of paper, they've developed it into books and laminated them. This was even where some parents have

obviously struggled to do it at the beginning. (Social worker in a pilot in the '2 year' grouping)

Compared with the Three Houses Tool fewer social workers had experience of using it. Although we were unable to identify why this should be the case, it may be related to whether or not it is included in the 2-day training or whether their supervisors expect them to use it. However, many social workers who were interviewed admitted that they did not have the time to do it with all parents; others were not doing it at all, or were doing it for parents.

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**Use of the Three Houses tool and Words and Pictures amongst those surveyed**

Twenty per cent of social workers in the survey reported using Three Houses with all families; 75 per cent used it with some and the remaining 5 per cent did not use it at all.

Five per cent used Words and Pictures with all families; 57 per cent used it with some families and 38 per cent did not use Words and Pictures at all.

Most of those of those who used Words and Pictures said they only did so occasionally, and usually developed it themselves and gave it to the families. Again, compared with the Three Houses Tool, fewer social workers were using it.

When the survey was initially designed, there were already indications that very few examples of Words and Pictures were being identified, so a further question was included to understand more about why social workers responding to the survey were not using it to a greater extent. The main reasons provided for why they were not using it were that they had not received training in it and/or they did not have the time to use it.

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Given that SoS is an integrated framework for practice, it was surprising there was such inconsistency in the responses on aspects of SoS from the social workers working with the families in the sample which points to an area in need of further development. The fact that Words and Pictures was used consistently less than Three Houses  was also found to be the case in the study conducted in Western Australia (Government of Western Australia Department for Child Protection, 2012) and described earlier.

## 3.2.4 Social workers' views on how SoS influenced their practice

### 3.2.4.1 Assessments and risk

With few exceptions, social workers participating in the evaluation thought that the quality of their assessments had improved since the adoption of the SoS framework. Most of those in the groups and interviews agreed that safety planning, including mapping and scaling, helped to identify and manage risk, and established the boundaries within which families were able to decide how social workers' safety concerns should be addressed.

Several examples were provided where a high level of risk had been managed and 'positive outcomes' for a child achieved by using SoS. These and similar examples were also described in terms of the opportunities SoS offers social workers to 'reclaim their professional skills' rather than be, as described by one social worker, 'the fall guy for everything that could possibly be labelled as child protection'. Recent past practice was characterised as a time when children's social care had reacted to other people's perceptions of risk. By using SoS, many social workers said they had begun to uncover the potential to move away from a risk-averse and defensive approach to child protection, with responsibility planted firmly with social workers, towards one where there was shared ownership of that risk with families and other professionals.

Most of the case examples provided had required substantial input from a social worker and their manager, not least in securing the active involvement of a family network and in raising awareness amongst other professionals. It was evident that there was no consensus over whether assessments using SoS took more or less time. The responses ranged from halving the time to trebling it. In reality the complexity of the problems faced by families, the experience of the practitioner, the professional support available and the other demands on time probably have a greater impact on assessment time than any overarching model.

Many social workers said they did not have the time to apply the approach as thoroughly as they would wish. So, for example, the time they spent with a family on a particular visit might be longer than it would have previously been, but they did not then have the time to make the number of additional visits that were required. Some social workers, especially those who were new to SoS, said that writing conference reports took much longer while others said it was much quicker. Those with less experience described their struggles to establish a safety goal for each danger statement – and sometimes there were 6 or more danger statements – and then to write them in such a way that families would understand. But while this had proved to be a challenge, they believed it was a positive move to improve communication with, and inclusion of, children and parents.

### 3.2.4.2 Social workers' use of Family network meetings

At the outset of this project, Family network meetings (FNMs) were not established in many pilots, but as the work progressed they were referred to more frequently, and social workers were usually very positive about them. They described them as locating responsibility with the family to find solutions. However, even with some delving, it was not always possible to determine the model being used or whether they were referring to family group conferences in another guise.

**Use of Family network meetings (FNMs) amongst those surveyed**

Observations on the use of FNMs:

Social workers working with families in the sample were not using FNMs to any great extent. Only 8 per cent used FNMs with all families and 41per cent reported using them with some families, so half were not using them at all.

Around two-thirds of social workers in the 'new' and '2 year+' groupings were not using them at all compared with only a quarter not doing so in the '2 year' grouping.

### 3.2.4.3 SoS and initial child protection conferences

Social workers were also very positive about applying an SoS approach to ICPCs. They reported examples of the impact on parents' confidence when they heard professionals discuss their strengths:

> The family said this is the first conference we've been to where we've felt fully included, which made me hang my head in shame, really. (Social worker in a pilot in the 'new' pilot grouping)

There were also reports of the impact on parents of hearing danger statements that included accounts of their children's experiences:

> Mum kept choosing to go back to this partner who was being really violent and the way the social worker wrote it – I can't remember the exact wording – but [it] was that the children get lumps in their throat when he starts shouting, they are really frightened and that came from the direct work done with them…it was just so to the point and when this mum read it she got really upset because she just hadn't seen it. She'd been quite blinkered over the impact it was having on her children and, after reading it, she ended her relationship and I don't think she ended the relationship because we were making her, I think she ended the relationship because she really did see it from her children's point of view. (Social worker in a pilot in the '2 year' pilot grouping)

Social workers valued 'scaling' for a number of reasons but principally because it encouraged all professionals to take ownership of their concerns, rather than allowing them to transfer responsibility (and blame) to the social worker. When representatives of other agencies expressed concern over a suggestion that a case should be closed, they were required to state why they were worried, what they considered the dangers and risks to be, and justify why they thought it should continue to be defined as child protection:

I have found scaling and mapping to be very useful in working directly with partner agencies and at child protection conferences. This is a very effective tool in calming professional anxieties, as well as service user/families worries. I am a keen supporter of the 'slowed down' thinking process as I feel this is very useful in family crisis cases and rapid response cases. (Social worker in a pilot in the '2+year' grouping)

There were mixed reports across, and even within, pilots on whether the use of SoS resulted in longer conferences. Some informants thought that they lasted about the same time or were even shorter because reports were usually succinct and the use of mapping maintained a momentum. Others gave examples of conferences that were much longer, either because the mapping was done in the conference, or excessive time was spent while professionals and parents scaled individual risks. Sometimes this was attributed to conference chairs coming to grips with a new process, sometimes to chairs wanting to 'train' professionals in the approach while encouraging parents to participate in ways they had not previously experienced. In any event, there was agreement that the successful application of SoS in an ICPC depended on the skills of the chair.

### 3.2.4.4 Social workers' experiences of supervision and support

An important factor both in relation to developing assessments and writing reports was colleagues' support. Social workers pointed to the importance of practice leads, usually colleagues, who had completed the 5-day training and who had agreed to be 'SoS champions'. They ran workshops, surgeries, coaching sessions and other development sessions. Many said they were mapping cases with colleagues and finding it extremely helpful:

We sat and did a case mapping in our team where it just seemed to be stuck and there was a lot of anxiety but, by going through the whole process and learning all the information, we could see that it didn't need to be child protection any more. In actual fact, a lot of the worries were historical and the family have got a strategy now to combat the original worry, so that was really useful. So we've got a practitioner now going into conference with a recommendation for it to go to conference as child-in-need. So, even using it within the team can make you work a bit smarter and hone in on what's really happening. (Social worker in a pilot in the '2 year' grouping)

> **Observations on access to SoS supervision**
>
> Just over three-quarters (76%) of those who responded to the survey, and hence were working with families in the study, received SoS case supervision. However, while nearly every respondent in the '2 year' grouping and 4 out of 5 in the 'new' grouping said this was the case it was much lower in the '2 year+ group' where two-thirds of Cohort 1's

social workers said they had SoS supervision. This fell to just under half of those working with Cohort 2 families.

Over two-thirds (68%) of respondents were able to access group supervision, with just over half of social workers in authorities in the 'new' grouping doing so, and around three-quarters in the groupings with more SoS experience.

## 3.2.5 Overall perceptions of SoS from key personnel and social workers

The key personnel and social workers in the 10 pilots were overwhelmingly positive about the benefits that flowed from the opportunities to implement or extend SoS practice. Many of the challenges that they faced were contextual and reflected conditions in authorities across England which were coping with recruitment and retention of social workers, high levels of referrals, constraints on budgets and reorganisations. Overall, the interviews showed that, over the 18 months of the project, the key individuals in the pilots developed a very clear understanding of the levers that had helped them to achieve as much as they had, and barriers that still needed to be addressed. There was, however, optimism that retaining commitment to SoS as their practice framework would further strengthen the service they provided to families. The interview and survey data from social workers show that the majority thought that SoS was a useful model and had given them the confidence to use it in practice. It is to be expected that 10 local authorities would respond in different ways which would impact on timings, priorities and effectiveness, but the pilots thought there had been a positive move towards embedding an organisational commitment to SoS and evaluation showed they were correct.

# 4. Key findings 2: Delivering outcomes for families

Given the evaluation's timescale it was only possible to examine process and intermediate outcomes, such as parents' satisfaction with their contact with children's social care, and the the proportion of cases closed within 6 months of referral. The intermediate outcomes indicate progress towards the long-term objectives set out above, which can also be linked with the project's theory of change outlined in Appendix A of the Technical appendices.[32] Participants' scores on a range of standardised measures were recorded at the first and second interviews but it is important to remember that we had no means of checking these results against representative samples of the population as a whole.

## 4.1 Background on families in the study

A total of 270 families were sampled and formed 2 cohorts. Cohort 1 consisted of those referred in March to May 2015, while Cohort 2 was drawn from referrals made between August and October 2015. Almost two-thirds of the families were interviewed on 2 occasions during the period June–October 2015 (T1) and February 2015–July 2016 (T2). This is a substantial number of families and perhaps indicates how many were anxious to share their experiences confidentially by taking part in the study. In this report it is only possible to provide a very limited outline of the very rich data that were collected.[33]

There were at least 204 families for whom at least one previous referral to children's services had been investigated. The most common reasons why families had previously been involved with children's services were domestic violence (27% of families) and neglect (26%). The greatest number of reported reasons leading to the most recent referral in the 262 families where records were examined were also domestic violence and neglect. Over one-third of the families (37%) had been referred to children's services after concerns arising from possible neglect, and just over a quarter (26%) after an incident of domestic violence witnessed by children/young people, or where very young children were in the home. One of the criteria given to the pilot authorities when recruiting Cohort 1 was to include cases where neglect was an issue, so it could be that neglect referrals were over-represented. Because of the difficulties that pilots reported in using that criterion, it was dropped when recruiting Cohort 2, yet the proportion of families where neglect was the main reason for the referral remained constant at just over one-

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[32] See also Munro, E., Turnell, A., Murphy, T. and Partnering Local Authorities (2014) *Theory of Change: Innovation Programme Proposal*, available from Resolutions Consultancy.

[33] Details of the experiences of the families seen will be reported in greater detail at a later stage. The data contribute considerable insights into contemporary child protection practice.

third. Further details on the background of families are summarised in Appendix G of the [Technical appendices](#).

## 4.2 Contact with, and views on, their social workers

Just under two-thirds of families (59%) had a change of social worker between their initial contact with children's services and the T1 interview; 25 families (9%) had worked with 3 social workers by the T1 interview. In most cases, this reflected, in part, the processes in place in authorities whereby a specialist team conducted assessments, and cases requiring ongoing work were passed to another team. At T1, 43 per cent of parents interviewed were either very positive or positive about the first or the only social worker seen while 37 per cent were negative or very negative. 17 per cent said they did not have strong feelings either way, while a small proportion of parents either declined to answer or were not sure of the identity of their social worker.[34]

At T1, 1 in 5 families were working with an agency (locum) social worker. By T2, of the 165 families who were seen and who still had a social worker, over a third had experienced at least one change of social worker. Perhaps, not surprisingly, the rate was twice as high amongst those who were working with agency workers. Where there had been a change, most families were either positive or accepting of it, but a minority responded very negatively, especially where they had experienced multiple changes previously. These parents often said that handovers were not handled well and had left them surprised, confused or uncertain. However, there was no indication that parents' satisfaction was related to working with directly employed or agency social workers.

Parents frequently expressed their preference for social workers on the basis of their perceived age and/or professional experience, rather than focusing on issues that related to their cases. Overall, parents' opinions on their contact with social workers were more closely associated with individuals than with authorities or the groupings related to length of experience of using SoS.

