SIGN OF SAFETY®
IN ENGLAND
An NSPCC commissioned report on the
Signs of Safety model in child protection

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Introduction outlining Signs of Safety and aims of the report

In the 19 years since its design and development, the use of Signs of Safety has become widespread internationally and much interest has been generated about its potential in the field of child protection and early intervention work. Created in Western Australia during the 1990s by Andrew Turnell and Steve Edwards, the approach is based on the use of Strength Based interview techniques, and draws upon techniques from Solution Focused Brief therapy (SFBT). It aims to work collaboratively and in partnership with families and children to conduct risk assessments and produce action plans for increasing safety and reducing risk and danger by focusing on strengths, resources and networks that the family have.

In 2012, at the time of writing this report, the Signs of Safety approach is now being used in at least 50 jurisdictions in 12 different countries across Australasia, North America and Europe. In a survey commissioned by the NSPCC in 2011 exploring where the approach is used in England, it was found that 35 local authorities used Signs of Safety, had an interest in adopting the approach or had team members trained in the use of Signs of Safety.

Research carried out jointly by the University of East Anglia and the NSPCC investigating the need for a national strategy for child neglect (Gardner 2008) found that during interviews professionals who had used the Signs of Safety model concluded it was useful with neglect. Reasons given explaining its usefulness included:

- parents say they are clearer about what is expected of them and they receive more relevant support
- the approach encourages transparent decision-making
- the professionals had to be specific about their concerns for the child’s safety
- this encouraged better presentation of evidence
- the degree of protective elements and of actual or apprehended risks could be set out visually on a scale, easier for all to understand than lengthy reports
- once set out the risks did not have to continually be revisited
- the group could acknowledge strengths and meetings could focus on how to achieve safety

In the Munro Interim report, the use of Signs of Safety by a local authority in the North East of England was highlighted as one example of “the type of systemic learning and adaptation that the review wishes to encourage. The [authority has] identified problems in the existing way of working and, drawing on theory and research, have formulated ways of improving practice” (Munro 2011a: 64).
Due to this widespread interest and use of the model internationally, in 2012 the NSPCC commissioned further research to explore what is known about the model and its effectiveness in the research literature and to find out what practitioners using the model thought (in a series of interviews) about its use and the advantages and disadvantages of the model. This was investigated as part of the NSPCC’s child neglect theme in order to identify what models are most effective in identifying, preventing and tackling child neglect. Whilst child neglect is referred to in this report, the model is explored with reference to all types of abuse to gain an overall insight into its usage.

The current report has five core aims:

1) to provide a clear description of the Signs of Safety approach, its underlying principles, tools and assessments.
2) to provide an outline of research carried out about the model and its effectiveness based on a literature review.
3) to report on the findings of a survey investigating where Signs of Safety is being used in England.
4) to report on the findings of interviews with local authorities using the tools to explore its potential advantages/disadvantages and the experiences of those in practice.
5) to discuss and develop an understanding of what would be needed to test the model more thoroughly and take forward our understanding of the approach.

These five core aims are described in sequential order in chapters 1-4 throughout the report. At the end of each chapter the key messages from the chapter are presented in a boxed section.

This report concludes that in order to test the Signs of Safety model more thoroughly the following research questions are essential to explore in the future:

- What are the case outcomes for parents and children experiencing the Signs of Safety model?
- How are these sustained over time?
- What process issues make a difference in achieving outcomes?
- How does the use of Signs of Safety impact on child protection statistics?
- Does it make a difference which elements of Signs of Safety people use and how does this link to outcomes?
- How does the quality of the professional relationship with families link to outcomes?
- What are the experiences of children who have experienced Signs of Safety? How do these link to outcomes?
- How cost-effective is Signs of Safety?
Chapter 1: Signs of Safety – The model

This section of the report aims to provide a clear description of the Signs of Safety approach, its underlying principles, tools and assessments, so that the reader has a clear idea of what the model involves.

Created in Western Australia during the 1990s by Andrew Turnell and Steve Edwards, Signs of Safety is based on the use of Strength Based interview techniques, and draws upon techniques from Solution Focused Brief therapy (SFBT). It aims to work collaboratively and in partnership with families and children to conduct risk assessments and produce action plans for increasing safety, and reducing risk and danger by focusing on strengths, resources and networks that the family have.

The model has evolved since the 1990s and has been built on the experiences and feedback of case workers adopting the approach in the field. In practice the model can be used from the first stages of gathering information about an allegation through to case closure and has broad applicability to child protection work. There is no set period of intervention and it can range from a number of brief sessions to long term work with clients. The model has also been used widely in early intervention work and its application in practice extends beyond child protection.

As well as incorporating techniques from Solution Focused Brief Therapy the model has a number of key core principles and practice elements, which will be described throughout this chapter. It also has a clear set of assessment tools for measuring risk and for working with children. Risk assessment is carried out with the use of a standard one page Signs of Safety assessment protocol (Assessment and Planning Form see page 22).

Involving children is key to the Signs of Safety approach and a number of specific tools have been developed to achieve this aim. These include 1) Three Houses Tool, 2) Wizards and Fairies Tool, 3) Safety House Tool and 4) Words and Pictures (see pages 30–34). Details and examples of these will also be outlined in this chapter. Furthermore, an outline of Solution Focused Brief Therapy, the history of Signs of Safety’s development and an explanation of the training process, supervision/management and recommended implementation and evolution of the model will be discussed.
In summary, this chapter is divided and ordered in the following way:

1.1 an outline of the core principles of Signs of Safety
1.2 an outline of Solution Focused Brief Therapy (SFBT)
1.3 identifying core practice elements of Signs of Safety
1.4 an explanation of the risk assessment framework and safety planning
1.5 an outline of the core tools used with children
1.6 an outline of the history of Signs of Safety and an explanation of the training process, supervision/management and recommended implementation and evolution of the model (appreciative inquiry)

1.1 An Outline of the Core Principles of Signs of Safety

In reading articles and books about Signs of Safety a number of clear principles and elements are identified through all of the literature. Understanding these creates the foundations for a clear insight into the approach.

Turnell (2012) summarises three core principles of the approach:

i) Establishing constructive working relationships and partnerships between professionals and family members, and between professionals themselves.

ii) Engaging in critical thinking and maintaining a position of inquiry.

iii) Staying grounded in the everyday work of child protection practitioners.

All of the three principles emphasize the need to move towards a constructive culture around child protection rather than a paternalistic model where the professionals adopt the position that they know what is wrong and they know specific solutions:

“The Signs of Safety approach seeks to create a more constructive culture around child protection organisation and practice. Central to this is the use of specific practice tools and processes where professionals and families members can engage with each other in partnership to address situations of child abuse and maltreatment.” (Turnell 2012, p9)
i) Partnerships and working relationships

Central to the Signs of Safety model is the principle of establishing constructive working relationships and partnerships between professionals and family members, and between professionals themselves. Working in this way with families is considered crucial so that responsibility to solve problems is a shared responsibility, rather than just ideas coming from the professional. Turnell summarises his definition of partnership:

“partnership exists when both the statutory agency and the family cooperate and make efforts to achieve specific, mutually understood goals. Partnerships cannot be categorized by an equitable distribution of power between family and agency; one demonstration of this is the fact that the agency will almost always begin the relationship and necessarily defines when it will conclude”. (Turnell and Edwards 1997, cited by Turnell and Edwards 1999 p21)

“it is difficult to build partnership and cooperation if the primary focus of the casework stays on the problem and all that is wrong with the family in question … the heart of the Signs of Safety approach is a focus on goals, namely, what the statutory agency needs to see to close the case as well as the family’s ideas and ways of creating safety.” (Turnell and Edwards 1999, p38)

There is also a belief that by having effective partnerships, good working relationships and co-operation from families will follow and this will impact on outcomes. In section 2.1.b (page 55) of this report research evidence about the relationship between partnerships and outcomes will be discussed.

Similarly as with parents/carers and professionals it is thought that constructive relationships between professionals will also increase effectiveness, as they come to conclusions about goals for ways of working and specific mutually agreed action plans based on their past experiences with Signs of Safety and evolution of the case.

A useful summary table (Table 1.1 overleaf), from Turnell and Edwards book ‘Signs of Safety: a solution and safety orientated approach to child protection casework’ (1999, p30–31), outlines what they consider to be key practice principles that help to build partnerships.

A detailed examination of these principles is discussed in the book.
Table 1.1

<table>
<thead>
<tr>
<th>Practice Principles</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect service recipients as people worth doing business with</td>
<td>Maintaining the position that the family is capable of change can create a sense of hope and possibility. Be as open minded toward family members as possible, approaching them as potential partners in building safety.</td>
</tr>
<tr>
<td>Cooperate with the person, not the abuse</td>
<td>Workers can build a relationship with family members without condoning the abuse in any way. Listen and respond to the service recipient’s story. Give the family choices and opportunities to give you input. Learn what they want. The worker must be up front and honest, particularly in the investigation. Treat service recipients as individuals.</td>
</tr>
<tr>
<td>Recognize that cooperation is possible even where coercion is required</td>
<td>Workers will almost always have to use some amount of coercion and often have to exercise statutory power to prevent situations of continuing danger, but this should not prevent them from aspiring to build a cooperative partnership with parents. Recognize that coercion and cooperation can exist simultaneously, and utilize skills that foster this.</td>
</tr>
<tr>
<td>Recognize that all families have signs of safety</td>
<td>All families have competencies and strengths. They keep their children safe, at least some, and usually most, of the time. Ensure that careful attention is given to these signs of safety.</td>
</tr>
<tr>
<td>Maintain a focus on safety</td>
<td>The focus of child protection work is always to increase safety. Maintain this orientation in thinking about the agency and the worker’s role as well as the specific details and activities of the case work.</td>
</tr>
<tr>
<td>Learn what the service recipient wants</td>
<td>Acknowledge the client’s concerns and desires. Use the service recipient’s goals in creating a plan for action and motivating family members to change. Whenever possible, bring client goals together with agency goals.</td>
</tr>
<tr>
<td>Always search for detail</td>
<td>Always elicit specific, detailed information, whether exploring negative or positive aspects of the situation. Solutions arise out of details, not generalizations.</td>
</tr>
<tr>
<td>Focus on creating small change</td>
<td>Think about, discuss, and work toward small changes. Don’t become frustrated when big goals are not immediately achieved. Focus on small, attainable goals and acknowledge when they have been achieved.</td>
</tr>
<tr>
<td>Don’t confuse case details with judgements</td>
<td>Reserve judgement until as much information as possible has been gathered. Don’t confuse these conclusions with the details of the case. Remember that others, particularly the family, will judge the details differently.</td>
</tr>
<tr>
<td>Offer choices</td>
<td>Avoid alienating service recipients with unnecessary coercion. Instead, offer choices about as many aspects of the casework as possible. This involves family members in the process and builds cooperation.</td>
</tr>
<tr>
<td>Treat the interview as a forum for change</td>
<td>View the interview as the intervention, and therefore recognize the interaction between the worker and the service recipients to be the key vehicle for change.</td>
</tr>
<tr>
<td>Treat the practice principles as aspirations, not assumptions</td>
<td>Continually aspire to implement the practice principles, but have the humility to recognize that even the most experienced worker will have to think and act carefully to implement them. Recognize that no one gets it right all the time in child protection work.</td>
</tr>
</tbody>
</table>

ii) Engaging in critical thinking and maintaining a position of inquiry

Establishing an open mind about cases and always engaging in critical thinking and maintaining a position of inquiry is also a central principle of Signs of Safety. Turnell (2012) argues it is important to resist the urge to make definitive conclusions about solutions, so the worker can be open to hearing other’s perspectives and goals. This applies also to professionals who may have different views on a case, so that they can be heard and considered when discussing goals and plans for action.
iii) Staying grounded in the everyday work of child protection practitioners