## 4.3 Shared understanding between families and social workers

Parents completed an instrument with items designed to indicate the extent to which they shared an understanding of the work that social workers were undertaking with them. When asked if their current social worker had sufficient understanding of their families

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[34] Research interviews did not explore the role of family support workers but 111 families mentioned these workers spontaneously and the overwhelming majority were very positive about these practitioners and the support they provided.

and the challenges they faced, just over half (53%) thought they did, and a further 8 per cent were not sure. This meant a substantial minority (39%) thought their current social worker did not have this understanding. No differences emerged between the groupings or cohorts and neither was there any correlation between this variable and the case being closed by T2.

Strikingly, at T1 only 12 per cent said they did not understand, or were unsure why they had a social worker, and nearly three-quarters said both that they agreed with their social worker about the changes that were needed and that they had discussed these. Slightly fewer families, although still over two-thirds, agreed with the goals for their family and thought that their social workers understood the goals that were important for them.[35]

**Table 3: Parents' understanding of children's social care involvement at Time 1 and T2[36]**

| Family statements | % Strongly agree/ agree | % Not sure | % Strongly disagree/ Disagree |
|---|---|---|---|
| I understand why I have/had a social worker | 88% ⬇ 90% | 5% ⬇ 2% | 7% ⬇ 8% |
| My social worker and I agree/agreed about what changes, if any, need to happen in my family | 73% ⬇ 76% | 12% ⬇ 8% | 15% ⬇ 16% |
| My social worker and I discussed goals for our work together | 72% ⬇ 71% | 7% ⬇ 6% | 21% ⬇ 23% |
| My social worker understands/understood what goals are important to me | 64% ⬇ 68% | 9% ⬇ 5% | 27% ⬇ 29% |
| I agree with the social worker's goals for my family | 69% ⬇ 68% | 11% ⬇ 8% | 20% ⬇ 24% |

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[35] In light of the 'interview' data indicating that 39 per cent of families seen did not think their social workers had sufficient understanding of their lives and problems, this is a high figure. The data will be explored in more detail to seek explanations in future outputs but it may reflect differences in interpretation when responding to written and spoken questions, when there are more opportunities to explore and expand on responses.
[36] Further breakdown of these data are contained in the Technical appendices (Tables H1 and H2).

Given that the responses were collected at least 6 months apart, even when the data from T2 are adjusted to take account of the number interviewed, there was a high level of consistency between T1 and T2 responses. It is important to note that:

- the proportions of parents 'strongly agreeing' and 'agreeing' with the statements were consistently higher amongst the authorities with more experience of SoS

- they were higher for Cohort 2 (those referred in August to October 2015) than Cohort 1 (those referred in March to May 2015)

The question of goals was then explored in greater detail in the interviews. These often included housing or other practical issues where parents wanted support, as well as references to reasons that had brought them into contact with social workers. In some cases, especially in relation to housing in London authorities, social workers had limited opportunity to exert influence. But these goals were noted alongside the other issues on which social workers and parents were working and the 'match' recorded in Table 4.

**Table 4: Matching parent and social worker T1 3-month goal**

| Response | Number/percentage |
|---|---|
| Same goal | 141 (52%) |
| Different – positive | 47 (17%) |
| Different – negative | 12 (4%) |
| Did not know what social worker's goal was | 69 (26%) |
| No information | 1 (<1%) |
| Total | 270 (100%) |

As far as parents were concerned:

- over half (52%) of those interviewed believed they had the same goal as their social workers

- seventeen per cent thought that, while their goals were different from those of their social workers, the latter were designed to achieve what they considered to be positive outcomes

- only a small proportion (4%) thought their social workers were working towards a negative outcome, in all cases believing the intention was to remove their children

However, just over a quarter of those interviewed said they did not know what their social workers' goals for their families were, and this perhaps explains why so many, albeit a minority of families seen, did not think their social workers understood the goals that were important for them (see Table 3 above). When these figures were explored in more detail it emerged that:

- over a third of families in the 'new' grouping, over a quarter in the '2+ years' grouping, but only 1 in 10 in the '2 year' grouping, said they did not know what their social workers' goals for their families were

- parents in '2 year' and '2+ years' groupings in both cohorts reported a greater match between their goals and those of social workers than those in the 'new' grouping, with a significant difference between the groups (p=.003)[37]

- a higher proportion of parents in both cohorts in the 'new' grouping said they did not know what their social workers' goals were, although this fell slightly amongst Cohort 2 families

This suggests that using SoS may support a greater degree of understanding between social workers and families, and as the evaluation progressed – represented by the differences between the earlier Cohort 1 and the later Cohort 2 – SoS may have been more widely used. Given that the responses were collected at least 6 months apart, even when the data from T2 are adjusted to take account of the number interviewed, there was a high level of consistency between T1 and T2 responses:

- the proportions of parents 'strongly agreeing' and 'agreeing' with the statements were consistently higher amongst the authorities with more experience of SoS

- they were higher for Cohort 2 (those referred in August to October 2015) than Cohort 1 (those referred in March to May 2015)

## 4.4 Families' views on work done with social workers

### 4.4.1 Measuring progress and achieving goals

At T1 parents were asked to reflect on what they thought should be the important issue that should be the focus for work with their social worker over the next 3 months. The 8 most frequently mentioned (in order) were:

- family to stay together or be reunited

- changes in their environment, usually housing

- keep children safe

- improve child or young person's behaviour

- to get case closed

- abusive partner permanently removed

- work on general concerns about the family

- improve own (parent's) mental health

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[37] As multiple cells had an expected count of less than 5, Fisher's Exact Test was used to determine significance.

Other issues that were mentioned, but by far fewer parents, included addressing their own drug/alcohol problems, agreeing custody and contact issues, and improving the relationship with a current or former partner.

When parents were asked if they understood how progress would be judged, nearly half of all those interviewed (53%) understood how it would be (see Table 5).

**Table 5: Had social workers explained how progress would be judged?**

| Response | Number/percentage |
|---|---|
| Yes | 127 (47%) |
| Parent only referred to scaling | 122 (45%) |
| Don't know/Not sure | 7 (3%) |
| Missing | 14 (5%) |
| Total | 270 (100%) |

There were parents who said social workers had been very explicit about what needed to change, in a way that previous social workers had not been. However, lack of understanding on judging progress reflected a more general lack of understanding amongst some families of the child protection system. When the data were explored further it emerged that:

- three-fifths of parents in both the 'new' and the '2 year+' groupings and half of families in the '2 year' group did understand how progress would be judged

- there was a greater level of understanding of how progress would be judged amongst Cohort 2 families than among Cohort 1 families

When asked if the goal they identified at T1 had been achieved, just over a quarter of all families seen at T2 said that the goal in relation to the issues they had identified at T1 had been achieved (see Table 6).

However, there were differences between the responses from the 3 groupings:

- while a fifth of those seen in the 'new' and '2 year' groupings said their goals had been achieved, this rose to nearly two-fifths in the authorities in the '2+ years' group, that is those with the most SoS experience[38]

- the majority of families who had achieved their goals attributed this wholly, or in part, to children's social care involvement, but, in view of the relatively small numbers, it is important to view this with some caution, as the numbers in each grouping were too small to be significant

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[38] Due to the high number of possible responses and cells with an expected count of less than 5 it was not possible to run Fisher's Exact Test to check for significant difference.

This suggests that SoS may support a more focused approach to goals and how they can be achieved.

**Table 6: Achievement of Time 1 goals**

| Goal achieved | Number of families | Percentage of all families in study (N = 270) | Percentage of families seen at T2 (N = 187) |
|---|---|---|---|
| Yes – attributed to social care | 48 | 18% | 26% |
| Yes – not attributed to social care | 22 | 8% | 12% |
| Yes – partly attributed to social care | 50 | 19% | 27% |
| Getting better – attributed to social care | 9 | 3% | 5% |
| Getting better – not attributed to social care | 4 | 2% | 2% |
| Not achieved | 45 | 16% | 25% |
| Nothing mentioned/missing | 6 | 2% | 3% |
| No T2 interview | 86 | 32% | - |
| Total | 270 | 100% | 100% |

## 4.4.2 Identifying families' strengths

As SoS is a strengths-based approach to child protection casework, parents were asked whether their social workers had worked with them to identify the family's strengths and resources:

- at T1 63 per cent of those interviewed said their social workers had worked with them to identify the family's strengths and resources

- parents in Cohort 1 in the authorities that were new to SoS were less likely to say so, and more likely to do so than in authorities with 2 years' experience

- the proportion of Cohort 2 families saying their strengths had been identified rose in every local authority in the 'new' grouping, as they did overall across the '2 year +' grouping but not across the '2 year' grouping – although the numbers were small and the differences not significant

Working with families' strengths is an integral part of SoS, and the greater incidence amongst families in Cohort 2 probably reflects its increased use after training, especially in those authorities new to the framework. By T2 there were indications that fewer families thought social workers continued to work with their strengths. This may indicate

that this is not regarded by some social workers as an area they review, either in home visits or in other contexts, such as core groups or child protection review conferences.[39] The possibility that working with families on their strengths and other resources may fall off as casework progresses is something which needs to be monitored and, where necessary, addressed.

### 4.4.3 Parental views on helpfulness of contact with social workers

Just under half of parents (48%) rated their overall contact with social workers as helpful, with 18 per cent viewing it as a mixed experience and 29 per cent finding it unhelpful. The remaining families were not sure or did not wish to answer. There were interesting differences within and between Cohorts 1 and 2:

- just over a third of Cohort 1 families in the 'new' grouping thought their social workers had been helpful, while a slightly higher proportion in the '2+ years' grouping thought the same. Four-fifths of parents in the '2 year' grouping rated their contact with social workers as helpful, with the differences between the groups showing as significant (p=.003)[40]

- while the proportion of Cohort 2 families who thought that their social worker had been helpful rose slightly for the 'new' grouping and stayed stable in the most experienced '2 year+' grouping, it fell from four-fifths to two-fifths in the '2-year' grouping, and the difference between the groups was no longer significant

Although, while it is not possible to attribute causation, the differences between Cohorts 1 and 2 in the 'new' grouping may reflect social workers' becoming more familiar with SoS practice. The steep decline in the number of parents considering their social workers as helpful in the '2-year grouping' may reflect the fact that skills in SoS practice are not acquired incrementally, and 'dips' may occur before it is fully embedded in practice. Alternatively, the '2 year' pilots may have experienced more staff turnover (internal as well as external), leading to the appointment of more workers new to SoS. However, further investigation using a different methodology would be required before we could be more certain about the reasons for this change.

## 4.5 Families' awareness of aspects of Signs of Safety

The interviews with parents also explored their awareness of and participation in specific aspects of SoS practice.

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[39] Over a quarter of those interviewed were no longer working with a social worker so were not asked this question.
[40] Fisher's Exact Test was used to determine significance.

### 4.5.1 Safety planning

A small proportion of families linked safety planning to physical safety aspects such as child car seats and smoke alarms. Unless they were able to describe activities which aligned with SoS safety planning, their responses were not included:

- just over half – 55% – of parents who were interviewed recognised the term 'safety planning', a surprisingly low proportion given the importance of this concept to SoS. Once again, the proportion of families in the 'beginners' grouping saying it had happened was slightly higher amongst those in Cohort 2 than amongst Cohort 1

- however, the proportion fell from four-fifths to three-fifths between the cohorts in the '2 year' grouping[41] and rose from just under half the Cohort 1 families to three-quarters of the Cohort 2 families in the '2 year +' grouping

The responses for the '2 year +' grouping may indicate the benefits of longer experience using SoS. However, it is worth noting that there were no differences in the status of the cases at T2 in either cohort between those where safety planning had been undertaken and where it had not.

### 4.5.1.1 Goal planning

Over two-thirds of families in the study said they had been involved in goal planning at some point:

- the proportion of families in the 'new' grouping who reported any involvement with goal planning increased sharply between Cohort 1 and Cohort 2 from just under one-third to two-thirds

- the proportion also rose in the '2+ years' grouping from just over three-fifths to three-quarters and it fell from four-fifths to three-fifths in the '2 year' grouping

There were indications that, where families said they had been involved in goal planning, they were more likely to report that their goals had been achieved, but the numbers are too small to draw firm conclusions.

### 4.5.1.2 Developing professional support

Nearly two-thirds of parents interviewed thought that their social workers had helped them to develop and access professional support. The proportion rose slightly between cohorts in the 'new' grouping, but was reasonably stable across the other 2 groupings.

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[41] This reflects a more negative response from families in one authority in the '2 year' grouping that tended to depress many of the ratings for this grouping.

### 4.5.1.3 Developing personal support

Only one-third of parents thought that their social workers had helped them to develop their personal networks and sources of support, but many families were antagonistic to the idea anyway. There were no differences worth noting between the groupings, cohorts or over time.

### 4.5.1.4 Families' views on their futures

At T1 and T2 all families were asked to complete a scale on how they felt about their family's future, where 1 meant they were very worried/concerned through to 10 where they had no worries. The main points to emerge were that:

- at T1 257 families provided a number: 85 (33%) families scaled between 1 and 5 and 172 (67%) scaled between 6 and 10. At T2, 183 families repeated this scaling – with 37 (20%) scaling between 1 and 5 and 146 (80%) scaling between 6 and 10

- most of the 183 families (63%) indicated that they had fewer concerns at T2 than they had at T1; 25 per cent scaled at the same level and the remaining 12 per cent indicated they were more worried at T2 than at T1. Scaling was very consistent across groupings and cohorts (see Figure 4)

**Figure 4: Scaling of concerns by families at Times 1 and 2**
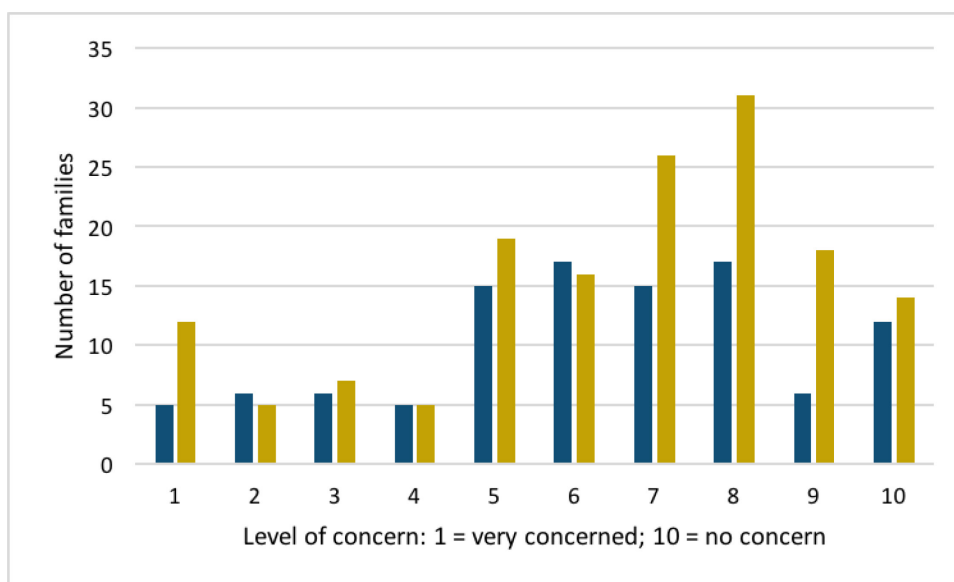


### 4.5.1.5 Families' views on the impact of social care involvement

The 187 parents interviewed at T2 were asked if their most recent involvement with children's services had made their life better, worse or left it the same:

- just over half (52%) said the contact had made their life better. Of the rest, 19 per cent thought their life was the same as it had been before the contact while slightly

more (22%) said it had made their life worse. The remaining 7 per cent could either not assess this or were not sure

- when the data were explored for any differences between the groupings, the proportion of families in Cohort 1 saying their life was better as a result of the contact was highest in the '2 years +' grouping followed by the '2 year' grouping, but amongst Cohort 2 families the proportion was highest in the 'new' grouping and lowest in the '2 years+' grouping

## 4.6 Children and young people and contact with their social workers

Three-fifths (60%) of the children and young people interviewed were positive about their social workers, while nearly a quarter had mixed feelings:[42]

- the majority (83%) did not want any more contact with their social workers. When asked if they were aware of why social workers were working with their families, most had some idea

- over half (52%) had a limited understanding, and a third (33%) had a good or reasonably good understanding. Not surprisingly, this was closely linked to the age of the respondent and did not vary across the groupings or cohorts

## 4.7 Families: summary of scores on standardised measures

The results from the standardised measures are summarised below and further details are contained in Appendix I of the [Technical appendices](). Future outputs will discuss them in detail. Overall, it is important to note that these results appear to be consistent with other data sources used in the evaluation, such as the interviews.

### 4.7.1 Parents' social networks, engagement with social care and sense of mastery

Parents in the evaluation completed 3 standardised measures designed to highlight 3 features of the SoS approach to child protection:

- focus on strengths: first, SoS aims to increase safety and reduce risk and danger by focusing on strengths, resources and networks within families, so parents were

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[42] Further details on what was learned from conducting these interviews and from their content will be reported at a later date.

asked to complete the Lubben Social Network Scale (Lubben, 1988) which measures the size and structure of social networks

- parental engagement: next, one of the most frequent findings in the SoS literature is an increase in positive relationships between workers and parents and potential engagement and cooperation. The Yatchmenoff Client Engagement Scale (Yatchmenoff, 2005) is designed to differentiate between parents who are thought to be 'just going through the motions [with services] and [those who are] positively involved in a helping process' (p86). Answers are used to produce an overall engagement score and 4 separate sub-scales which measure buy-in, receptivity, relationships with the worker and mistrust, characterised as the 'belief that the agency or worker is manipulative, malicious, or capricious, with intent to harm the client' (p87)

- parental responsibility: finally, SoS aims for parents to become more proactive in decisions about the best approaches for their children, and to take greater responsibility for their actions. To capture this, parents were asked to complete the Pearlin Mastery Scale (Pearlin and Schooler,1978) which is designed to measure 'the extent to which people see themselves as being in control of the forces that importantly affect their lives' (Pearlin et al., 1981, p340)

Appendix I of the Technical appendices contains further details and summarises the data. The distribution of parents' scores on all three measures did not vary significantly by pilot area or by whether they were in the first or second cohort. The only statistically significant difference between those who were re-interviewed and those who were not was that those who were not re-interviewed had lower scores (that is, they were more mistrusting) on the mistrust sub-scale at T1 (p=0.05), suggesting that they may have transferred their views about the agency and workers with whom they were in touch onto the evaluation. That this was the only difference does seem to suggest that those who were re-interviewed, and those who were not, did not appear to differ substantially in terms of how they scored on the measures overall.

As is clear from the tables in Appendix I of the Technical appendices, scores between T1 and T2 remained stable. The only measure in which parents' scores differed significantly between T1 and T2 was on the Pearlin Mastery Scale, where the mean rank was higher at T2 than at T1, suggesting that parents' sense of being in control of their lives had improved.[43] This is consistent with some of the comments made by parents and social workers reported earlier.

Although scores on the Lubben Social Network Scale did not change significantly between T1 and T2, it is worth noting that around a third of the parents at T1, and a

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[43] Using the Wilcoxon Signed Ranks Test.

quarter at T2, scored below 12 points out of a maximum of 30. This score means that the parent has fewer than 2 people whom they see at least once a month, can call on for help, or talk through private matters (Lubben et al., 2006). This illustrates that considerable effort would be required to help these participants develop a network that could help to support them. It may explain the lack of interest in, and even antipathy towards, social workers' efforts to develop family networks which some parents reported.

## 4.7.2 Children and young people: standardised measures

As yet, there is limited evidence on outcomes for children as a result of SoS. However, the links between children's mental health and experiences of abuse and neglect mean that psychological difficulty is a vital area to explore. The following instruments were used:

- Strengths and Difficulties Questionnaire (SDQ)
- Children and Youth Resilience Measure (CYRM-12) (Seligson et al., 2003)
- Students' Life Satisfaction Scale (SLSS) (Huebner, 1991a and 1991b)

The Strengths and Difficulties Questionnaire (SDQ) is a well-validated screening device to predict the presence of mental health difficulties in children, with the higher scores predicting greater rates of disorder than 'low' ones. The routine use of the SDQ in many settings[44] means that it is now possible to compare scores in different settings with national prevalence data. Parents or carers of children aged 2–10 were asked to complete the SDQ with reference to their child, while children and young people aged between 11 and 17 completed the measure themselves.

Recent years have seen increasing policy attention towards promoting resilience as a way of helping children and young people grow and develop, despite experiencing adverse circumstances. Children aged 6–10 and children and young people aged 11–17 completed relevant versions of the 12-item Children and Youth Resilience Measure (CYRM-12) (Seligson et al., 2003).

In addition, it was considered important for the evaluation to collect information about life satisfaction from the perspective of children and young people themselves. Life satisfaction has been described as 'a reflective appraisal, a judgment, of how well things are going, and have been going' (Argyle, 2001, p39). While the factors that make up life satisfaction in adults have been explored extensively, far less research has explored life satisfaction in representative samples of children (Knies, 2012). Existing research

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[44] This includes the requirement that local authorities report annually on the overall SDQ score for all children in their care to the Department for Education.

suggests that lower levels of life satisfaction are associated with an increase in psychological symptoms among young people. Importantly, in terms of interventions such as SoS, while reports of life satisfaction from children are moderately stable (trait), they can also change in response to changing life circumstances (state) (Huebner, 2004). This was explored using Students' Life Satisfaction Scale (SLSS) (Huebner, 1991a and 1991b).

Appendix I of the Technical appendices shows the SDQ scores on those children and young people aged 2–17 for whom we had data. The mean total SDQ scores did not vary significantly by pilot area or cohort or whether the family was re-interviewed at T2. There did not appear to be an association between children's SDQ scores and whether they remained with their parents at T2. While there did not appear to be any statistically significant changes in SDQ scores between T1 and T2, over 40 per cent of children scored over 20 on the SDQ at both time points, suggesting a high likelihood of them meeting the criteria to be diagnosed as having a mental health disorder.

Children aged 6–10 and children and young people aged 11–17 completed relevant versions of the 12-item Children and Youth Resilience Measure (CYRM-12) (Seligson et al., 2003). Appendix I of the Technical appendices shows that younger children in the evaluation tended to have higher mean scores, associated with higher resilience, but this was not statistically significant. While there was a slight rise in overall mean scores between T1 and T2, this did not appear to be statistically significant.

Data contained in Appendix I of the Technical appendices shows that almost all the younger children reported that they were happy. However, fewer than half the children who completed the Students' Life Satisfaction Scale (SLSS) (Huebner, 1991a and 1991b) had mean scores of 4 and over which are taken as a broad indicator of satisfaction. Future outputs will explore differences between the different measures for children and parents, the associations with other characteristics such as age, and the associations with different outcomes.

Appendix I of the Technical appendices also summarises the questions about their social worker derived from an Australian study. These were completed by children aged 6–10.[45] The small numbers in this group mean that these results should be interpreted with caution. While children in this age group almost overwhelmingly chose the most positive options to the questions on happiness, their answers to questions about their relationship with their social worker were more nuanced. For example, at T1, while over 80 per cent of children answering these questions believed their social worker to regard them as

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[45] This tool has not yet been standardised but was reported to be very successful in engaging children. It was being used in parallel research being conducted by Dr Mary Salveron at the Australian Centre for Child Protection, University of South Australia.

important, only 60 per cent thought they could talk to their social worker about their worries. By T2, the proportion who thought they could talk to their social worker had risen to 65 per cent, suggesting, unsurprisingly, that it takes time before children feel confident enough to share their worries with social workers.

## 4.8 Social workers' views on using Signs of Safety with families in the study

An earlier section reports how social workers attached to families in the study used SoS in their practice. They were also asked to scale from 1–10 the extent to which they had used SoS with these families, where 1 was any use at all and 10 represented fully and with all families. Over 80 per cent scaled this as 5 or above and 65 per cent scaled at 7 or above. Although very few social workers (n=14) scored '3 or under', most of these were in the 'new' grouping but, apart from that, the scores were evenly spread across the groups (see Figure 5).

Over three-quarters of respondents (78%) considered there had been evident benefits for the families that arose directly from the use of SoS. Where examples were provided, they almost always focused on improvements in families' understanding of why children's social care was concerned and involved, as well as aiding understanding and appreciation of family dynamics, and identifying the strengths and supports available within the family and social networks. For example, one social worker reported:

> Using SoS helped me to ascertain [the] child's view and feelings… breaking down the language and explaining my concerns to the mother and child clearly helped the family to understand what I am worried about. (Social worker in a pilot in the 'new' pilot grouping)

Nearly a third of social workers (32%) surveyed had encountered one or more problems using SoS with their family/ies who were involved in this study. These usually concerned situations where home environments were described as 'chaotic', or where families were perceived not to have acknowledged concerns nor engaged well,[46] or where the level of risk meant an urgent intervention had been needed that led to the work being terminated abruptly. They were also asked if there were any instances where they would not use SoS, either with the families in the study or more widely. One in 5 said there were cases where they would not use SoS but very few examples were provided. Those that were provided, generally involved situations where it had been difficult to engage families or where risks had been considered to be too high:

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[46] The Resolutions Consultancy has developed a model for working with families where there is serious, alleged or substantiated child abuse but responsibility for the abuse is denied by the parent(s) but this was not mentioned by any social workers. (See Turnell and Essex, 2006.)