The third principle involves staying grounded in practice and the experience of practitioners. Turnell and others have evolved the model by practicing in the field and regularly communicating with practitioners and parents using it to gain their views and experiences about how it has worked and how it could be improved:

“In every location the approach has developed more rigour, more skilfulness and greater depth of thinking by finding and documenting practitioner and service recipient descriptions of what on-the-ground practice with complex and challenging cases looks, smells and lives like.” (Turnell 2012)

1.2 An Outline of the Core Principles of Solution Focused Brief Therapy

Signs of Safety draws upon principles of Solution Focused Brief Therapy (SFBT), therefore in order to understand Signs of Safety it is important to understand these principles. An important point to be stressed however is that Signs of Safety as designed by Turnell and Edwards is not simply applying Solution Focused Therapy to a child protection field. Signs of Safety has a number of key methods assessments and guidelines that clearly differentiate it as a specific model and these will be outlined in the latter half of this chapter.

In essence SFBT works by exploring a client’s preferred future and instead of focusing on and fixing a problem, it aims to identify resources, strengths and goals to attain the preferred future (and in doing so change the problem). Careful questioning is carried out by the solution focused practitioner to establish preferred futures and to make them concrete, observable, realistic and noticeable to the client as steps are achieved towards them.

A number of different core elements of solution focused therapy have been listed in the literature. For example, In BRIEF’s (a leading training organisation in the UK) solution focused manual (George et al 2006), the essence of solution focused brief therapy is described as having the following elements:

- To see a person as being more than their problem
- To look for resources rather than only deficits
- To explore possible and preferred futures
- To explore what is already contributing to those futures
- And to treat clients as the experts in their lives.
Similarly the Solution-Focused Brief Therapy Association (SFBTA) Association, in a treatment manual, identify three core components (Lipchik et al 2012):

1. Use of conversations centred on clients’ concerns.
2. Conversations focused on co-constructing new meanings surrounding clients’ concerns.
3. Use of specific techniques to help clients co-construct a vision of a preferred future and to draw upon past successes and strengths to help resolve issues (Trepper et al 2008, cited by Lipchik et al 2012).

Reviews of SFBT research have identified a number of key elements that appear frequently in practice and write ups (de Shazer and Berg 1997, Gingerich and Eisengart 2000, cited by Lipchik et al 2012). These include:

**a) Using a “miracle” question**

Miracle questions help to establish what the client’s preferred future might be. An example described in Brief’s manual (George et al 2006) is as follows:

> “imagine that tonight, while you are asleep, a miracle happens and your hopes from coming here are realised (or the problems that bring you here are resolved), but because you are asleep you don’t realise this miracle has happened. What are you going to notice different about your life when you wake up that begins to tell you that this miracle has happened?” (George et al 2006, p11)

By asking the miracle question the practitioner then goes on to detail the difference the miracle makes, what it involves, how it relates to why the client came in the first place, and a step by step exploration of how it is possible to get to the end desired goal. Alternatives to the miracle question include exploring preferred future questions such as “How will you know that things have improved?” , “How will you know when things are better?”.

As well as exploring futures, the solution focused practitioner will look to what is working already as this can help to establish steps and actions to change and also to establish exceptions to the problem.

**b) Using a scaling question**

Scaling questions are usually numeric scales from 0 to 10 where clients are asked to assess where they feel they are at the present time, where the preferred future would be and where individual steps of change would be along the line. The scales are used to identify resources, actions and goals for change and progress or signs of this along the way. A therapist can use a number of different scales, for example: 0 = your child will be removed from you and 10 = your child’s name comes off the register, or 0 = divorce and 10 = marriage you both want.
c) Scheduling a consulting break and giving a client a set of compliments

During the course of a session some therapists will take a consultation break. This was especially the case in the early family therapy based interventions in the USA. Here therapists would meet with others behind a one-way mirror allowing the team to discuss information they had noticed (whilst watching behind the mirror) and decide on a homework task and relevant information about the progress of the session/intervention.

Compliments are also used after this process or independently during a session as it was observed that co-operation was often increased in clients after receiving them. Compliments are designed to link to strengths and resources, rather than details about a problem, and could be a reframing or rewording of a solution.

Not all solution focused therapists will use consulting breaks and compliments.

d) Assigning homework tasks

In order to take steps closer to the preferred future of the client, the therapist will usually ask clients to attempt a homework task between sessions. The therapist will outline the aims of a task and the client starts to think of ways/solutions of achieving the task. Usually the way it is carried out and the timing is specified and defined by the client so that it will be clear when it is carried out.

e) Looking for strengths or solutions

During a session the therapist will help guide the client to realise how strengths and skills can be transferred and applied to the current situation by discovering information about strengths that have helped them before to make change. This information can then be used to come up with active solutions and ideas to change the problematic situation and achieve the desired future.

In Brief’s handbook (George et al 2006) they state it is important to notice and name what they discover to be useful resources and strengths. Typical questions for eliciting resources include: “What did it take to do that? What helped you to achieve that? How did you get through that time/experience/deal with the trauma?” (George et al 2006).

f) Setting goals

Setting concrete, specific and realistic goals about how the client wants their preferred future is a core feature of SFBT. Scales can be used to assess how near the client is progressing towards goals. It is important that goals are specific so that it is noticeable when they have been achieved.
g) Looking for exceptions to the problem

Looking for exceptions involves looking to times when the problem happens less or does not happen. This will help to identify useful behaviours or actions that could be repeated again to move towards the preferred future. It will also help the client to understand exactly how they did something and in what way so that it could be repeated. Examples of exception questions include:

“Tell me about the times that you cope despite feeling anxious? I guess that there are times that you resist the urge – how do you do that? What about the days when you have a little bit of hope? What’s different about them?” (George et al 2006, p14)

Practitioners have used SFBT in different clinical settings and may have varying takes on the approach. Most however will apply a lot of the core components described above.

As stated at the beginning of this section Signs of Safety as designed by Turnell and Edwards is not simply applying Solution Focused Brief Therapy to a child protection field. Signs of Safety has a number of key methods, assessments and guidelines that clearly differentiate it as a specific model. The next part of this report moves onto look at the key practice elements of the Signs of Safety model, followed by a section on specific tools and assessments it uses in order to start to illustrate how the approach is more than just SFBT in a child protection field.

1.3 Core Practice Elements of Signs of Safety

There are a number of core practice elements that appear frequently in descriptions of guidance on how to work with clients throughout the Signs of Safety literature. Turnell and Edwards (1999) in their book outline six key elements. These include 1) understand the position of each family member, 2) find exceptions to the maltreatment, 3) discover family strengths and resources 4) focus on goals, 5) scale safety and progress, 6) assess willingness, confidence and capacity. Here the similarities between using SFBT and Signs of Safety start to become clear.

1. Understand the position of each family member.

Turnell and Edwards (1999) stress the importance of gaining a full understanding of the unique position of each family member, their thoughts, beliefs and values:

“Seek to identify and understand the values, beliefs and meanings family members perceive in their stories. This assists the worker to respond to the uniqueness of each case and to move toward plans the family will enact.” (Turnell and Edwards 1999, p51)
2. Find exceptions to the maltreatment.

As with solution focused therapy, Signs of Safety encourages the practitioner to find exceptions to the maltreatment:

“Search for exceptions to the problem. This creates hope for workers and families by proving the problem does not always exist. Exceptions may also indicate solutions that have worked in the past. Where no exceptions exist, the worker may be alerted to a more serious problem”.

Turnell and Edwards (1999) provide some useful examples of exception questions to provide an insight into how information is obtained:

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“Have there been any times when you have been in a rage but resisted the urge to hit your daughter?”

“You said earlier on that it’s not always like this. Can you tell me more about the other times?”

“When was the last time the problem happened? How have you managed to avoid it since then?”

“What was different about the times you felt like you handled the situation well?” (p58)
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3. Discover family strengths and resources.

As with SFBT, the practitioner is encouraged to identify and discover the existing and potential family strengths and resources:

“Identify and highlight positive aspects of the family. This prevents the problems from overwhelming and discouraging everyone involved”.

Useful questions for eliciting family strengths include:

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“We have been talking about some very serious matters. To give me a more balanced picture, can you tell me some of the things that you feel are good about this family?”

“What do you like about being a parent? What have you learned from the experience?”

“How do you cope in times of stress?”

“What do you do to help yourself deal with the pressures of raising children?”