- nearly two-thirds of social workers working with families in the study and responding to the survey, on a scale of 1–10 to reflect use, scaled their use as 7 or more

- the proportion scaling at 7 or above in the 'new' grouping was greater for Cohort 2 families than Cohort 1 families, although it fell slightly between cohorts in the '2 year' grouping and more steeply in the '2 year +' grouping

- over three-quarters considered that these families had benefited from the use of SoS

One-third of respondents reported that there had been difficulties in using SoS with families, and one-fifth said there were cases where they would not use SoS.

**Figure 5: Social workers' use of Signs of Safety with families in the study**
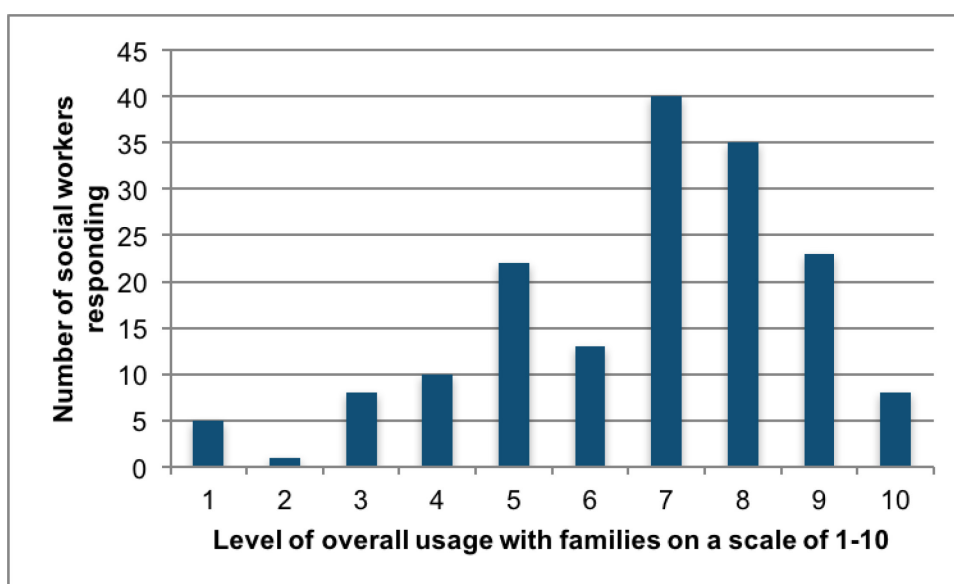


We explored the data to see whether there were any linkages between families saying there were shared goals between themselves and their social workers and:

- the social worker saying the families had benefited

- the evidence level of SoS in their record

The numbers involved were not too small to allow meaningful analysis.[47]

Overall, the social workers' responses represent a very positive finding and reflect a high level of engagement with SoS amongst this group of social workers who were not selected in any way and involved only because families they worked with were in the

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[47] We ran Fisher's exact test on both but neither came out as being significant.

study. But once again there was a lower rating amongst the most experienced groupings for Cohort 2 families than would have been expected on the basis of those for Cohort 2. There could be a number of reasons for this which would need to be explored in ways beyond what was possible for this project. One factor may be the number of agency staff working in one of the 2+ grouping authorities as practitioners and managers.

## 4.9 Evidence of use of Signs of Safety from case records of families in the study

A degree of caution should be applied to interpretation of data on the quality of SoS recording and on the quality of evidence provided in assessments in the next section,[48] as full information on cases was not always available, and the gradings were not independently scored by another researcher.[49] The evidence is presented using the 3 SoS headings (what professionals are worried about, what's working well and what needs to happen).

Case files were examined for the 262 families (of the 270 interviewed) who had given their consent for this to happen. The intention was to identify evidence of SoS relevant practice, but the elements were not graded for quality. If an element was seen to be present, this was noted. It is worth noting that there was one authority in the '2 year' grouping where mention of SoS was less evident across the board.

Mapping: when the case records for Cohort 1 were examined, the 3 headings were evident in nearly all those in the '2 year' and '2 year+' groupings but were only evident in about a third of records for those in the 'new' group. By the time Cohort 2 records were examined, mapping had risen to nearly two-thirds of those in the 'new' grouping.

### 4.9.1 What professionals were worried about

#### 4.9.1.1 Danger statements

In 217 of the 262 files (83%) danger statements were present. In the authorities that had been working with SoS for longer, they were far more evident, but became more evident in authorities in the 'new grouping' over time (Table 7). However, many of the statements that were examined – in all the pilot areas – were not written in a way that would be easily accessible to all parents. It is much easier to achieve this if they are written to the

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[48] It is important to note that this was an analysis of the quality of evidence provided in assessments and not of the quality of assessments. The latter would require a significantly more complex and far-reaching approach and possibly one dedicated to that alone.
[49] See Appendix C of the Technical appendices for the methodology and Appendix D of the Technical appendices for the tools used to record quality of case records and assessments.

parents, but this was evident in only 1 in 5 statements and largely confined to 4 authorities, 2 in the '2 year grouping' and 2 in the '2+ years' grouping.

**Table 7: Danger statements recorded in case records (N)**

| Cohort 1 | Yes | No | Missing | Total |
|---|---|---|---|---|
| New grouping | 27 | 17 | 4 | 48 |
| 2 year grouping | 27 | 5 | 2 | 34 |
| 2+ years grouping | 30 | 2 | - | 32 |
| Total Cohort 1 | 84 (78%) | 24 | 6 | 114 |
| **Cohort 1** | **Yes** | **No** | **Missing** | **Total** |
| New grouping | 53 | 9 | 2 | 64 |
| 2 year grouping | 36 | 10 | - | 46 |
| 2+ years grouping | 44 | 2 | - | 46 |
| Total Cohort 2 | 133 (86%) | 21 | 2 | 156 |

### 4.9.1.2 Complicating factors

Complicating factors were evident in 71 per cent of all the case notes examined, but it was clear that not all statements described as 'complicating factors' were such (see Table 8 below). Leaving the substance to one side, 3 points should be noted:

- complicating factors were more evident in the '2 year' and '2+year' groupings where they could be distinguished in three-quarters of records examined compared with three-fifths of those in the 'new' grouping

- there was a considerable increase in the proportion of case notes where complicating factors were identified between Cohorts 1 and 2 in the 'new' groupings

- in one of the '2+ years' grouping complicating factors were present in all the case notes, as they were in nearly all cases in the other authorities in the 2 most experienced groupings (2+ and 2). The exception was an authority (noted earlier) where there was less evidence of SoS in a number of areas. In that authority, complicating factors were recorded in only a third of Cohort 2 case notes

**Table 8: Evidence of statements labelled as 'complicating factors' in case records**

| Cohort 1 | Yes | No | Missing | Total |
|---|---|---|---|---|
| New grouping | 20 | 24 | 4 | 48 |
| 2 year grouping | 26 | 6 | 2 | 34 |
| 2+ years grouping | 25 | 7 | 0 | 32 |
| Total Cohort 1 | 71 (66%) | 37 | 6 | 114 |
| **Cohort 2** | **Yes** | **No** | **Missing** | **Total** |
| New grouping | 47 | 15 | 2 | 64 |
| 2 year grouping | 27 | 19 | 0 | 46 |
| 2+ years grouping | 42 | 4 | 0 | 46 |
| Total Cohort 2 | 116 (75%) | 38 | 2 | 156 |

## 4.9.2 What was working well/Identifying strengths and resources

In 81 per cent (n=213) of case notes examined there was evidence that social workers had identified strengths in families. Once again there was some variation both between groupings and inside groupings, as is shown in Table 9. In the 'new' grouping there was an increase in all 4 authorities between the 2 cohorts with strengths clearly identified in all case notes in 2 of them. In 2 of 3 authorities in the '2 year' groupings, and in all the '2+ years' group identification was high, but again there was no increase in rate of identification in the one authority that depressed the rate for the '2 year' group on other indicators.

**Table 9: Evidence of what is working well in case records**

| Cohort 1 | Yes | No | Missing | Total |
|---|---|---|---|---|
| New grouping | 28 | 16 | 4 | 48 |
| 2 year grouping | 29 | 3 | 2 | 34 |
| 2+ years grouping | 28 | 4 | 0 | 32 |
| Total Cohort 1 | 85 (79%) | 23 | 6 | 114 |
| **Cohort 2** | **Yes** | **No** | **Missing** | **Total** |
| New grouping | 53 | 9 | 2 | 64 |
| 2 year grouping | 33 | 13 | 0 | 46 |
| 2+ years grouping | 43 | 3 | 0 | 46 |
| Total Cohort 2 | 129 (83%) | 25 | 2 | 156 |

### 4.9.3 What needs to happen

Either as part of an explicit mapping exercise, or as a standalone heading, a statement on 'what needs to happen' was noted in 86 per cent of case records examined. Just over half the Cohort 1 case notes in the 'new' grouping contained an analysis of what needs to happen. This rose to more than four-fifths in the Cohort 2 case notes. Once again this item was very evident in the more experienced groupings, as is shown in Table 10.

**Table 10: Evidence of what needs to happen in case records**

| Cohort 1 | Yes | No | Missing | Total |
|---|---|---|---|---|
| New grouping | 28 | 16 | 4 | 48 |
| 2 year grouping | 29 | 3 | 2 | 34 |
| 2+ years grouping | 30 | 2 | 0 | 32 |
| Total Cohort 1 | 87 (81%) | 21 | 6 | 114 |
| **Cohort 2** | **Yes** | **No** | **Missing** | **Total** |
| New grouping | 54 | 8 | 2 | 64 |
| 2 year grouping | 38 | 8 | 0 | 46 |
| 2+ years grouping | 46 | 0 | 0 | 46 |
| Total Cohort 2 | 138 (88%) | 16 | 2 | 156 |

### 4.9.4 Evidence of use of tools recorded in case records

#### 4.9.4.1 Three Houses recorded in case records

Data on the use of the Three Houses tool must be viewed with some caution because of the number of reports of social workers not being able to upload the completed documents onto their IT system. While care was taken to examine the records for any textual reference, it is possible that the tools were used to a greater extent than evidenced. We found 64 examples on file of Three Houses, which had been done by children living in the families in this study and whose case records were examined. Andrew Turnell has said that he would expect workers to start using Three Houses once children are talking.[50] In this sample, there were no examples from children under the age of 3 and only one completed with a 3-year-old. There were more examples of Three Houses for those children aged 6 to 9 years but there were considerably more children at each age than were reflected in the examples seen.

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[50] In response to a direct question on this from the evaluation team.

Figure 6 records the distribution of examples of Three Houses found for each age compared with number according to age of the 'oldest' child in each family. It gives some ideas of how few examples were available to be seen by the evaluation team (and presumably by supervisors, colleagues, current or future, or for use in any proceedings). The actual number of children at each age would be much greater because the majority of families had more than one child.

**Figure 6: Ages of children and young people whose records contained an example of the 'Three Houses' tool v. age of the oldest child in the family**
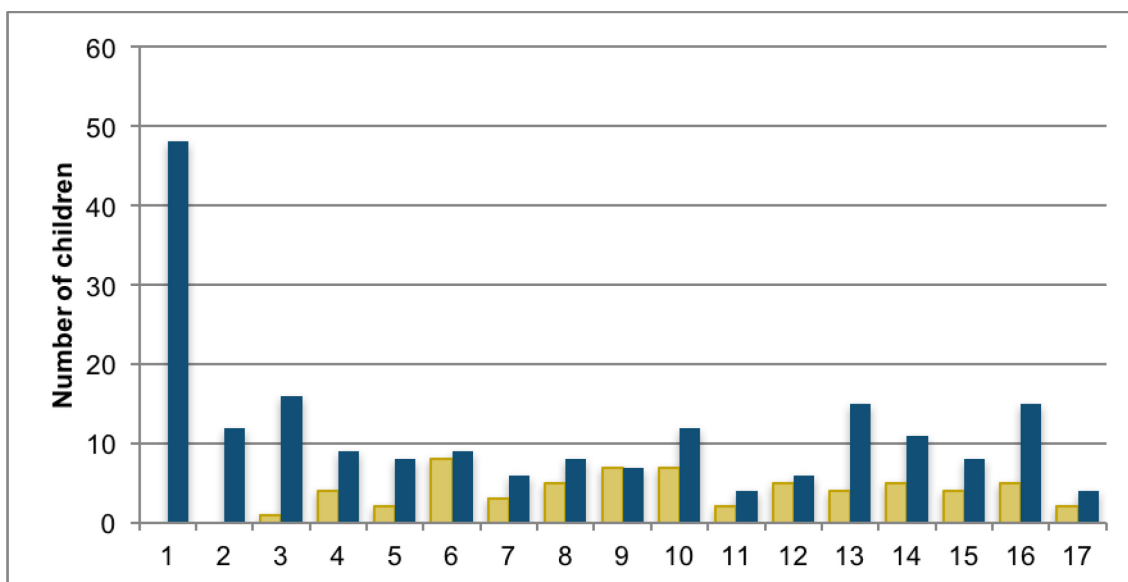


| | Ages of oldest children in families in study | Ages of children completing the Three Houses tool |
|---|---|---|

### 4.9.4.2 'Words and pictures' recorded in case records

Very few examples of the use of Words and Pictures were identified across the 10 pilots for the families in the study. In total, only 14 were seen: 6 in 2 authorities in the 'new grouping', one in an authority in the '2 year' grouping, and 7 in 2 authorities in the '2+ year' grouping.

### 4.9.4.3 Family networks recorded in case records

There were explicit references to the use of family networks in over half (56%) of the case notes examined, although there were reports of conferences and core groups where other family members were present that were not specifically referenced in notes or a plan. Table 11 shows that across the 'new' and most experienced groupings, references to efforts to develop family networks rose between Cohort 1 and Cohort 2 – in the former from two-fifths to over half of the case records and in the most experienced '2 years +' grouping from half to three-quarters. References to family networks in 3 of the 4

authorities in the 'new' grouping increased considerably, as they did in one of the '2 year' grouping and one of the '2 year+' grouping, but with slower progress in the other areas.

**Table 11: Evidence of family networking in case records**

| Cohort 1 | Yes | No | Missing | Total |
|---|---|---|---|---|
| New grouping | 18 | 26 | 4 | 48 |
| 2 year grouping | 20 | 12 | 2 | 34 |
| 2+ years grouping | 16 | 16 | 0 | 32 |
| Total Cohort 1 | 54 (50%) | 54 | 6 | 114 |
| Cohort 2 | Yes | No | Missing | Total |
| New grouping | 34 | 28 | 2 | 64 |
| 2 year grouping | 23 | 23 | 0 | 46 |
| 2+ years grouping | 35 | 11 | 0 | 46 |
| Total Cohort 2 | 92 (60%) | 62 | 2 | 156 |

### 4.9.4.4 Scaling in case records

Overall, scaling was evident in just under half (48%) of Cohort 1 case notes examined. It increased to 58 per cent in Cohort 2. This reflected an appreciable rise in the rate it was done in 2 pilots in the 'new group' and in one of the '2 years+' group, as shown in Table 12.

**Table 12: Evidence of scaling in case records**

| Cohort 1 | Yes | No | Missing | Total |
|---|---|---|---|---|
| New grouping | 12 | 32 | 4 | 48 |
| 2 year grouping | 22 | 10 | 2 | 34 |
| 2+ years grouping | 18 | 14 | 0 | 32 |
| Total Cohort 1 | 52 (48%) | 56 | 6 | 114 |
| Cohort 2 | Yes | No | Missing | Total |
| New grouping | 32 | 30 | 2 | 64 |
| 2 year grouping | 19 | 27 | 0 | 46 |
| 2+ years grouping | 39 | 7 | 0 | 46 |
| Total Cohort 2 | 90 (58%) | 64 | 2 | 156 |

### 4.9.4.5 Safety planning in case records

There was an element of safety planning in just over two-thirds of reports (see Table 13) but in most cases it still seemed to require further development. There was only a tiny increase across the 2 Cohorts (56% to 57%).

**Table 13: Evidence of safety planning in case records**

| Cohort 1 | Yes | No | Missing | Total |
|---|---|---|---|---|
| New grouping | 17 | 27 | 4 | 48 |
| 2 year grouping | 21 | 11 | 2 | 34 |
| 2+ years grouping | 22 | 10 | 0 | 32 |
| Total Cohort 1 | 60 (56%) | 48 | 6 | 114 |
| **Cohort 2** | **Yes** | **No** | **Missing** | **Total** |
| New grouping | 30 | 32 | 2 | 64 |
| 2 year grouping | 25 | 21 | 0 | 46 |
| 2+ years grouping | 33 | 13 | 0 | 46 |
| Total Cohort 2 | 88 (57%) | 66 | 2 | 156 |

### 4.9.4.6 Overall application of Signs of Safety from case records

A template was devised to record evidence of the elements of SoS to attempt to understand the extent to which a holistic approach had been adopted in each case examined. We classified the evidence in each record examined as excellent, good, reasonable or poor/minimal. There was an improvement in the proportion graded as reasonable between Cohort 1 and Cohort 2 in the 'new' grouping and an improvement in the proportion graded as 'good' in the other 2 groupings (see the Technical appendices, Table J.1).

### 4.9.4.7 Analysis of level of evidence provided in assessments

The assessments in the case notes were categorised under 4 headings. These were developed with senior practitioners in 2 local authorities not in the project and were:

- failure to take account of all relevant information from past and present; no links with future planning; no mention of external evidence/research (n=12)

- limited evidence of information collected from past and present represented in assessment and future planning; little or no evidence of reflection, or of external evidence or research (n=92)

- reasonable evidence of information collected from past and present and reflection represented in analysis; limited reference to evidence or research (n=118)

- good evidence that information collected from past and present and reflection represented in analysis; well-referenced links to external evidence/research (n=38)

In 10 cases data were either missing or there was too little information on which to base a judgement ('Other' and 'Missing' in Table 14). In summary:

- sixty per cent of the recordings of SoS practice were graded as 'reasonable' or 'good' and there was an increase in the proportions graded as such between Cohort 1 and Cohort 2

- there was a marked shift towards better-evidenced assessments across all the groupings

- the proportion of assessments where the evidence was assessed as inadequate in the 'new' grouping was small for Cohort 1 and fell further by Cohort 2. Although only one assessment was categorised as 'good', there was an increase in the proportion with reasonable evidence

- the evidence was at least adequate for all the assessments examined in the '2+ years' group, and the proportion falling into the 'good evidence' category doubled between Cohort 1 and Cohort 2 (from one-sixth to one-third)

- a much more mixed picture emerged in the '2 year' grouping. One of the authorities in this grouping had the highest proportion of 'good evidence' assessments in Cohort 1 and Cohort 2; another had the highest proportion of those with 'inadequate evidence' for Cohort 2 records

- apart from that one authority in the '2 year' grouping there was a marked shift towards better-evidenced assessments across the groupings

### 4.9.4.8 Length of time child protection plans were in place

There were striking differences in the time for which child protection plans lasted. 16 per cent had lasted for up to 15 weeks from the ICPC; 18 per cent for between 16 and 30 weeks; 29 per cent were in place for between 31 and 40 weeks; 13 per cent lasted between 41 and 52 weeks, and 24 per cent over 52 weeks (for further details see Appendix J of the Technical appendices). In terms of the groupings relating to experience of working with SoS, there were no differences in the time which CP plans lasted, but there were marked differences between authorities. In one authority, none of the CP plans lasted for less than 15 weeks, whereas in 3 authorities, a quarter of plans had ended by 15 weeks.[51]

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[51] This will be investigated further in future outputs.

There were 29 cases where child protection plans had ended within 15 weeks and where it was possible to determine their status at T2. Over half had had no further contact with children's services during the time of the study; a fifth were still on the child in need plan that had replaced the child protection plan. But, in a fifth of these 'early closures' children were subsequently removed, were the subject of a new child protection plan, or there had been a number of re-referrals but no further action had been taken by the end of the study (see Table 15). This indicates a need for an investigation comparing length of child protection plans and outcomes for children over time.

**Table 14: Analysis of assessments from case records**

| Cohort 1 | Good evidence | Reasonable evidence | Limited evidence | Inadequate evidence | Other | Missing | Total |
|---|---|---|---|---|---|---|---|
| New grouping | 0 | 17 | 23 | 4 | 0 | 4 | 48 |
| 2 year grouping | 7 | 16 | 7 | 1 | 1 | 2 | 34 |
| 2+ years grouping | 5 | 16 | 11 | 0 | 0 | 0 | 32 |
| Total Cohort 1 | 12 | 49 | 41 | 5 | 1 | 6 | 114 |
| **Cohort 2** | **Good evidence** | **Reasonable evidence** | **Limited evidence** | **Inadequate evidence** | **Other** | **Missing** | **Total** |
| New grouping | 1 | 27 | 32 | 2 | 0 | 2 | 64 |
| 2 year grouping | 10 | 18 | 13 | 5 | 0 | 0 | 46 |
| 2+ years grouping | 15 | 24 | 6 | 0 | 1 | 0 | 46 |
| Total Cohort 2 | 26 | 69 | 51 | 7 | 1 | 2 | 156 |

**Table 15: Outcomes for families where child protection plans lasted up to 15 weeks**

| Outcome | Total n families |
|---|---|
| Children removed subsequently | 2 |
| Special Guardianship Order | 1 |
| Child protection plans to child in need plans | 6 |
| Child protection plans closed and new child protection plans in place | 3 |
| Many referrals but no further action | 1 |
| Closed. No further contact | 16 |
| Total | 29 |

### 4.9.4.9 Re-referrals by end of August 2016

The 10 pilots provided updated information on the status of the 270 families in the study at August 2016. Just over half (142/53%) were not re-referred to children's services

between the re-referral that led to them being included in the sample and the end of the data collection period at 31 August 2016. This includes 86 of the 97 families where the cases were closed or had been stepped down to early help at T2 after the T1 interview. Information was available for 118 of the remaining 128 families. There were 22 families where the re-referral led to no further action, 7 families where new child protection plans were put in place, sometimes stepped up from a child in need plan and 4 with new child in need plans. In most cases, the concerns appeared to have been absorbed into existing child protection or child in need plans, although it was not always clear whether and how this had been achieved. In the 28 families where children had been removed by the end of the study, just under a third (9) resulted from re-referrals and ongoing concerns from other agencies, even though, in most cases, a child protection plan was in place. Again, this is an area where further research is needed to gain a deeper understanding of the relationship between the SoS approach and the decision to close cases, as well as how other professionals use SoS to monitor, support and make rereferrals.

# 5. Key findings 3: Cost study - resources, outputs and expenditure

## 5.1 How do social workers spend their time?

A total of 162 diaries were completed by 121 social workers, across 2 '1-week periods'.[52]

The diary data are heavily skewed, with 4 pilot sites accounting for 80 per cent of total responses, due to non-response from 2 sites and a very low response (less than 10 diaries) in another 4 sites. The 4 pilots included 2 authorities in the 'new' grouping, 1 in the '2 year' grouping and 1 in the '2 year+' grouping.

The only available data on social worker time use before the implementation of SoS is now 7 years old (Baginsky et al., 2010, collected in 2009). While broadly comparable with the data collected during this study, there are obvious limitations to any conclusions that can be drawn, due to the broader changes that have occurred in that time. The data do, however, provide a baseline for future investigation.

Social workers reported spending slightly more time on case-related work in 2016 (72%) than in 2009 (67%), although they also spent less time on direct contact with clients in 2016 (18% compared with 22% in 2009) and more time on case-related recording and reporting (31% compared with 23%), as shown in Table 16.

To minimise the impact of different responders in 2009 and 2016, analysis was undertaken with the 3 sites that responded in both years. This confirmed the trends observed in the wider data, as all 3 sites recorded decreases in the amount of time spent on direct client contact and case-related work within their own agency, and increases in the time spent on case-related recording, supervision and training.

Without comparable 2016 time use data from non-pilot sites, it is impossible to say to what extent the observed changes are due to SoS. For example, changes in children's services' policy and legislation or changes in social work practice (formal and informal) in reaction to high-profile cases are likely to have had an impact on time use. Moreover, a 5 per cent change is within the margin of error, so these findings do not indicate any significant shift in time use. But it is evident that social workers were not spending more time with families, which would be required to fulfil the intentions of SoS.