“What do you tell me about the times when you get on well with your partner/child? What do you like about those times?” (p65)
```
4. Focus on goals

Involving the family to identify their own ideas for safety goals and co-ordinating these with ideas from the agency, is thought to be the most effective approach. This is also in line with SFBT whereby a key principle is to look to the client to identify their own goals and pathways to achieving them.

“Elicit the family’s goals to improve the safety of the child and their life in general. Compare these with the agency’s own goals. Use the family’s ideas wherever possible. Where the family is unable to suggest any constructive goals, danger to the child is probably increased”.

Useful questions to elicit the family’s safety goals would be:

“Okay, we both see the need to make your child safe. What I’m really interested in are the ideas you have for doing this?”

“How can we help you make things better and make your child safer?”

“Let’s suppose we could do anything to make your child safer. What would that be?”

“When we ask you son what would make him feel safer, what do you think he will say?”

“For our involvement with your family to be useful to you, what would need to happen? What would change in your family? What would change about your partner/your child?” (p68)

The ethos of Signs of Safety emphasizes that it is only by striking the right balance between agency and family goals, and making agreed goals transparent and concrete that change can effectively be achieved. In some cases the balance requires careful negotiation.

5. Scale safety and progress

Turnell and Edwards (1999) explain that practitioners can use scaling questions to ‘embrace the possibility of change’, and help move clients along the continuum from danger to safety. The method then becomes a direct and straightforward way of assessing the perspective of the service recipient and how it might differ from the professionals involved in the case.

“Identify the family members’ sense of safety and progress throughout the case. This allows clear comparisons with workers’ judgements”.

An assessment using a scaling question made at regular intervals can help to establish if change is occurring or perceived. For example: “where 10 means that you are certain this sort of incident won’t happen again and your son is safe, and 0 means that you think there is every likelihood this will happen again, how would you rate the situation at the moment?”
Scaling questions can also be used to directly address with the client details about risk and the abuse:

| “What are you hoping to achieve when you hit the child?” |
| “What would tell you that you had obtained the result you wanted when you hit the child?” |
| “Is this something that you want to continue to do or are there other ways you can get your child to respond?” (p70) |

Similarly scales can also be used in early stages of an investigation, checking with the notifier or multiagency partner to rate the seriousness of a situation. For example:

| “On a scale of 0 to 10, where 0 means you are certain the child will be maltreated again and you believe we should act immediately and 10 means the problems are solved, where would you rate the seriousness of this case?” then inquire “Given that you rate the situation at a 3 (for example), what would you need to see to believe the situation has improved just enough to increase your score to a 4?” (p89) |

Scaling questions are also thought to be useful for working with children to provide information about their perspective and how things change over time. They can also be used to help gage their understanding and feelings in different past or imagined future scenarios. For instance in his introductory DVD to Signs of Safety, Turnell (2008a) talks about the case of an 8 year old girl who has been sexually abused by her father. When the social worker asks: “on a scale of 0–10 how safe do you feel when you are supervised by your father?” the girl responds by asking “is that when I’m in the toilet with him or when I’m on my own?” Due to the girls response it soon became clear that there were specific risk and safety situations that the team needed to consider. Turnell concluded in the video: “the children probably know more about the problem than we do” and so this emphasises the importance of consulting children.

In his introductory DVD Turnell also addresses the criticism that scales could be affected by social desirability, i.e. that respondents will give the response that they think the worker wants to hear. He gives the example of questioning about domestic violence where a typical scaling question could be: “on a scale of 0–10 how likely is it that you and your husband will have a violent fight?”. If a respondent typically gives a completely positive answer this can be followed up with questions trying to gain evidence to the scale, for instance “what gives you so much confidence?” Getting concrete examples of behaviour, frequencies and feelings will make it difficult to keep up a socially desirable response for much time.
Scaling questions are also a key feature of SFBT, but as seen above, when used with the Signs of Safety model there are specific ways of using them in order to assess risk, danger and safety.

6. Assess willingness, confidence, and capacity

Turnell and Edwards (1999) suggest that plans will be more likely to be successfully implemented if the family is willing, capable and confident about carrying them out:

“Determine the family’s willingness and ability to carry out plans before trying to implement them”.

It is possible to use scaling questions to assess willingness, capacity to take action and confidence:

<table>
<thead>
<tr>
<th>Willingness: “On a scale of 0 to 10, where 10 means you are willing to do anything to make the child safer (stop the abuse) and 0 means you’re not willing to do anything, where would you place yourself on that scale?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity to take action: “On a scale of 0 to 10, how would you rate your ability to do something about these problems?”</td>
</tr>
<tr>
<td>“on a scale of 0 to 10, how would you rate your ability to implement the plans we have talked about?”</td>
</tr>
<tr>
<td>Confidence: “On a scale of 0 to 10, where 10 means that you are certain things will improve in your family and 0 indicates you think things will never get better, how would you rate things? What gives you that level of confidence?”</td>
</tr>
</tbody>
</table>

1.4 The Risk Assessment Framework (Mapping) and safety planning

This next section of the report will explain in detail the core framework and safety planning involved in Signs of safety. This systematic way of gathering information and carrying out assessments, is one of the main differentiating factors between simply applying solution focused brief therapy in a child protection field and Signs of Safety.
Risk assessment

In designing the Signs of Safety approach Turnell and Edwards wanted to develop an assessment method that could measure risk and danger and also fit with the solution focused model and methods to explore what’s going well and how to move forward and address issues. Turnell articulates this on his Introductory DVD to the Signs of Safety approach (Turnell 2008a):

“Don’t for a moment think I want to lessen the problem we’ve got to face. I need the problem defined very clearly, because that’s what we need to build safety to. But, let’s get it defined and move on … we use the good things to give us energy to tackle the things we’re worried about”.

Similarly in his book (Turnell and Edwards 1999) he states:

“there can be no doubt that the child protection worker must gather information about past and potential harm and family deficiencies, but to balance the picture it is also vital to obtain information regarding past, existing, and potential safety, competencies, and strengths. This balance of information regarding family functioning allows the worker to achieve a comprehensive assessment of risk in child protection cases.” (p101)

All of these aims are encapsulated in the signs of safety risk assessment protocol. This process involves the use of an inquiring (questioning) approach to help the worker ‘map’ or ‘think themselves into and through’ the case using the Signs of Safety framework. This is documented in a one page assessment and planning form/protocol which maps harm, danger, complicating factors, strengths, existing and required safety and a safety judgment where children have been maltreated or are vulnerable. It is designed to be the action plan and central case record for organising interventions right from the beginning of a case through to closure.

The framework aims to address four domains:

1. What are we worried about? (past harm, future danger and complicating factors)
2. What’s working well? (existing strengths and safety)
3. What needs to happen? (future safety and next steps)
4. Where we are on a scale of 0 to 10 where 10 means there is enough safety for the child protection authorities to close the case and 0 means it is certain the child will be re-abused. 0 also often indicates the situation is so dangerous the child will be rehoused.

There are two main versions of the framework. The first Signs of Safety Assessment and Planning Form can be viewed below (on page 22).
Figure 1.1: Signs of Safety Assessment and Planning Form

Source: Tunell 2012
The Signs of Safety approach to assessment and planning encompasses four principal domains of inquiry: Worries or Danger; Existing Strengths and Safety; Future Safety or Goals and Judgement. Each area of inquiry is further broken down into elements related to each domain. Past harm, future danger (also known as danger statements) and complicating factors are the elements explored on the Danger side of the original form (Turnell & Edwards 1999; Turnell 2012). Existing strengths and safety are explored within the safety side. Within the Signs of Safety assessment process the practitioner should gather and analyse the information from both of these sides of the danger/safety equation, to best inform the judgement that is recorded in the form of a safety scale continuum. This assessment work then lays the foundation to explore and develop the agency and family goals that will articulate what it is the agency need to see happening that will satisfy them the child is safe and what next steps are needed to realise the goal. A context scale can also be utilised to assess the seriousness of the case being assessed and planned for in comparison to others they have and/or are working with.

**Danger/harm** – space is provided at the top left hand side of the form to include examples, evidence and concerns about the past harm and future danger to the child/family in the case. ‘Complicating Factors’ are also considered in this area of the ‘map’. A distinction can be made between past harm, future danger and complicating factors by inserting sub-headings into the assessment and planning form. To highlight the different elements for teaching purposes the different elements are shaded in colours. In Turnell’s briefing paper (2012) he explains that the form was designed in this way due to: “this way of analysing the danger information is informed by significant research regarding the factors that best predict the abuse and re-abuse of children.” (Boffa and Podesta 2004; Brearley 1992; Child Youth and Family 2000; Dalgleish 2003; Department of Human Services 2000; English 1996; English and Pecora 1994; Fluke at al 2001; Johnson 1996; Meddin 1985; Munro 2002; Parton 1998; Pecora and English 1992; Reid et al 1996; Schene 1996; Sigurdson and Reid 1996; Wald and Wolverton 1993 – all cited by Turnell 2012).

**Safety** – space is provided in the top right hand side of the form to include examples and evidence of strengths and safety in the case based on the working definition that “safety is regarded as strengths demonstrated as protection (in relation to the danger) over time” (Boffa and Podesta, 2004 cited by Turnell 2012 and Turnell and Edwards 1999). In Turnell’s book with Susie Essex (2006) the importance of the distinction between strengths and demonstrated protection is discussed in relation to a case example:

“In regards defining safety as strengths demonstrated as protection over time, the work so far described can be understood as having created and crystallized significant strengths that have the potential to reduce the identified risk. At this point, however, the strengths have not evolved into demonstrations of protection. This distinction between a strength and demonstrated protection is critical, because child death inquiries often find that professionals in serious cases of child abuse fall into the error of over-rating positive attributes and good intentions, particularly when the
professional has formed a constructive relationship with the parent (Reder et al 1993; Department of Health 2002) … To bring rigour to relationship-grounded, strengths based, safety-organized practice requires careful and clear-eyed attention be focused on the enactment of good intentions in clear demonstrations of protection, over time.” (p116)

If there is evidence of existing safety, relating to the danger examples this can be shaded in (often blue) to indicate this on the form.

Where possible the statements developed and recorded in the form will focus on specific, observable behaviours rather than judgement loaded terms or vague interpretations. Developing statements that avoid professional jargon and are written in language that is more readily understood by the family is more conducive to working in partnership with families and maximising the families understanding of what the authorities are concerned about and what they need to do to have the authorities close their involvement.

**Safety and context scale** – The safety and context scales draw the information into two summary judgements with 0 to 10 ratings. The safety scale 0 indicates the child is certain to be abused again and 10 indicates there is sufficient safety to close the case. Through the process of scaling the worker, family and other key stakeholders are asked to articulate their judgement on the safety of the child, recording a rating between 0 and 10. It is crucial that 0 and 10 are clearly defined and what defines each end of the scale will depend on the particular context of the case. The context rating considers the way the case rates in comparison to other cases the statutory agency is involved with. Here 0 indicates the worst case the agency has seen and 10 indicates no further action taken/required.

**Agency goals and family goals** – the form allows space to look at options for building safety and achieving goals. This section of the form is based on the idea that good child protection is not just about removing risky behaviours, but also building new safe behaviours. It is about the authorities being clear with the family and other key stakeholders on what they would need to see the family doing in their care of their child to address the future danger and show that the harm that occurred in the past won’t happen in the future. A distinction is made between agency and family goals as these may differ slightly and it is thought to be important that all are represented and the situation can be viewed from different perspectives with any mutual goals being highlighted. Workers and family are encouraged to think about how to increase assessment of safety in small steps which are regularly monitored. Willingness and motivation to take action can then be explored with scaling questions. Turnell concludes in his book (1999):

“explicit goals help the agency evaluate its options and communicate its expectations during casework … a focus on what the agency expects to see happening instead is much more positive and gives everyone involved something to work toward.” (p141)