Respondents were asked to provide details of the number of years since they qualified as a social worker, with responses grouped into 0–1 years, 2–5 years and more than 5

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[52] 41 Social workers completed diaries in both January and March 2016.

years. The most experienced staff spent more time on case-related work than their less experienced colleagues (74% to 69%), but less time on direct client contact (16% to 22%). This is possibly due to other managerial and supervisory responsibilities as they spent more time on inter-agency case work (18% to 12%) and supervision (11% to 5%).

**Table 16: Proportion of time spent in broad categories 2009 and 2016**

| Activity | 2016 | 2009 | Change |
|---|---|---|---|
| Direct client contact | 19% | 22% | -3% |
| Case-related work with their own agency | 7% | 12% | -5% |
| Inter-agency work (case related) | 15% | 10% | +5% |
| Case-related recording and reporting | 31% | 23% | +8% |
| Case-related work | 72% | 67% | +5% |
| Supervision | 8% | 3% | +5% |
| Training | 8% | 5% | +3% |
| Travel | 10% | 11% | -1% |
| Other work | 2% | 14% | -12% |
| Non-case-related work | 28% | 33% | -5% |

Social workers in the pilot sites reported spending more time on supervision (+6%), inter-agency working (+5%) and training (+3%) than reported in the 2009 survey, which might be indicative of some of the wider requirements of SoS and wider policy pressures aimed at improving social work with children and families. For example, senior managers in 3 pilots reported that front-line staff were involved in indirect SoS work, such as presentations at work-related conferences; work-stream groups and group supervision; preparation of materials; attendance at operational and other groups (in one pilot, for example, 190 staff days over the period); and 'Celebration of Good Practice' events which lasted for half or whole days and which involved large numbers of staff:

> The aim of the implementation plan has been to completely integrate Signs of Safety throughout all children's social care and early help teams so that use of SoS becomes an everyday, every case, every activity process for all practitioners and their managers. (Manager in a pilot in the '2+ year' pilot grouping)

Table 17 shows that social workers in pilots that were less experienced in SoS not only spent more time on case-related work overall than those in more experienced pilots (76% to 72%), but also spent more time on direct client contact (20% to 18%), although all differences were within the margin of error. Interestingly, those in the most experienced pilots spent more time on training (9% compared with 6% in pilots new to SoS) which, given that a high proportion of their staff would have already attended at least the 2-day

SoS training, may be indicative of the ongoing requirements to keep up with staff turnover.

In light of the skewed response, for this analysis we split the 4 pilots with the largest time use survey response into 2 groups – 1 group with 2 'new' pilots and the other with pilots from the '2 year' and '2+ years' groupings – to assess whether there was any notable difference in time use. The only major difference, although still within the margin of error, was in the time spent on recording and reporting, which was 5 per cent higher in the pilots new to SoS than in the more experienced pilots (35% to 30%).

**Table 17: Proportion of time spent in broad categories by experience groups**

| Activity | Pilots with less than 1 year's experience | Pilots with 1–2 years' experience | Pilots with more than 2 years' experience |
|---|---|---|---|
| Direct client contact | 20% | 18% | 18% |
| Case-related work with their own agency | 6% | 6% | 7% |
| Inter-agency work (case related) | 16% | 16% | 14% |
| Case-related recording and reporting | 34% | 28% | 33% |
| Case-related work | 76% | 69% | 72% |
| Supervision | 8% | 10% | 7% |
| Training | 6% | 8% | 9% |
| Travel | 8% | 12% | 10% |
| Other work | 2% | 2% | 2% |
| Non-case-related work | 24% | 31% | 28% |
| Base | 59 | 66 | 37 |

Without additional research within non-pilot sites (to provide an up-to-date comparison), the most we can say is that SoS is unlikely to significantly change the time spent on case-related work. There may be small increases in the amount of time required for training and supervision, but time spent on direct client contact does not appear to be adversely affected by SoS.

## 5.2 How well embedded is Signs of Safety in the pilots?

### 5.2.1 Diary and profile data on training

Training provision was important in all pilots, including those that had been implementing SoS the longest, not least to keep up with staff turnover in children's services and other agencies. Local authorities keen to be part of any roll-out of SoS need to be aware of these ongoing commitments.

Social workers completing the time-use diary were asked to confirm what formal training they had received in SoS. Of the responding staff, only 4 per cent overall had not received any SoS training, with staff in the most experienced pilots the most likely to have had no formal SoS training (8%), but all staff in pilots new to SoS reporting some training.

Comparing the data from pilots on formal training provided pre-IP and during IP, staff[53] in authorities in the 'new' grouping received 87 per cent of their training during the IP period, compared with just 36 per cent in the most experienced pilots. Combined with natural staff turnover, this would explain why staff in the more experienced pilots were less likely to have received formal training, and emphasises the importance of continuous training support. One pilot in the '2 year' grouping estimated it would need to provide 200 places per annum on a 2-day course at the current rate of staff turnover.

Both providing and attending training take staff time. A pilot in the '2+ year' grouping reported that delivering in-house events absorbed nearly 100 days over the 18-month period, excluding preparation and de-brief time. One pilot identified additional training provision activities, including planning and preparation time, mapping and briefings, and time to coordinate training. Attendance at training bears a cost, and sites often referred to 'back-filling' for work not done during training events. A pilot estimated that up to 20 people attended each training event, and another that staff attendance at training absorbed over 1100 staff days during the 18-month period, equal to 5.3 person years (assuming 205 working days per annum[54]).

All sites undertook dissemination to local partner agencies. One ran monthly multi-agency training courses, while another ran formal sessions but these were supplemented by staff exchanges:

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[53] The training numbers do not just cover social workers but also other core children's social care staff, as well as staff from other departments and partner agencies.
[54] See Curtis and Burns, 2015.

Most front-line staff will have spent some time in the course of their work talking to, and briefing, staff from partner agencies at a local level about SoS and changes to the way we are working. […] this was an expectation we had of our staff […]. This supplemented the more formal briefings and partner workshops organised centrally and we needed to do both. (Informant in a pilot in the '2 year' grouping)

The profiling exercise asked pilots to rate their progress (1–10) at the beginning and the end of the project on a series of measures (see Appendices F and G). All pilot sites reported improvement in 'embedding the SoS training into in-house compulsory introductory training' and 'embedding SoS approaches and principles across all training for those working in children's social care'. Most sites reported improvements of 3 points or more over the period.

## 5.2.2 Management input for Signs of Safety implementation

The questionnaire on resources used to support SoS implementation generated varying levels of detail across pilots. However, where quantities (for example, proportions, days, costs) were provided, respondents almost invariably reported broad estimates that had not been discussed with colleagues.

One question asked about additional management input to support SoS implementation, over and above that funded through the IP grant. It is rare for these inputs to be recorded, and all sites found this a challenging question. Only 2 pilots could link management time to funding: one reported that a full-time equivalent project manager was funded from its own resources and another reported using some of the IP grant to fund middle and senior management time. Two pilots identified this as being 'difficult to assess' or 'requiring further analysis'. One of the authorities in the '2+ years' grouping noted that '...[managers] all spend far longer integrating the approach through their day to day management of staff', and one in the '2 year' grouping reported that:

…there is a strong case for saying we have focused on challenging all staff to think through using an SoS approach to change how they work rather than doing entirely new or additional work.

Thus, our summary of data from 8 SoS sites gives an indicative picture of the managerial input that supported SoS implementation, rather than a definitive pattern for future success. Over the 18-month period, there had been an average of 340 days input from management staff across all grades, within a range of 90–1089 days per site. There was no evidence to suggest that more (or less) management time was required by the different levels of SoS experience. Collating the data is complex as sites use different titles but the recorded input appears fairly evenly split between 'senior' and 'middle' managers, a total of 1424 and 1298 days respectively. Importantly, these are costly time

inputs, but within a local authority are rarely quantified or linked to implementing a particular practice innovation.

### 5.2.3 Funding and matched funding to implement Signs of Safety

The IP grant, allocated in October 2014 for 18 months, was reported in the resources questionnaires as ranging from £153,000 to £500,000 per site. Four sites reported receiving around £200,000, and another 4 reported figures closer to £300,000. Two sites received an additional £50,000–53,000 for MTM staff training, although other sites may have included this within their overall figure, perhaps accounting for some of the higher totals. Commonly the grant was spent on project management within the authority, staff working directly on SoS implementation, training and associated costs, publicity and communications, protocols and SoS materials, and external consultants.

Perhaps more interesting is the way that matched local authority resources were identified and used. Only one pilot had linked resources to a specific SoS budget head and had also identified the source for matched resources as '… reserves and existing expenditure re-purposed for SoS' (a pilot in the '2 year' grouping). Of the others, 3 sites did not provide any information on their matched funding, 3 sites reported internal allocations that were up to half the IP grant, and 3 sites reported figures similar to the IP grant. The lowest internal funding figure reported was £66,000 and the highest was £372,000 (about £100,000 more than that site's IP grant).

However, figures for 'matched funds' must be considered alongside each site's 'hidden' costs. Hidden costs are those not listed separately but which are still borne by organisations, although often coming from different budgets. Thus 'hiddenness' is a relative term: items (and value) will vary between sites, depending on what has (or has not) been specifically identified as SoS spend. Again, some sites provided descriptive information.

Under the 'matched funding' and 'hidden costs' categories, sites commonly reported items that were related to providing backfill for posts with a major involvement in SoS implementation, as well as management time, particularly from senior managers. Three sites specifically mentioned overheads; one listed various categories such as office support or legal costs, and 2 reported that:

> Additional costs include overheads such as accommodation, IT support, etc. (Informant in a pilot in the 'new' grouping)

> We […] have not charged indirect costs such as overheads. (Informant in a pilot in the 'new' grouping)

Sites also mentioned group supervision, training administration, staff time supporting the implementation, reviewing and updating courses, promotion and administration, research, quality assurance, senior management time in strategy and system development, and communications. One site identified time spent in supporting partners' development and implementation, for example, in health and police services. Identifying matched and hidden costs requires dedicated recording mechanisms to be put in place. Without a good record of these inputs, the true cost of implementing innovative practices will be massively under-estimated.

## 5.2.4 Signs of Safety and performance indicators

The analysis of performance indicators from routine data collections involved 24 key variables, the summary data and sources, which are listed in Appendix K of the Technical appendices. The findings summarised here focus only on indicators where significant differences or trends were found.

Pilots had a significantly (p=.011) lower average rate of assessments per 10,000 children (362) than their SNNs (497) in 2015/16. While the average for pilots had fallen from 2014/15 this was driven by large falls in only 4 pilots. In contrast, all but 1 of the SNNs showed an increase in the assessment rate over the same period. Pilots also had a significantly (p=.005) lower rate of assessments than all non-pilot authorities.

The average duration of assessments[55] in 2015/16 was 19 days in pilot sites, which was significantly (p=.0017) shorter than in SNNs,[56] where the average duration was 28 days, as shown in Table 18. Of the 10 pilot sites, 8 had lower assessment durations than the average for their SNNs; the 2 that had higher durations were both in the 1–2 years' experience group. Pilots also completed assessments in a significantly shorter time than all non-pilot authorities in both 2014/15 (p=.009) and 2015/16 (p<.001). The 2013 editttion of the Working Together statutory guidance gave local authorities more flexibility when assessing children.[57] This makes drawing conclusions difficult, although possible explanations of the observed differences include a lower rate of assessments in pilot sites, more efficient assessments, or lower caseloads and thereby additional resource to complete assessments quicker. It should be noted that shorter assessment durations are only a positive if there is no impact on quality, and there is currently no available data to assess whether or not this is the case.

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[55] Measured as the median duration in working days.
[56] There was also a significant (p=.03) difference between pilots and SNNs in the median duration of assessments in 2014/15.
[57] Previously local authorities carried out an initial assessment within 10 working days and (where needed) a more in-depth core assessment within 35 working days. Local authorities can now carry out a single continuous assessment within 45 working days.

The rate of s47 enquiries per 10,000 children carried out in 2015/16 in pilots (128) was broadly similar to their SNNs (137) but while the pilot sites showed little change from 2013/14, the SNNs showed a significant (p< 0.001) increase from 2013/14 with only one SNN not showing a double-digit increase.