“The heart of the signs of safety approach is a focus on goals, namely, what the statutory agency needs to see to close the case as well as the family’s ideas and ways of creating safety. This is exactly what we mean by focusing on safety, not as an avoidance of the issue of danger and harm, but as a mechanism for finding a way forward that will resolve the problems. Addressing the child protection risks through a purposive and careful focus on goals can readily create a context where cooperation is much more likely.” (Turnell and Edwards 1999, p38)

Immediate Progress – What would indicate to the agency that some small progress has been made? This section at the bottom of the page includes examples and evidence of actions that have been made towards goals.

A case example

To illustrate how the assessment and planning form is completed Turnell runs through a case example on his ‘Introduction to Signs of Safety’ DVD (Turnell 2008). He describes the case of Mary, an 18 year old single mother. In an incident she presents at hospital with her 18 month old son who has injuries and bruises to his shoulder and face and a fracture of the cheek. In gaining background context to the case the social worker also discovered a neighbour had seen the mother lash out at the child on a previous occasion, but this had not been investigated at the time. The paediatrician was concerned as the mother had reported that she lost control with the child and there were concerns that a future incident could lead to brain damage. The child’s safety was assured through alternative placement following the stay in hospital. When interviewed by the social worker Mary reported: “I’ve lost control with myself in the last few months and sometimes I lose it.” Further details revealed she had ‘lost it’ five times in the last two months and had fractured the child’s cheek when she knocked him into a wall. The social worker discovered that Mary was socially isolated and she didn’t get on with her own parents where there had been abuse and Domestic Violence. Mary’s mother used to frequently take a lot of sleeping pills and antidepressants, and so Mary had a concern about repeating behaviour and didn’t want to take medication even though she felt depressed. She had also recently ended a relationship as her boyfriend was hitting her and her child.

In interviews with the social worker, danger and safety were explored with Mary. When asked “What most worries you when you get out of control?,” Mary replied that she was upset by the way her son cowered away physically. In the next stage the social worker asked Mary “Have there been any times when you could have lost it with your son, but you did something else?” Instances of this were then examined in depth to see if there were instances of control or other safety behaviours. Goals were also developed by the social worker by asking “What are your ideas, so that you don’t do this again? What could you do differently?” In response to this Mary identified that she would like someone to talk to about her worries, feelings of depression and concerns and this would make her less likely to hit her son. This lead to Mary identifying that
Figure 1.2: Case example
she could ring a friend from church, youth worker or child protection worker if a risky situation occurred where she felt she would lose control and she also said she would like to join a mums group. The social worker followed this up with questions such as: “How is talking with the youth worker making a difference? What more do you need to do to feel in control?” During each contact visit with Mary progress of the case was measured by asking: “How likely on a scale of 0–10 do you think it is that you will lose it with your child?” “What sort of things would your child do to make you lose it?” “What could you do differently?”

The same types of questions were also asked of multi-agency professionals on the case to establish their views. For example: “How likely do you think it is that Mary will lose control and injure her son?” Similarly they would be asked to rate their view on a scale. The differing responses from professionals could then be openly discussed in the case. This case can be viewed below:

As can be viewed in the case of Mary, successful intervention involves balancing the individual/families goals alongside the agencies. It also becomes clear through this case that a great deal of information can be shared on the assessment and planning forms and that it is a vital document to continuously review in case work in order to achieve change.

The second version of the framework involves a simpler three column assessment (see diagram below).

**Figure 1.3: Three column assessment**
This version covers the same information in a simpler form and can be used in initial investigations with parents and families and sometimes throughout the progress of a case. The form covers: 1) what are we worried about? 2) what’s working well? and 3) what needs to happen? Past harm, future danger (also known as danger statements) and complicating factors are the elements explored in the ‘What are We Worried About?’ columns in the three-column version of the assessment and planning form (Turnell 2012). Existing strengths and safety are explored within the second ‘What’s Working Well?’ column. Again a scale is presented at the bottom (On a scale of 0 to 10 where 10 means everyone knows the children are safe enough for the child protection authorities to close the case and 0 means things are so bad for the children they can’t live at home, where do we rate this situation?) As it is viewed that there is a continuum between safety and danger there is a two headed arrow on the assessment form to represent this. Differing judgements can be identified on the form (i.e. parents view and professionals).

The next step after filling out the form is often to think about formulating a full safety plan for the family.

Safety planning with Signs of Safety

During the risk assessment process and case work using Signs of Safety, safety planning is usually carried out to plan how change can be achieved to increase the safety of the children concerned. Turnell (2012) defines a safety plan:

“A safety plan is a specific set of rules and arrangements that describe how the family will go about and live its everyday life that shows everyone, the professionals and the family's own support people that the children will be safe in the future.” (p37)

In his briefing paper Turnell (2012) outlines the main steps involved in creating a plan. These include:

1) Preparation – involving all the multi-agency partners and professionals working on a case is considered to be of vital importance to ensure that all issues are considered. This is particularly important in complex cases as there are often a large number of professionals working on the case.

2) Establishing a working relationship with the family – Turnell believes this is vital to work effectively with parents. He summarises the importance and impact of this: “The simplest way to create a good working relationship with parents is for the professionals to continually identify and honour the parents for everything that is positive in their everyday care and involvement with their children. In this way parents will be much more likely to listen to the workers’ views about the problems and more likely to work with them through the challenges involved in building a lasting plan.”

3) A straightforward, understandable description of the child protection concerns – it is important to include clear danger statements in everyday language that parents can understand, so that they know what issues the safety plan needs to address.
4) **Safety goals** – once clear danger statements are constructed, it is important to construct straightforward behavioural safety goals to say exactly what is required of them.

5) **Bottom Line** – whilst goals look at ‘what’ must be achieved, ‘bottom line’ requirements look at ‘how’ these can be achieved.

6) **Involve an extensive, informed friend and family safety network** – the family are asked to think of friends and family members that could help them to create safety for the child and detail action plans for when they would contact them, under what circumstances and specifically how they can help.

7) **Negotiating the how: developing details of the safety plan** – once given an idea of the type of plan statutory agencies are looking for, parents are then asked with their networks to develop a plan that will demonstrate how the children will be safe and looked after. This will be an evolving plan, one that is tested, developed and refined over time.

8) **Successive reunification and monitoring progress** – As the safety plan is developed it is important for the family to be given opportunities for testing, refining and demonstrating the new living arrangements and plans in place. Success at doing so and progress will be monitored by the safety network and child protection professionals.

9) **Involving Children in safety planning** – two main tools are used to help to involve children in safety plans. These include ‘Three Houses’ and ‘Words and Pictures’. Turnell (2012) states how important it is to involve the children in safety plans as they will be affected by them. For details of these two tools please see page 30 and 34.

Such detailed safety plans are monitored over time and evolved. All the time throughout the progress of the case the worker will consider ‘what specifically do we need to see to be satisfied this child is safe?’

### 1.5 Tools for Children and Examples of Cases

In order to involve the child in assessment and planning processes Signs of Safety uses a number of tools which have been designed by different practitioners and evolved over time. These tools were created more recently and continue to be modified and developed on the basis of practitioner feedback.

The tools with children are thought to of great importance in giving children an understanding of what has happened to them and why child protection services are involved in the case. They also provide a way to help different family members communicate with each other and create an opportunity to ensure the child’s voice is heard.

These tools include a) Three Houses tool, b) Wizards and Fairies tool, c) Safety House tool, d) Words and Pictures.
1.5.a Three Houses Tool

This tool was created by Nicki Weld and Maggie Greening in New Zealand (Weld 2008, cited by Turnell 2012). Taking three diagrams of houses in a row, the practitioner explores the three key assessment questions of the Signs of Safety framework: 1) What are we worried about, 2) What’s working well and 3) What needs to happen/how would things look if they were as wanted.

The process starts with either the social worker presenting the three pictures of blank houses to the child or the child drawing three houses of their own (as in diagram below). Often starting with the ‘House of Good Things’, the child is asked what the best things are about living in the house and questioning is directed around positive things that the child enjoys doing there. After this stage the worker will progress to discuss the ‘House of Worries’ and find out if there are things that worry the child in the house or things that they don’t like. Finally the ‘House of Dreams’ covers an exploration of thoughts and ideas the child has about how the house would be if it was just the way they wanted it to be. A description is built up detailing who would be present and what types of behaviours would occur.

Once finished the workers ask the child if they are happy to show parents/relatives/carers. If agreed presentation normally begins with showing the House of Good Things.

At times, some therapists also adapt the tools with different pictorial variations and in one local authority in the UK this included ‘Three Planets’.
Many of the tools in Signs of Safety can also be adapted to reflect cultural values and diversity of the area. For instance, the Ktunaxa Kinbasket Child and Family Services Society in Canada work with Aboriginal families and communities of the Ktunaxa Traditional Territory to increase their ability to fulfil their responsibilities for caring for their children in a culturally relevant and holistic manner. Here they adapted the Three Houses tools to reflect aboriginal culture:

![Three Houses diagram](image)


1.5.b Wizard and Fairies

In a similar set up to the three houses, the Fairy/Wizard tool (designed by Vania de Paz, Department of Child Protection, Western Australia) takes the same categories but with a different graphic representation. The same three questions are explored with a fairy and magic wand (for girls) and a Wizard figure (for boys). Problems and worries from the child’s perspectives are written down on the clothes and represent what needs to be changed. The good things in the child’s life are written on the wings or cape being symbolic of flying away or escaping or protecting/problems becoming invisible for a while. The child’s wishes are written at the end of the wands and represent hopes for the future and ‘wishes coming true.’
In the next example the Ktunaxa Kinbasket Child and Family Services Society in Canada have adapted the Wizard and Fairies tool to work with Aboriginal families and communities of the Ktunaxa Traditional Territory.

1.5.c The Safety House

This tool was developed by Sonja Parker from Perth. It helps to represent and communicate how safe a child feels in their own home and what would be involved to improve this. It can be used with children who are not living with parents/carers at home in order to plan for reunification. Progress can also be assessed by changes in the safety house drawing. It is a key part of safety planning.