**Table 18: Median duration of assessment (working days) by pilot experience with statistical nearest neighbours (SNNs) 2015/16**

| Type of pilot | Pilots | SNNs | % difference |
|---|---|---|---|
| Beginner | 15 | 29 | -50% |
| 1–2 years | 33 | 30 | 10% |
| >2 Years | 11 | 28 | -62% |
| Number of days | 19 | 29 | -35% |

Pilots also had a significantly (p=.003) lower rate of ICPCs per 10,000 children than their SNNs in 2015/16. The rate had decreased in most pilots (7 of the 10) from 2013/14, while it had significantly (p<.001) increased in SNNs over the same period. The rate of ICPCs was also significantly lower in pilot sites than in all non-pilot authorities in 2015/16 (p<.001).

Pilots had a significantly (p=.02) shorter duration from the start of s47 enquiries to ICPC[58] in 2015/16 than their SNNs. There was a significant (p=0.015) decrease in pilots from 2013/14 with half showing a decrease and half staying the same. The majority of SNNs also showed (insignificant) decreases over this period and there were no significant differences found between pilot and all non-pilot authorities.

The number of children becoming the subject of a child protection plan (rate per 10,000 children) reduced significantly (p=0.009) by 22 per cent in pilots between 2013/14 and 2015/16 from an average of 38 to 29; over the same period, the average for their SNNs went up by 2 per cent. The difference between pilots and SNNs was significant (p=0.012) in 2015/16 (but had not been in the previous 2 years).The largest reductions in the rate of children on child protection plans from 2013/14 to 2015/16 came in the least experienced pilots, although their rates were higher in 2013/14. The rate of children becoming the subject of a child protection plan was also significantly lower in pilots than in all non-pilot authorities for both 2014/15 and 2015/16 (p=0.014 and p=0.001 respectively) (See Table 18).

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[58] Measured as the median duration in working days.

There was a significant correlation in pilots between the level of deprivation[59] and the rate of child protection plans, with more deprived areas showing higher rates of children becoming the subject of a child protection plan (r=.84, p=.002).[60]

The proportion of child protection cases that were reviewed within the required timescales in 2014/15 was significantly (p=.01) higher in pilots (mean 97%) than in their SNNs (mean 93%), although the difference was no longer significant in 2015/16 and the difference between pilots and all non-pilot authorities was not significant.

The only significant (p=.04) effect found in pilot site workforce data was a fall in the number of children in need per children's social worker. However, these are experimental statistics and this trend was identified as likely to be caused by improved data quality in the DfE collection (supported by SNNs showing a similar significant (p=.0002) trend). There were no significant trends or differences between pilot authorities and SNNs in vacancy, turnover or agency worker rate.

**Table 19: Child protection plans at March 2013/14 and 2015/16 (average rate per 10,000 children)**

| Type of pilot | 2013/14 | 2015/16 | % difference |
|:---:|:---:|:---:|:---:|
| Beginner | 41 | 31 | -25% |
| 1–2 years | 32 | 25 | -23% |
| >2 Years | 39 | 32 | -19% |
| Overall average | 38 | 29 | -22% |

Even if we ignore the methodological limitations of using this type of data (including sample sizes and the difficulties associated with SNNs – not least with issues of differing 'closeness'), it is important to distinguish between identifying a significant difference between 2 groups and identifying a causal link of the differences.

While it is not possible to establish causality with SoS, the cumulative impact of the significant differences that were apparent (including lower rates of assessment; shorter duration of assessments; lower number of ICPCs; shorter duration from the start of s47 enquiries to ICPC, and lower rates of children on child protection plans) could be taken as broadly indicative of positive change.

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[59] Using the local authorities' Income Deprivation Affecting Children Index (IDACI) score.
[60] There was a similarly significant relationship observable in all authorities, although the relationship was weaker (r =.507, p =.000).

## 5.3 Signs of Safety and expenditure patterns

Among the common measures suggested by the Department for Education for a Value for Money analysis is the ratio of expenditure on children in care to other expenditure on children's services. Even though a Value for Money exercise was not possible (see above) S251 data were analysed to explore whether SoS has brought about sufficient practice and system change to influence overall expenditure patterns. Using data for the years 2012/13, 2013/14, 2014/15 and 2015/16, calculations reflected the ratio of expenditure on residential care to overall children's services expenditure, looked after children in residential care to total residential care expenditure, and the ratio of expenditure on fostering services to overall children's services expenditure. These ratios were then analysed to check for significant variations between years and between pilot authorities, their SNNs and all non-pilot authorities.

The mean fostering expenditure ratio[61] was consistently lower in pilot authorities than in their SNNs for each year analysed, although only significantly (p=.048) so in in 2014/15 (see Figure 7). The fostering expenditure ratio was also lower in pilot authorities than all non-pilot authorities for each year, although not significantly.

Comparing individual pilots with their SNN, 8 of the 10 pilots had lower ratios across each year. The fostering expenditure ratio differed significantly (p=.016) between years, with significant increases between 2015/16 and every other year. There was no significant effect according to whether the councils were pilots, SNNs or non-pilots.

Pilots had lower mean residential care ratios[62] in 2015/16 than SNNs and all non-pilot authorities and, conversely, had slightly higher looked after children ratios[63] in 2015/16 (see Figure 8). Across both pilot and SNN groups, the decreases in mean residential care ratio from 2013/14 and 2015/16 (p=.040), and 2014/15 and 2015/16 (p=.018) were significant, as were the decreases in the looked after children ratio.

None of the analyses showed any significant effect due to the status of the authority for either residential care expenditure ratio or looked after children expenditure ratio. The analysis of expenditure ratios therefore provided no indication that SoS may have brought about sufficient practice and system change to influence overall expenditure patterns.

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[61] Calculated as the ratio of fostering services to overall children's service expenditure.
[62] Calculated as the ratio of residential care to overall children's services expenditure.
[63] Calculated as the ratio of looked after children in residential care to total residential care expenditure.

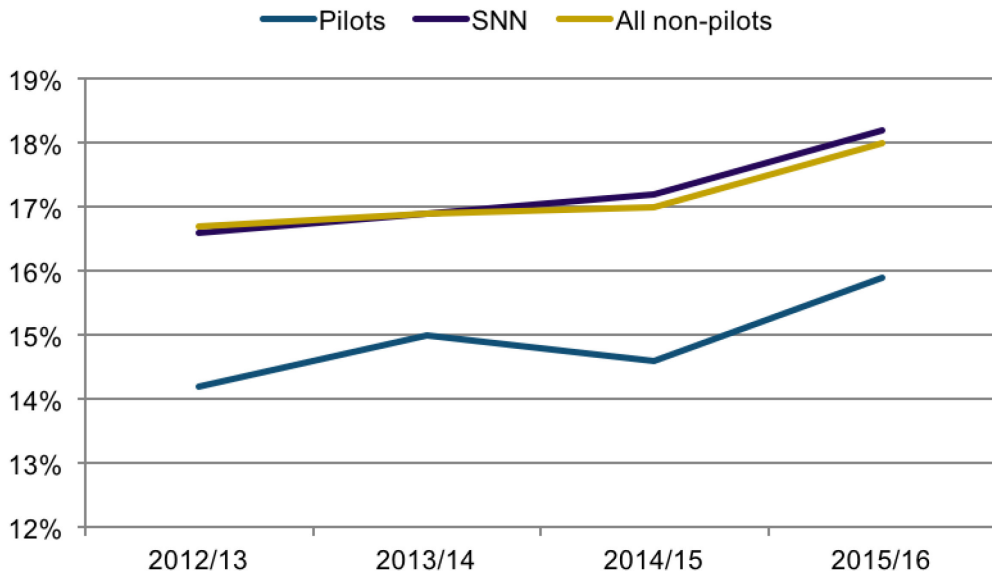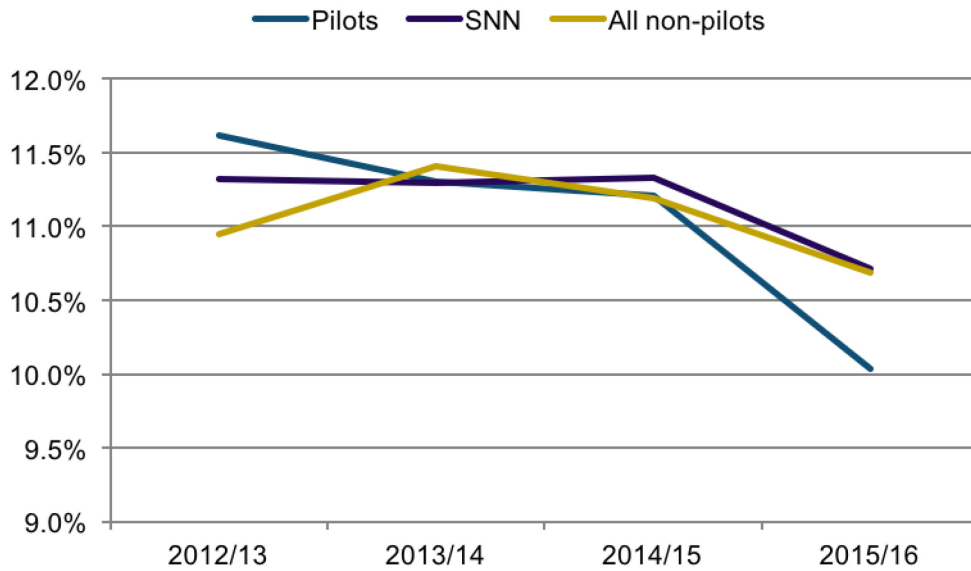**Figure 7: Mean ratio fostering to total children's services expenditure**



**Figure 8: Mean ratio residential care to total children's services expenditure**



## 5.4 Summary

The purpose of the evaluation was to assess the progress made in meeting the objectives of the Innovation Programme, and we used mixed methods to do this by examining implementation processes and intermediate outcomes.

### 5.4.1 Better life chances for children seeking help from the social care system

The key personnel and social workers in the 10 pilots were overwhelmingly positive about the benefits that flowed from the opportunities to implement or extend SoS practice. Many of the challenges that they faced were contextual, and reflected conditions in authorities across England coping with recruitment and retention of social workers, high levels of referrals, constraints on budgets and organisational change . There was, however, optimism that retaining a commitment to SoS as their practice framework would, in the long term, help to address these challenges and strengthen the service they provided to children and families. It is not surprising that, given the reasons why many parents in this study were in contact with social workers, there would be tensions and there might have been unresolved and negative feelings towards some individuals and services. Despite this, many parents were satisfied with the contact with social workers and believed their lives had improved as a result. It was not possible to link this directly with SoS, but there were indications that SoS had made a contribution. It was evident that SoS provided fresh opportunities for social workers to involve families to a much greater extent than had been the case previously. This was being achieved by increasing emphasis on communicating with them and, in so doing, opening up the possibility of raising families' awareness of their responsibilities for the safety of their children. In the long term, it was hoped this would contribute to fewer pressures on social workers and impact on the authorities' ability to recruit and retain skilled social workers which, in turn, would benefit families.

### 5.4.2 Incentives for innovation, experimentation and replication

There was evidence that SoS was more widely applied as the project progressed, but the advances were not always linear. So, for example, in a few pilots with most experience of SoS practice, changes seemed to have slowed down or even regressed. Implementing innovations requires change at the practice, organisation and system levels. These changes will proceed at different paces and may be expected to create friction that will, in turn, slow progress. This is only a problem if it is not recognised and becomes more than a temporary phenomenon. By basing the evaluation on the experiences of the 10 pilots, and by adopting a realistic approach to the evaluation, evidence is available to inform implementation in a wide range of settings.

### 5.4.3 Better value for money across children's social care

The findings reported in the resources, outputs and expenditure sections of this report are tentative rather than definitive. The data examined identified strong indications that suggest the initiative is becoming embedded in pilots. Training was widespread and pilots recognised the need to provide a continuous training cycle; there are, however, costs

associated with both provision and attendance. Management input to support SoS implementation absorbed an average of just over one person per site per year. Much of this, along with overhead charges, represents costs to the pilots' matched funds, and, although the pilots could rarely link expenditure to SoS activities, most reported broad areas which had required additional resources. There are some potentially encouraging signs around assessment duration and child protection rates but these cannot be ascribed solely to SoS and the IP and, it could also be argued, that a reduction in the time taken for assessments is not necessarily a positive indicator. Both expenditure and performance data covered the period of implementation (2013/14–2015/16) and it seems likely that it would be too early to identify any SoS impacts at this level.

# 6. What lessons have been learned about the barriers and facilitators to this innovation

Without effective implementation, innovation will wither on the vine. Fixsen et al. (2005) describe a series of implementation drivers linked with leadership, organisation and competency. Overall, the balance of the SoS innovation was on the side of successful implementation, although aspects of the project could have run more smoothly.

## 6.1 Leadership

As far as leadership was concerned, the pilots regarded participation in the IP project as overwhelmingly positive, and did not believe they would have achieved the shift in practice without the support they had received. The opportunities that had flowed from having the three individuals leading MTM directly involved in their projects and working with staff were valued very highly, as was the input from others associated with the strategic and training arms of the project. In addition to what they gained as individual authorities, the benefits that arose from being part of a collaborative partnership, with the opportunities to share learning and establish networks, were not only appreciated for what they had contributed during the IP, but for the legacy they would leave behind. Similarly, a commitment from the senior management teams, as well as from elected members, was regarded as essential to successful implementation. There were also implications for sequencing training to ensure social workers had the support of managers who had completed the training on SoS before them and were confident in its application.

There were, however, a few areas which could have been improved. Each pilot was assigned to 1 of 2 MTM directors providing direct support. The directors were said to have different strengths with one person being very strongly practice focused and another with strong strategic skills. Within the recognised constraints imposed by resources and geography, the pilots would have preferred to be able to draw on both these individuals at times when they needed their respective strengths. Similarly, while the leadership days that took place approximately every 2 months were considered to be a vital component, informants thought their planning and content were not as strong as they should have been, especially as so many travelled considerable distances at some cost to attend. Although project management had featured heavily in the early days of the project, with all pilots required to produce detailed project plans, it was thought that the overall project management had not been as strong as was required, and that it would have benefited from the input of an experienced project manager. Four subgroups had been established to explore continuum of services, 'front door' to conferencing, Public Law Outline and partner integration. While there had been some reported benefits there

was also feedback that they had not been as well organised as they should have been and, as a result, they had failed to reach their potential.

## 6.2 Organisation

At a pilot level, there were complex governance, commissioning and delivery decisions that were supported by project plans, steering groups and dedicated implementation teams or managers, although the latter worked best when supported by experienced SoS practitioners.

Although social workers identified a great many positives, they were also frustrated with processes and procedures, especially poor recording systems, as well as the limited time they could spend with families. Many social workers said that the need to balance workloads, and by too often settling for what they regarded to be 'good enough' practice, they were contributing to inconsistencies in practice. While this is a problem it is not a criticism of the approach. At best, this was seen as part of the process of embedding a different way of working where obstacles needed to be constantly monitored and addressed. At worst, it was viewed as a hazard that could tip the balance too far, if too many social workers were not supported to change how they practised.

Perhaps an even bigger challenge identified was maintaining the momentum of the project with insufficient capacity to meet the demands that were made. As a result, practice leaders reported difficulties in attending sessions designed for them, as well as those they led for colleagues. Some social workers admitted that they had ignored requests from management to take on a role as a champion of SoS, or had been unable to find the additional time to provide oversight and supervision of SoS activities. One of the strengths of SoS was seen to be its ability to be a holistic framework that was flexible and evolving. But alongside this went the fear that pressures on managers and social workers could lead to a degree of ossification where consistency was prized over creativity, and the tools and framework in general become bureaucratised as items on lists that have to be completed rather than part of a dynamic, challenging and evolving way of working with families.

## 6.3 Training and coaching

The development and delivery of a significant level of training in such a short space of time were thought to have been managed very successfully, and welcomed by all pilots as an opportunity to provide social workers and others with access to additional knowledge and skills. While there was some confusion about the extent to which pilots were able to provide basic level training for their own staff after the project ended, this, and other queries, have been addressed in a sustainability paper produced by MTM after the evaluation (Munro et al., 2016).

Overall, the evaluation also provided lessons beyond SoS in terms of the evidence for the diffusion of innovations and the implementation of whole-system change.  These include the need for high levels of organisational commitment, and the importance of having individuals with a clear remit for implementing changes and acting as 'product champions'. Training is an important means for ensuring the wider adoption of innovations across organisations, but this needs to be accompanied by other types of ongoing learning – for example, through practice networks and team meetings. The views of practitioners, managers, parents, and children and young people do not always coincide, and systems are needed to ensure that one-sided perspectives on progress do not predominate.

# 7. Limitations of this evaluation and lessons for future evaluations

The study provides the most comprehensive independent evaluation of SoS practice to date that has been conducted in the UK and maybe internationally. The SoS theory of change (ToC) was developed to create fundamental and sustainable change in children's services practice, organisation and outcomes. It was designed to cover a period beyond the length of the IP project. As acknowledged in the introduction to this report, given the DfE's requirements for the evaluation, the design was not aligned with the ToC; however, the findings contribute data that may be used to amend and/or populate the ToC.[64]

The evaluation has also taken an important step towards applying rigour to an evaluation of SoS which Barlow et al. (2012) claimed was missing from previous studies. In their systematic review of tools for assessing and analysing data about the likelihood of significant harm to children, that team raised questions about the sufficiency of SoS as a free-standing assessment tool, and concluded that SoS had very few assessment domains compared with the other tools they examined. This evaluation of SoS indicates the need for more attention to be paid to an examination of whether or not other tools are needed to support SoS-based assessments. Researchers at the University of British Columbia have recently conducted a study of the implementation of Structured Decision Making (SDM) and SoS (Wells et al., 2015). They found that SoS and SDM complemented one another but one could not replace the other.

The evaluation was successful in engaging key informants in the pilots, social workers and families, even though connecting with families often required patience, persistence and considerable flexibility. The team anticipated it would be difficult for children to 'open up' to researchers whom they had not met previously, but other constraints proved to be just as important, such as finding a suitable time when all family members could be interviewed. Sometimes it was necessary to make several appointments because of cancellations, or because families were not at home at the agreed time. In those circumstances, researchers took any opportunity to rearrange, even if it was then only possible to interview parents. However, in view of the breadth of the project and its timescales it was not possible to integrate an element which would have allowed an examination of the interaction between these families and their social workers. There are researchers who have adopted intensive observation of practice (such as that used by Ferguson, 2016) to explore the quality of direct work. Such methods would not have been feasible in a study of this scale. It is recommended that, in commissioning further

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[64] Logic models and process evaluations are often initially too focused on inputs and outputs at the expense of process.

evaluations, the need for good data sets must be matched by further attention to learning more about how SoS is used to build a relationship between families and professionals.

The team was also conscious of the danger of 'sample' bias, especially in relation to focus groups and family participation. It was possible that the social workers and families who felt most positively about SoS might have chosen to participate, but there were sufficient dissenting voices in both groups to suggest that this had not happened. While there were instances where social workers wished to exclude families from the evaluation for reasons other than those agreed, in most cases the oversight of the team's key contacts in pilots meant this was picked up and resolved with mutual agreement.

Within the resources available for this evaluation it was not possible to explore everything that may have been relevant. Two of these were the role of early help and the involvement of partner agencies. In some pilots, where SoS had been introduced into early help services, this had led to reported reductions in the demands on children's services, and possibly other agencies, such as Child and Adolescent Mental Health Services (CAMHS). Informants in all the pilots also mentioned the importance of involving their partner agencies and, where this had been successful, they reported that this had led to improvements in both communication and decisions over referrals. A third area that it was not possible to investigate in detail was how plans were followed through. Given the time required to examine 262 case files on 2 occasions, it was necessary to concentrate on an analysis of the evidence of SoS practice and the quality of the assessments. It was not possible to look in detail at how plans translated into practice, although there was an indication that good mapping and planning for an ICPC did not guarantee that these would be followed through in home visits, core groups or reviews. One of the next steps in evaluating SoS should be to do this, alongside assessing the match between the needs identified, the sufficiency of services and support provided, and the extent to which the plans form the basis for all ongoing contact and meetings.

It was evident from the outset that it would not be possible to conduct a value for money exercise. Nevertheless, the findings from the cost study can inform other local authorities that are keen to implement SoS, as well as future research in social work practice innovation. The main reasons why the findings from the cost study are less definitive than one would want fall under 2 headings: those that are research related and those that are external to the project.The research-related reasons are fourfold. First, there is an absence of comparison sites (that is, sites not implementing SoS or 'care as usual' sites) so causality cannot be ascertained. Second, the fact that changes occur over time does not imply causality, and appropriate comparison is required. Third, small sample sizes meant that, even where comparisons were made in the secondary data analysis, the numbers were insufficient to be confident that findings were statistically valid. And fourthly the data (primary and secondary) covered the period of the IP grant. It may have been too early in the SoS implementation process for definitive findings to emerge,

particularly at the local authority level. The external factors are threefold. In children's social work, there have been widespread practice changes (formal and informal) in reaction to high-profile cases, as well as new practice guidelines from government departments. There has also been considerable flux in children's services' policy and legislation over the last few years. This context is another reason why we cannot say changes happened because of SoS implementation. And finally, external financial pressures have led to an increasing focus on statutory duties in children's services, and responses to these pressures have not been uniform across all local authorities, which further muddy the causality waters.

At the present time (early 2017) there are no plans for continued evaluation of the project, although this study would provide a blueprint for qualitative and quantitative studies. The 10 authorities are able to access the instruments used in this study, and the evaluation team will support them to do so. The team also offered to provide feedback on the data collected in each authority. Several pilots have taken up this offer and it is expected that more will do so.

# 8. Implications and recommendations for policy and practice

SoS has given rise to huge hopes in an area of public policy which is emotional and often distressing and increasingly complex. Our evaluation design used multiple methods to test assumptions against the programme theory. This integrated design has given us greater confidence in what we are able to say in respect of the implications for policy and practice . Although there were some inconsistencies between sites, the evaluation found that the framework had been implemented accurately and, in the judgement of the evaluation team, is of good quality. Analysis of the data across all the sites indicated that they were in a better place at the end of the project than when it started. There were also indications that there were improvements over the course of the evaluation in relation to the questions asked at the start of the evaluation, namely does SoS:

- improve the quality of direct work with children, young people and their families

- improve partnership work with parents and families which recognises strengths and uses these as part of any intervention

- improve the quality of safety planning to support safety and permanence of children and young people

- improve the skills and confidence of the social work workforce

- identify the system conditions that need to change for the SoS model both to generate the greatest impact for families and to empower social workers to deploy the model confidently?

There is evidence that, over time, the partnership between social workers and families was strengthened, and that safety planning was more rigorously implemented. Only time will be able to show if this improved the permanency of children and young people. The data also showed that the skills and confidence of social workers in using SoS improved and that they believed it made a difference to their practice and to the lives of families.

As far as system change was concerned, all the pilots had identified aspects of their organisations that needed to change to fit the framework. They had all made progress on some areas while recognising where improvement was still required. The evaluation exposed the fact that progress was not linear.  Sometimes pilots considered to be most experienced appeared to take a step backwards when plans and achievements were thrown off course by reorganisations and staff changes. These are the events that happen in children's services around the country, and, if the evaluation timescale had allowed, we would have been able to judge whether that was a temporary or more permanent feature. In the long term, for the framework to be successful, it must be able to absorb such shocks.

There was one further question. Does SoS improve the quality of direct work with children, young people and their families? Measuring the quality of services presents both analytical and conceptual challenges, as does the evaluation of practice. In this study we used client experience as a proxy measure of quality, alongside an examination of case records. Many parents were satisfied with the contact with social workers, had shared the same goals as them and believed their lives had improved as a result. While it was not possible to link this directly with SoS, there were many indications that SoS had made a contribution.

However, in one crucial area – the quality of assessments – significant improvement is still required, and this links directly with the quality of outcomes of children and young people. Where SoS mapping was done well, it provided the basis for informed, evidence-based analysis on which good assessments were based and then regularly reviewed, but the association was not always found.  There were too many examples of cases where efficient recording of the elements of SoS practice was not reflected in the quality of the assessment that emerged or in the ongoing contact with families. It was not a failure of SoS but of how it was interpreted by some social workers.

At the present time (early 2017) there is no funding to support sustainability in these pilot areas or for continued evaluation, which means that lessons will be lost on embedding practice and the sustainability of whole-system change. A timescale would have been needed, beyond that usually attached to funding for any innovation, before it would have been possible to judge whether outcomes are now better than those previously achieved. The evidence shows that the SoS framework is workable where authorities make the necessary commitment of trust in their staff at all levels, backed up by resources and time. It does not stand alone but provides the opportunity for other tools to be incorporated to support practice. Our view is that while SoS is not a magic bullet for the challenges that face children's social care it is a framework that has the potential to help transform services for children and young people.

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