A picture of a house with a roof, path and garden are drawn for this tool. Usually the house and garden are divided into sections and the child will describe who they would like to be living with, who can visit and stay over and who is not allowed to come into the house. Safety rules are devised and put into the roof of the house and details of what happens in the house and what people do will be discussed. The house can also introduce scales to the child by using the path as an indicator of how ready the child is to return home.

This process is undertaken with the full knowledge of parents/carers and the children are told it is to help to create a new set of rules for their family so everyone knows the children are safe and happy.

The diagram below outlines the main categories of the safety house (Parker 2009, cited by Turnell 2012).
1.5.d Words and Pictures

At the outset this tool was created by English family therapists Susie Essex, John Gumbleton and Colin Luger before being developed at a later stage and written about in ‘Working with Denied Child Abuse: The Resolutions Approach’ (Turnell and Essex 2006). It was designed as it was often found that after case conferences children reported not having a good understanding of what was happening to them, the history of the case and possible consequences or next steps. The approach continued to evolve with the resolutions approach described by Turnell and Essex (ibid) where there had been denied child abuse and the tool was developed to help facilitate discussion. It provides a key tool to help with safety planning in that it communicates to the child, the family and informed network who is worried about what has occurred because of the concerns and what is being done about them. In essence, it creates a way to talk to children to tell them an age appropriate story about what has happened to them and what will be happening aiming to prevent children from filling in the gaps of their knowledge and understanding with inaccurate information.

The DVD, Words and Pictures, narrated by Turnell (2008b) provides a useful outline of how to use the tool and describes the whole process step by step. The following explanations and guidelines are taken from this DVD.

The aim of the approach is to involve as many professionals as possible in the case especially those that have statutory responsibility. A meeting with appropriate multiagency professionals is often set up at an early stage and permission obtained to work in this way.

The first step in the process involves talking to parents. Engaging them will involve listening carefully to stories of their child protection experience. Turnell explains on the DVD how important it is to convey to parents the importance of children having a straightforward age appropriate story of the child protection concerns. This leads into exploring and establishing with the parents what the children might know. A series of helpful questions to guide in this process are outlined:

- What do you think they have heard?
- What have they seen?
- Were any of them around when the police came to the home?
- Were any of them around when social services came to the home?
- Have any of them sat on the stairs or sat in a doorway and overheard a phone-call?
- Have they heard conversations between neighbours at the school?
- Have they heard conversations with grandparents or talking to you on the phone?
- What sort of things do you think they have thought?
- Have you got any idea of the stories they have formed in their heads?
Parents are also told that the authorities will see the words and pictures as a constructive sign of safety and usually see it as a crucial step in the journey towards reunification.

After discussions have occurred about what the child might know, the next step involves drafting the basics of the words and pictures after parental permission is obtained. Usually parents are shown an anonymised example of a similar words and pictures case to give them a clear idea of the outcome and a vision of what it is they are working towards developing.

Then the process usually starts with drafting some words that might work before pictures are constructed. Five basic components are discussed:

1) Who is worried?
2) What are the worries?
3) Private parts (for sexual abuse only)
4) What happened then?
5) What are we doing about the worries?

When a draft explanation is constructed it is then shown to relevant child protection authorities, to lawyers and siblings. Each relevant party is asked “Are you OK with this explanation being given to your child/younger sibling/client?” The social worker on the case is also asked to run it past the relevant supervisor to ensure there is agreement. Once any modifications are included and authorisation to go ahead is obtained the draft is then presented to the parents. These steps are repeated until parents agree they are happy with the draft and all agree to proceed to present it to the children and the key safety network people involved so that they may become an informed network and know what they are keeping the children safe from.

**Presenting the case to the children**

When a case is presented to the children key people in the extended family are invited as well as professionals. This could involve grandparents or more distant relatives. The child could be in the same room or in a neighbouring room behind a one way mirror. Usually there would be a small table in the middle of the room and a circle of chairs around in order to facilitate conversation.

A useful tool to encourage the discussion is a drawing of traffic lights on a piece of paper. The child can colour in green when they are ready to go and proceed with the conversation. When they feel they need to stop they can colour in red. This might be if parents/adults are talking about something and the child feels that they do not understand what is being explained. If they are starting to feel uncomfortable and they think they may need to prepare to stop they can colour in amber.
Turnell outlines a four stage process in presenting the case to children:

1) Lead the meeting with confidence and a clear sense of purpose.
2) Focus on children and engage them in the traffic light process.
3) Make sure the parents and children know they can stop and proceed at any time.
4) Tell the children: “Now I’m going to tell you the story your parents and I have prepared so you know what has been happening in your family.”

Usually a large sheet of paper is placed on the table in order to outline the main issues concerned. The paper is then divided into four sections: who’s worried, what are they worried about, private parts (for sexual abuse only), what are they doing about the worries. Drawings can then be created in each section or sometimes pictures are pre-prepared. When discussing the first section ‘who’s worried?’ the social worker will lead with an open question to the child such as: “Did you know there are some big people really worried about you? Did you know there was a judge really worried about you? … Now let’s draw a picture of people that are worried about you (for instance the judge)”.

There will come a stage where everyone in the room agrees on the content and pictures and the words and pictures will be finalised. Turnell emphasises how it is important to make sure that all professionals and those involved in the process have a copy of the document. As the child gets older over time, more and more details can be added to the diagram in order to make it age appropriate. Safety plans can also be created after the words and pictures document has been finalised.

1.6 The history of Signs of Safety, Training, Supervision and Management, system wide implementation and licensing

Signs of Safety as a model has evolved over time, and having an understanding of its origins, roots and development helps to provide an insight into its current usage.

History

Signs of Safety was created in Western Australia during the 1990s by Andrew Turnell, social worker /brief family therapist and Steve Edwards, Child Protection practitioner. It has been built on the experiences and feedback of case workers adopting the approach in the field about what works and evolved over time based on this.
In their book ‘Signs of Safety: A Solution and Safety Orientated Approach to Child Protection Casework’ (1999) Turnell and Edwards provide great detail about its origins. Both practitioners noticed that child protection policies and practice often focused on the problems in the family, and they were interested in looking at solutions and resources the family already had or could create. They state: “management was looking for an approach that would increase the confidence of child protection workers in their own practice and enable them more readily to make and commit to assessments/judgements based on a balance of information regarding danger and safety” (p5).

In 1989 both Turnell and Edwards collaborated in practice development. At the time Turnell was working with families referred to a non-government counselling agency in Australia and was using SFBT techniques and focused problem resolution brief therapy ideas and techniques. Edwards began to observe the work from behind a one-way mirror and then began to apply the techniques into his practice as a child protection worker. This occurred between 1989 and 1993.

Between 1994 and 2000 Turnell and Edwards had the opportunity to train 150 West Australian practitioners in what they had learnt in the previous years practice experience. This included all of the practitioners in the area (a rural district called the Eastern Region) and led to implementation in all case work. Over seven years the model was refined, field tested by workers in locations around the world and adapted with experience. During this time every six months Turnell and Edwards would lead 5 day training courses for practitioners as the model evolved and later provided support for at least one day a month looking at tricky cases and successes. The model has since evolved based on practitioner experiences and is now internationally applied and known.

In 2012, at the time of writing this report, the Signs of Safety approach is now being used in at least 50 jurisdictions in 12 different countries across Australasia, North America and Europe. Countries with a high level of usage include Australia, Canada, Denmark, Japan, Netherlands, New Zealand, Sweden, UK and the USA. In the 19 years since it’s design and development it’s usage has become widespread and much interest has been generated about its potential.

**Training**

Initially, complete training in the Signs of Safety model involved five days of training over four weeks. The first two days focused on fundamentals and principles, and an outline of solution focused therapy. The second two days of training occurred two weeks later and focused on the Signs of Safety approach. The final day focused on experiences of the model in practice. The general programme as detailed by Turnell and Edwards (1999) can be viewed in the table overleaf.

Currently two day introductory training is being provided by a number of consultants and trainers in the UK to provide an introduction to the model and in authorities who are implementing the approach across their organisation. Furthermore an additional day on involving children is offered.
A key part of implementation in an organisation now also involves trying to set up support from supervision and organisational processes. As Turnell (2012) comments: “for training to make a difference, the ideas and practices must be supported by supervision and ongoing organisational processes that support and embed the new training and practices” (Turnell 2012, p48). Therefore implementing authorities are procuring additional days of more advanced training to grow practice leaders of the approach who are then able to support the staff who have completed the introductory training.

As with the approach itself, the delivery of training in the approach has evolved over time. Live interactive ‘mapping’ is demonstrated in workshops in ways that involve all participants so as to explore how the Signs of Safety principles and elements are applied from intake through to case closure. Numerous case examples are used to demonstrate the ideas and to inspire participants in learning the skills. It is thought that utilizing the simplicity of the Signs of Safety approach requires mastery that can only be achieved through sustained practice. The trainings are designed as an introduction for practitioners new to Signs of Safety, while simultaneously energising and expanding the experienced practitioner’s mastery of the disciplines at the heart of the approach. Ongoing consultation is often incorporated into the work undertaken with implementing authorities where challenging or protracted cases are presented and assistance provided to workers to ‘think their way into and through’ situations (Turnell 2012).

Table 1.2: Outline of Five-Day Signs of Safety Training Program

<table>
<thead>
<tr>
<th>Days one and two: Applying solution-focused brief therapy to child welfare case-work.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Exploration of what participants want from training using scaling question exercise.</td>
</tr>
<tr>
<td>• History and development of brief therapy underlining its pragmatic emphasis on doing the least necessary to create requisite change.</td>
</tr>
<tr>
<td>• Exploration of principles that inform participant’s professional practice, leading into presentation and discussion of principles behind solution-focused therapy.</td>
</tr>
<tr>
<td>• Presentation of solution-focused skills:</td>
</tr>
<tr>
<td>– Exception questions</td>
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<tr>
<td>– Goal-focused questions</td>
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<tr>
<td>– Scaling questions</td>
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<tr>
<td>– Interviewing techniques to elicit and amplify detail</td>
</tr>
<tr>
<td>– Compliments</td>
</tr>
<tr>
<td>– Tasks and interventions</td>
</tr>
<tr>
<td>• Training is illustrated with videotaped case material and skill-building exercises are used throughout. The application of solution-focused brief therapy from commencement to closure is explored sequentially over the two days.</td>
</tr>
</tbody>
</table>
Days three and four: The Signs of Safety approach to child protection

- Exploration of how participants have utilized the first two days’ training.
- What is good child protection practice: practitioner’s views and service recipient’s views.
- Partnership in child protection: a global perspective.
- Signs of safety practice principles.
- Overview of Signs of Safety practice elements. Training exercise: how do participants already utilize the practice elements in their work?
- Detailed presentation of practice elements with associated skill-building exercises following one case scenario through intake, investigation, and planning stages.
- Signs of Safety assessment process is presented and practiced with several case scenarios.
- Several workers experienced in using the Signs of Safety approach present and discuss their casework.
- Exercise to prepare participants to use the approach with existing cases.

Day five: Participants’ use of the Signs of Safety approach: Successes and difficulties

- Participants in turn describe successful use of the approach; participants’ practice is amplified in detail by trainers.
- Case consultation with difficult cases. Participants develop Signs of Safety strategies for each case under consideration prior to any trainer input.
- Preparation for follow-up consultation (if this is to occur).
- Evaluation.

Source: Turnell and Edwards 1999, p185

Supervision and Management

Turnell (2012, 1999) emphasizes the importance of supervision and management post training in order to lead to successful implementation of the model:

“child protection organisations have a tendency to equate the provision of staff training as the beginning and end of implementation, when in fact training staff in new ideas and practices is simply the first step of organisational learning and implementation”.

As noted above Turnell states that:
“For training to make a difference, the ideas and practice must be supported by supervision and ongoing organisational processes that support and embed the new training and practices.” (Turnell 2012, p48)

He suggests the whole learning journey of implementation should take around five years. Practice leaders (or PL’s) are considered vital as a centrally assigned role whereby a supervisor or manager has an in-depth understanding of the approach across practice contexts and leads other practitioners in using the approach. Turnell suggests having at least two of these for each practice unit. In Western Australia practice leaders have extra training in order to lead with appreciative inquiry consultations, have a good understanding of all issues and are able to effectively map cases. A regular process then occurs every fortnight or monthly whereby PL’s will map a case with other staff and carry out at least one appreciative inquiry.

The next step up is to install a process whereby practice leaders meet every couple of months to review work. These groups are led by a Practice Leader Facilitator (PLF’s). Three times a year PLs gather in a large group of up to 60 to receive training and review and plan for the future.

Turnell (2012) also emphasizes how important it is for agency leaders to be involved in the implementation:

“… the approach delivers most benefits when it is used as the foundation for a whole of agency learning journey to create increasing depth in its child protection organization and practice. This can only happen where agency leaders are in the middle of the learning journey connecting the practice realities with grounded intelligence about possibilities, priorities, limitations and the real politics of their agency context.” (Turnell 2012, p50)

In essence, Turnell argues it is important for all levels of the agency to be involved in implementation in order for it to be effective.

Appreciative Inquiry

As well as supervision and management being of great importance, the Signs of Safety approach emphasizes the need for appreciative inquiry and practice depth in evolving the approach. Turnell (2012) argues that changes in child protection typically occur when practitioners, management or academics focus on what went wrong in cases. Alternatively appreciative inquiry looks at what went well in an organisation based on workers experiences and knowledge. This approach argues that by focusing on what works it is more likely to alter and address problematic behaviours of practice. The Signs of Safety model has progressively evolved over time based on the experiences firstly of practitioners in Western Australia and later internationally and practice has changed with the ethos of appreciate inquiry. Here a focus has occurred on what worked in practice and signs
for how it could be replicated were identified and repeated. Turnell (2012) explains that the next step in growing the model will be to repeat this process internationally:

“Following this initial training the next step in growing the model is to shift from training to action-learning mode by inquiring with the workers into the question: Where have they been using the approach and how has it been useful to them? In this way the writings about the Signs of Safety approach present examples of good practice with difficult cases from statutory practitioners in Europe, North America, Japan and Australasia that not only depict and evolve the use of the approach but also describe good child protection practice more generally.” (p45)

System wide implementation in the UK and the Signs of Safety Certification and Licensing Programme

Recent developments in the implementation of Signs of Safety have also included a number of local authorities in the UK (16 as of October 2012) signing up to a system wide, multi-year implementation whereby Signs of Safety is planned to be introduced widely across child protection in each local authority following a series of guidelines and recommendations.

Furthermore, the introduction of the Signs of Safety Certification and Licensing Programme (coming into effect in January 2013) will mean that only licensed Signs of Safety Trainers and Consultants will be able to train and lead professionals and organisations in implementing and learning the approach. This is likely to result in more standardisation in training, implementation and practice. Details of this new development can be viewed at: http://sofs.s3.amazonaws.com/downloads/Open%20Letter%20-%20Signs%20of%20Safety%20Certification%20and%20Licensing%20Program.pdf

Key Messages from Chapter 1:
Signs of Safety – the model

**Core principles**

Signs of Safety was created in Western Australia during the 1990s by Andrew Turnell, social worker /brief family therapist and Steve Edwards, Child Protection practitioner. The model has evolved since the 1990s and has been built on the experiences and feedback of case workers adopting the approach in the field. In practice the model can be used from the first stages of gathering information about an allegation through to case closure and has broad applicability to child protection work. There is no set period of intervention and it can range from a number of brief sessions to long term work with clients. The model has also been used widely in early intervention work and its application in practice extends beyond child protection.
As well as incorporating techniques from Solution Focused Brief Therapy the model has a number of key core principles and practice elements.

Turnell (2012) summarises three core principles of the approach:

- Establishing constructive working relationships and partnerships between professionals and family members, and between professionals themselves.
- Engaging in critical thinking and maintaining a position of inquiry.
- Staying grounded in the everyday work of child protection practitioners.

All of the three principles emphasize the need to move towards a constructive culture around child protection rather than a paternalistic model where the professional adopts the position that they know what is wrong and they know specific solutions.

**Core Principles of Solution Focused Brief Therapy**

Signs of Safety draws upon principles of Solution Focused Brief Therapy, therefore in order to understand Signs of Safety it is important to understand these principles. An important point to be stressed however is that Signs of Safety, as designed by Turnell and Edwards, is not simply applying Solution Focused Brief Therapy (SFBT) to a child protection field. Signs of Safety has a number of key methods, assessments and guidelines that clearly differentiate it as a specific model.

In essence SFBT works by exploring a client’s preferred future and instead of focusing on and fixing a problem, it aims to identify resources, strengths and goals to attain the preferred future (and in doing so change the problem). Careful questioning is carried out by the solution focused practitioner to establish preferred futures and to make them concrete, observable, realistic and noticeable to the client as steps are achieved towards them.

Reviews of SFBT research have identified a number of key elements of SFBT that appear frequently in practice and write ups (de Shazer and Berg 1997, Gingerich and Eisengart 2000, cited by Lipchick et al 2012). These include: using a “miracle” question, using scaling questions, scheduling a consulting break and giving clients a set of compliments, assigning homework tasks, looking for strengths or solutions, setting goals and looking for exceptions to the problem. Many of these elements are also apparent in the Signs of Safety model.

**Core Practice Elements of Signs of Safety**

There are a number of core practice elements that appear frequently in descriptions of guidance on how to work with clients throughout the Signs of Safety literature. Turnell and Edwards in their book (1999) outline six key elements. These include 1) understand the position of each family member, 2) find exceptions to the maltreatment, 3) discover family strengths and resources 4) focus on goals, 5) scale safety and progress and 6) assess willingness, confidence and capacity.
The Risk Assessment Framework (mapping), Safety Planning and Tools for children

Signs of Safety has a clear set of assessment tools for measuring risk and for working with children. In designing the Signs of Safety approach Turnell and Edwards wanted to develop an assessment method that could measure risk and danger. They also wanted it to fit with the solution focused model and to explore what was going well and how to move forward and address the risk identified and relevant issues.

Risk assessment is carried out with the use of a standard one page Signs of Safety assessment protocol (Assessment and Planning Form). This maps harm, danger, complicating factors, strengths, existing and required safety and a safety judgment where children have been maltreated or are vulnerable. It is designed to be the action plan and central case record for organising interventions right from the beginning of a case through to closure.

The framework aims to address four domains:
– What are we worried about? (past harm, future danger and complicating factors)
– What’s working well? (Existing strengths and safety)
– What needs to happen? (Future safety)
– Where are we on a scale of 0 to 10 where 10 means there is enough safety for the child protection authorities to close the case and 0 means it is certain the child will be re-abused? 0 also often indicates the situation is so dangerous the child will be removed.

During the risk assessment process and case work using Signs of Safety, safety planning is usually carried out to plan how change can be achieved to increase the safety of the children concerned. Turnell (2012) defines a safety plan:

“A safety plan is a specific set of rules and arrangements that describe how the family will go about and live its everyday life that shows everyone, the professionals and the family’s own support people that the children will be safe in the future.” (p37)

Involving children is key to the Signs of Safety approach and a number of specific tools have been developed to achieve this aim. These include: 1) Three Houses tool, 2) Wizards and Fairies tool, 3) Safety House tool and 4) Words and Pictures.

The tools with children are thought to be of great importance in giving children an understanding of what has happened to them and why child protection services are involved in the case. They also provide a way to help different family members communicate with each other and create an opportunity to ensure the child’s voice is heard.
**Training in Signs of Safety**

Complete training in the Signs of Safety model involves five days of training over four weeks. The first two days focus on fundamentals and principles, and an outline of solution focused techniques. The second two days of training occur two weeks later and focus on the Signs of Safety approach. The final and fifth day of training, two weeks later involves workers talking about their experiences of implementation and any case issues they may have. After this initial training process the trainers also offer three to six month follow up whereby they meet with the trainees once a month for half day consultations. Shorter versions of training are provided (such as two day courses) by a number of trainers in the UK to provide an introduction or update to the model.

**Supervision and Management**

Turnell (2012, 1999) emphasizes the importance of supervision and management post training in order to lead to successful implementation of the model. A complete learning journey of implementation is estimated to take around five years. Practice leaders (or PL's) are considered vital as a centrally assigned role whereby a supervisor or manager has an in-depth understanding of the approach across practice contexts and lead other practitioners in using the approach. Turnell suggests having at least two of these for each practice unit. The next step up is to install a process whereby practice leaders meet every couple of months to review work. These groups are led by a Practice Leader Facilitator (PLF’s). Three times a year PL's gather in a large group of up to 60 to receive training and review and plan for the future.

**Appreciative Inquiry**

The Signs of Safety model has progressively evolved over time based on the experiences firstly of practitioners in Western Australia and later internationally and have occurred with the ethos of appreciative inquiry. Here a focus occurs on what has worked in practice and signs for how it could be replicated are identified and repeated in a process called appreciative inquiry.

**System wide implementation in the UK and the Signs of Safety Certification and Licensing Programme**

Recent developments in the implementation of Signs of Safety have also included a number of local authorities in the UK (16 as of October 2012) signing up to a system wide, multi-year implementation whereby Signs of Safety is planned to be introduced widely across child protection in each local authority following a series of guidelines and recommendations. Furthermore, the introduction of the Signs of Safety Certification and Licensing Programme (coming into effect January 2013) will mean that only licensed Signs of Safety Trainers and Consultants will be able to train and lead professionals and organisations in implementing and learning the approach. This is likely to result in more standardisation in training, implementation and practice.
Chapter 2: Research Evidence on the Signs of Safety Model and Solution Focused Brief Therapy in Child Protection

The next section of this report will start to look at some of the most recent and important research findings about both the Signs of Safety model and Solution Focused Brief Therapy (SFBT). As mentioned earlier in the report, Signs of Safety is more than just SFBT applied to child protection, so distinguishing the research findings for the two approaches is important. Nevertheless, understanding about SFBT helps to consider different issues that could apply in practice.

To start this section, research about the Signs of Safety model is outlined. This involves looking at: 2.1a) practitioners, parents and children’s experiences of Signs of Safety; 2.1b) exploring the evidence for Signs of Safety in measuring risk and the link between good working relationships/partnerships and child protection; 2.1c) case outcomes in terms of maltreatment re-occurrence and incidence; 2.1d) process issues involved in implementation; and 2.1e) some recent research about Signs of Safety and the analysis of significant harm. A brief update on some of the latest reviews about the application of SFBT in child protection will also be discussed at the end of this chapter.

2.1 Research Evidence and the Signs of Safety Model

A great deal has been written about the Signs of Safety model and possible benefits and impact on families, parents and children. Evidence ranges from internally produced qualitative work from practitioners of the model to a few externally commissioned evaluation reports and a number of published articles. Studies have been completed in many countries including Australia, USA, Canada, Copenhagen, Denmark, Finland, New Zealand, the UK and others. This section of the report will start to examine the research evidence for the model and outline some of the main studies and methodological issues to consider in the interpretation of results.

2.1a Practitioner and parent/child experiences of Signs of Safety

Qualitative research about practitioner and parent/child experiences of any model is of particular value in helping to establish how families and professionals might respond to an intervention. A great deal of the research around Signs of Safety focuses on these experiences.
Table 2.1 includes a selection of these studies to outline some of the main findings. A recent literature review of Signs of Safety research by Wheeler and Hogg (2012) discuss these findings and outline some of the methodological limitations of the studies involved. These methodological notes from Wheeler and Hogg have been included in the table along with extra notes where relevant.

From reading through the studies a number of key themes emerge consistently in the findings. These include:

• **Improvements in the practitioners experiences, skills and job satisfaction** – With studies reporting increases in practitioners’ self-evaluation of expertise and skilfulness, more time to reflect on cases, increases in staff recruitment/retention and improved morale/satisfaction. Staff also identified tools as helping to organise practice, focus on safety/risk and measure change, providing more useful tools than previously available.

• **Improvements in relationships between parents and practitioners** – with studies reporting relationships becoming more open, transparent and of better quality, parents/carers’ feeling more ‘understood’ and respected by workers and not feeling blamed for issues with more positive perceptions of the caring skills of workers.

• **Greater involvement of families in the process** – with studies reporting greater involvement of families in generating outcomes, increased participation if resolving difficulties, higher belief in change (both workers and parents) and more reported recognition of change (from professionals to parents).

In the UK a number of small scale evaluations by local authorities also confirm similar findings through interviews and self-report measures. For example (to name a few we found in the survey carried out in 2011):

• Bracknell Forest undertook a small scale study of the use of Signs of Safety in Child Protection Conferences. The results were largely positive.

• Brent undertook an initial evaluation of service user’s experiences of case conferences where Signs of Safety was used. The evaluation ran from October to December 2010 and involved 100 participants. Participants were asked if they preferred this new approach or a traditional conference. 72% preferred this new approach, 24% traditional and 4% not sure. Further qualitative research with service users is currently being undertaken.

• West Berkshire’s evaluation of Strengthening Families- the evaluation interviewed practitioners and families and asked questions about their experience of child protection conferences. Practitioners were on the whole positive about the model, while families were positive about many elements of the model. They also report that children’s time on child protection plans has decreased as a result of the introduction of the model (Griffiths and Roe 2006).
<table>
<thead>
<tr>
<th>Author/Reference</th>
<th>Method/Aim</th>
<th>Sample</th>
<th>Outcome</th>
<th>Methodological note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turnell and Edwards 1999</td>
<td>Questionnaires – before and 6 month after training in SFBT and Signs of Safety. 10 point rating scale measuring practitioners’ self-evaluations of expertise and skilfulness.</td>
<td>15 practitioners, Perth, Australia.</td>
<td>On average practitioners’ rating of own practice and role increased by a full point.</td>
<td>Small sample. Relies on practitioners own rating. Potential basis as analysis by originators of approach.</td>
</tr>
<tr>
<td>Sundman 2002</td>
<td>Self-rating scaling measuring atmosphere in the workplace, workers’ enthusiasm for their work, concentration on their cases, ability to cope with workload and sense of solidarity. Each item rated every 2 weeks over 1 year. Also case studies and semi-structured interviews workers and carers.</td>
<td>Practitioners Finland.</td>
<td>Not found to make difference to workers’ professional lives. Coping with work was attributed to changes in personal lives. But, workers reported Signs of Safety had an impact on practice and made them have more time to reflect with higher personal processing. Work with families clearer and more goal focused and made it easier to talk about danger to children more openly with carers. In interviews workers and carers said working relationships more open. Difficult to make agreements when conflicting goals and difficult to use with mentally unstable carers or when immediate removal of child necessary.</td>
<td>Relies on self-reports and interviews. Manager initiating pilot was involved in research/analysis, so potential bias and effect on reporting of workers.</td>
</tr>
<tr>
<td>Westbrook 2006</td>
<td>Supervisors interviewed parents undergoing two separate child protection assessments looking at client-worker relationship and perceived difference between the two assessments. First assessment was a traditional model and second (6 months later) Signs of Safety.</td>
<td>Carver County, Minnesota, 9 parents.</td>
<td>7/9 parents reported differences between assessments. With Signs of Safety there was a reported improvement in working relationship, workers were perceived as more caring, taking their time, explaining more, not judging, being more personable, being warmer, listening more, more patient, offering more options and being less intrusive.</td>
<td>Supervisors interviewing, so potential bias and vested interest. Dependent on ability to recall earlier assessment (6 months before) and compare with recent.</td>
</tr>
<tr>
<td>Author/Reference</td>
<td>Method/Aim</td>
<td>Sample</td>
<td>Outcome</td>
<td>Methodological note</td>
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<tr>
<td>Appleton and Weld (2005)</td>
<td>Looked at strength-based practice (SBP) in New Zealand and how applied to Child Youth and Family Services (CYF). In Tauranga, training in SBP, Signs of Safety and other strength based frameworks to five teams of social workers and supervisors. Two independent qualitative evaluations – semi-structured interviews with workers, access to case notes, interviews with partner agencies seeking views of practice.</td>
<td>Part of national initiative in New Zealand Tauranga -was a test site.</td>
<td>SBP well received by staff, helped staff recruitment and retention, staff morale improved, staff supported the approach, helped staff to organise and structure practice with a focus on safety and well-being children/families. Found scaling questions helped ascertain safety/risk and measure change. Assisted involvement families in generating outcomes, steady increase in family/whanau agreements where there was concern about danger/harm to a child, increase in use of voluntary agreements as opposed to custody orders, more families willingly placing children in care where necessary and working on reunification plans.</td>
<td>Did involve two independent evaluations, but not written up in peer reviewed journals. Based on interviews and views of workers. Not clear what could be attributed to strengths based approach or Signs of Safety in particular.</td>
</tr>
<tr>
<td>Hall (2004) and Latham (2004)</td>
<td>1 case study of a mother who contacted social services when pregnant (thought might not be able to keep baby as previous seven children adopted). Used grounded theory to explore worker’s decision making process, how they organised thinking and how they worked with parents to explore experience of assessment. Interview carried out when child 2 years old.</td>
<td>Gateshead, UK, 1 case study.</td>
<td>Child stayed in parents care. The parents reported feeling ‘understood’ and respected, worker felt able to maintain a ‘purposive approach’ including focus on child safety balanced by recognition of strengths, honesty about keeping or losing the child, able to maintain good working relationship. *Interview with manager highlighted the worker’s thorough reading of documentary materials to juxtapose risk and safety factors; her use of team consultation using Signs of Safety as a shared framework” and managerial support encouraging practice.</td>
<td>Study carried out by originator of the approach, so possible bias.</td>
</tr>
<tr>
<td>Turnell et al (2007)</td>
<td>Qualitative interviews. Visits to seven offices, observation case consultations and team meetings. Cases involved returning children to parents after a period in foster care and examination of what factors made a difference.</td>
<td>22 interviews social workers, 15 other stakeholder interviews (from 10 cases included 5 foster parents, 7 parents and 3 young people). New Zealand.</td>
<td>After thematic analysis of success in returning children a number of themes were identified as helping to achieve the goal of reunification: lack of culpability in the construction of original problems (i.e. not blaming the parent but understanding why occurred), resisting ‘risk’ reactivity while monitoring safety (constantly carrying out regular safety plans, preventing a knee jerk risk reaction by worker), worker having a belief of ‘good enough’ parenting (being realistic and negotiating criteria for return), belief in change (in parents and noticing when things do change/go well). Factors identified by parents as re-building their parenting confidence included parenting courses, social work support availability, and an attitude of support and recognition of the changes that were made instead of criticism.</td>
<td>Cases were selected by the workers, so may be biased. Small numbers.</td>
</tr>
<tr>
<td>Author/Reference</td>
<td>Method/Aim</td>
<td>Sample</td>
<td>Outcome</td>
<td>Methodological note</td>
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<td>------------------</td>
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<tr>
<td>Holmgard Sørensen (2009)</td>
<td>Interviews with 171 workers after a 3 year training program and implementation.</td>
<td>2005-2008 in Denmark (Copenhagen). 171 workers.</td>
<td>87% workers reported their training had changed work with families with children at risk. 75% of workers reported the approach provided a more useful tool and skills than were previously available, 72% reported an increased focus on family resources, 55% reported greater inclusion of families' strategies and solutions and 49% felt they were giving families more responsibility. 96% felt the model gave more positive meetings with colleagues and families, 79% used it regularly at meetings. 88% reported training gave an increased sense of professionalism and the quality of work increased constructive communication with families, decreasing their isolation and increasing engagement.</td>
<td>Was independently evaluated. Interviewed workers not families.</td>
</tr>
<tr>
<td>Alcock 2009</td>
<td>Traced the work of three social work teams in UK who had been trained in Signs of Safety as a pilot. Aimed to test impact on three success criteria: children are safe/safety is improved, relationships are respectful and shared understanding of concerns. Scaling questions and interviews used to assess views of children, YP and social workers and members of other services. Compared the three trained teams with a control group.</td>
<td>UK, don't know how many interviews.</td>
<td>Children and young people did not understand Signs of Safety as well as adults – might be useful to have a different template. Signs of Safety encouraged children and young people to participate in process of resolving difficulties in their lives, outcomes for families appeared to have improved, it helped agencies work together although there was a need to share methods, goals, and techniques more fully with partner agencies.</td>
<td>Had a control group. Study group left to choose which families to name for interviews so potential bias. Interviews carried out by social workers (in a different team to their own) and analysed independently by Children’s Workforce Development Council.</td>
</tr>
</tbody>
</table>
Even from this selection of some of the main studies reviewed by Wheeler and Hogg (2012) and some small scale local evaluations, it is clear that with self-report studies, changes appear to be occurring with the Signs of Safety model. However, from reading the methodological notes in Table 2.1, there are some limitations to the studies referred to with many being based only on self-report, small samples and being carried out or analysed by practitioners. Turnell and Edwards and others in the field fully accept the obvious limitations of internally produced work with the possibilities of bias. They also discuss the difficulties of setting up randomised control trials (RCT’s) or having comparison groups in child protection due to the ethical implications of withholding treatment from a group in need (Turnell 2012).

Before moving onto studies looking at how partnerships with parents/carers link to outcomes, the findings of a research report of particular relevance to this current report will be discussed. A staff survey carried out by the Government of Western Australia (Department for Child Protection, August 2010) researched staff perceptions of the Signs of Safety Framework including analysis of the perceived positive and negative aspects of the model. In Australia the Signs of Safety framework was implemented in 2008 with a five year project plan to include a consistent evidence based framework across its services. In 2010 a survey was carried out with staff. 1460 invitations were sent out with 251 responses (17% response rate).

Overall the majority of staff (80%) stated that Signs of Safety had made a ‘very positive difference’ or ‘somewhat positive difference’ to their practice (35% said it made ‘very positive difference’). Only 1% of staff stated that Signs of Safety had made a ‘somewhat negative difference’. One in ten staff remained neutral.

When asked how useful staff found the framework as many as 88% (of 251 staff) said they found it to be ‘very useful’ or ‘somewhat useful’ (57% found it ‘very useful’) in their decision making regarding the safety and well-being of children. Only 2% said the framework was ‘not very useful’. Staff were also asked to give reasons for their rating of usefulness. Table 2.2 overleaf, outlines these answers in terms of positive, negative and neutral themes. The most frequent positive aspect was that the framework provides a clear picture/direction/record (26%). 10% thought it was useful that family/parental input is recognised, 8% thought it aided decision making and 6% said it allows for views of all those involved to be considered in a case. The other responses can be viewed overleaf.

In another question 251 staff answered what they were most worried about in terms of the Signs of Safety framework (see Table 2.3 below). The biggest concern relating to perceptions of other staff (11%) was ‘not being used properly/to its best advantage/inconsistent use.’ Other reported concerns relating to themselves included 8% reporting a ‘lack of experience/knowledge/skills’ and 7% were concerned about ‘getting it right’. Only 4% thought ‘Minimising risk/not recognising risk’ was an issue for Signs of Safety. More of these concerns can be viewed in Table 2.3 below. 14% of staff did not report any concerns.
### Table 2.2

<table>
<thead>
<tr>
<th>Comments around usefulness of the Signs of Safety framework</th>
<th>N=251</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positive</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides a clear picture/direction/record</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Family/parents’ input is recognised</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Aids decision-making (especially in complex cases)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Allows for views of all involved in a case</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Families understand why there are concerns/DCP is involved</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Open/transparent</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Generally useful tool/improves practice</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Simple/versatile/easy to use</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Focus is on strengths/what is working well</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Good when engaging children in the process</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Good for building relationships</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Useful for determining child safety/safety planning</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Useful for mapping cases/getting a better understanding</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Framework is understood/language is easy to understand</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Useful assessment tool</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Families understand what needs to be done/what needs to happen</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Child focussed</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Good when working with indigenous families</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Negative</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circumstances where not helpful/impedes practice</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Minimises some of the risks/concerns</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Relies on the skill of the staff using it</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Takes too long/tedious/repetitive</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Does not accurately reflect cultural considerations/difficult to use with CaLD clients</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Neutral</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not enough experience with the framework</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>One of many tools used/useful as any other</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Not completed the training</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>More training needed</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Other responses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Not applicable</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>No further comment</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

*Source: From p11 of report*
Table 2.3

<table>
<thead>
<tr>
<th>Staff are MOST worried about …</th>
<th>N=251</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of experience/knowledge/skills</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Getting it right</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Families/parents/children’s lack of understanding</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Lack of rigour/missing something crucial</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Time taken to complete/not efficient/more paperwork</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Not applicable to all areas of work/just a tool</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Minimising risk/not recognising risk</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Specific aspects/terminology (e.g. Three Houses, harm and danger statements, Words and Pictures)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Not enough training</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Families/parent/children not willing to engage</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Facilitation/lack of facilitators</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Other agencies’ agendas</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Misuse of scaling questions</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Cultural issues (difficult to use with indigenous/CaLD families)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Families not following through on agreed actions</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Not using enough/no time</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Breach of confidentiality/shared information increases risk</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Other staff</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not being used properly/to its best advantage/inconsistent use</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Not being used across the board/lack of uptake by colleagues</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Lack of understanding on the part of staff (e.g. focus on tools without a clear understanding of principles and assumptions)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Other responses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Not applicable/do not use in my role</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>No concerns</td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>

Source: p12

This staff survey starts to give an idea of some of the different experiences and perceptions staff have of the Signs of Safety model. In a similar nature the interviews carried out for the purposes of the current exploratory research examine staff’s perceptions in England (see p77, section 3.2).

2.1.b Exploring the evidence for Signs of Safety in measuring risk and the link between good working relationships/partnerships and child protection

Signs of Safety and Risk – The main concern discussed by some authors in the literature is a fear that a solution focused approach or an approach based on such techniques may not deal with
risk or child protection issues as it focuses on the positive side and solutions. Turnell talks about these concerns in his comprehensive briefing (2012):

“the concern is that when a professional builds a positive relationship with abusive parents that professional will then begin to overlook or minimise the seriousness of the abuse. The literature describes such relationships as ‘naïve’ (Dingwall, 1983) or ‘dangerous’ (Dale et al. 1986; Calder 2008).”

However, as described earlier in this report it is important to distinguish between solution focused practice more generally and the Signs of Safety approach before drawing such conclusions. Proponents of the Signs of Safety approach would argue that specific measures and methods of the Signs of Safety approach ensure risk is considered as much as strengths. For instance, the Assessment and Planning Form has specific categories to record danger/harm and the scales ensure that a balance between risk and safety is constantly assessed. The children’s tools also look to worries and concerns and so an equal emphasis upon risk is considered.

Research about Signs of Safety has confirmed these viewpoints. For instance, Appleton and Weld (2005, cited by Wheeler and Hogg 2012) interviewed practitioners to gain an insight into their views about risk and safety and if Signs of Safety assessed these (for more details on sample see Table 2.1 p48). They concluded:

“workers described Signs of Safety as a useful framework for addressing the danger and harm factors in a case and clarifying the concerns, especially for the more difficult cases and during periods of crisis; Signs of Safety was considered to be a useful way to gather information, assess it and to help create a plan; workers particularly mentioned how the scaling questions in Signs of Safety helped them to measure change and ascertain the level of safety.” (Wheeler and Hogg 2012, p209)

Similarly, Shennan (2006) writes about the advantages of scaling in looking at safety and risk:

“… Dawn has found questions arising from a safety scale particularly useful. Dawn asks each professional to scale the safety of the child (10 being the most safe), and follows up by asking what puts their rating at that point and not lower. This has proved to be the most helpful way of ensuring that strengths and signs of safety are discussed as well as concerns. Questions about what they need to see for movement up the scale then lead to a process which forces professionals to think concretely about their expectations of a family. The Signs of Safety form is useful to Dawn in recording and summarising the conference, and in formulating the child protection plan.” (p19)

Clearly a number of research reports looking at practitioners’ perspectives suggest risk is considered and weighted in Signs of Safety due to its assessment methods. As discussed above, many of these reports rely on the experiences of practitioners and qualitative studies. The survey by the Government of Western Australia (Department for Child Protection, August 2010),
found that a relatively small proportion of staff (4%) had some concerns about Signs of Safety in measuring risk, so exploring their perceptions and views in greater detail would be interesting. Further research could also explore how risk assessment in Signs of Safety measures against other risk assessment scales (for example quantitative) and actual case outcomes. Further information about risk assessment and how Signs of Safety measures the domains of the Common Assessment Framework are discussed on page 62.

The link between good working relationships/partnerships and child protection outcomes

One of the most frequent findings in the Signs of Safety literature (see Table 2.1, p47–49) refers to an increase in positive relationships between workers and parents and potentially engagement and co-operation. An emphasis on good working relationships and partnerships is also made in the main principles of the model. However, another key issue to address is how good working relationships, partnerships and engagement with parents could be related to effective child protection and outcomes.

The role of the professional relationship in casework is an issue that is discussed in a recent review by Turney et al (2011) looking at social work assessment for children in need. Here they conclude that the professional relationship is important for effective assessment and intervention:

“Studies indicate that good assessment is grounded in a thorough understanding of the child and family’s situation, needs and strengths, and to gain this knowledge, practitioners need to work directly with the child and their family. This highlights the importance of the professional relationship and its role in the assessment process and for any subsequent intervention and future planning.” (Turney et al 2011)

Additionally, Turnell (2012) in his briefing about Signs of Safety cites research that suggests that best outcomes for vulnerable children arise when constructive relationships exist between professionals and between families and professionals. He quotes a number of studies including Cashmore 2002; Department of Health 1995; MacKinnon 1998; Reder et al 1993; Trotter 2002 and 2006 and Walsh 1998. He also points to research that has found parents and children who have been through the child protection system assert the same finding and quotes studies by Butler and Williamson 1994; Cashmore 2002; Gilligan 2000; Farmer and Owen 1995; Farmer and Pollock 1998; McCullum 1995; MackKinnon 1998; Teoh et al 2004; Thoburn, Lewis and Shemmings 1995; Westcott 1995; Westcott and Davies 1996.

A number of studies have also started to explore why and how this link between working relationships and outcomes might be occurring by researching or debating the impact of different aspects of the professional relationship.
Many hold the hypothesis that openness to the family’s perspective increases engagement and this in turn helps to create change. For instance, McKinnon (cited by Turnell and Edwards 1999) conclude that when the worker showed openness to the family’s perspective, it was seen by parents as facilitating the development of a more cooperative and trusting relationship. MacKinnon concluded:

“professionals’ skills in influencing parents’ behaviour, and the degree of their personal warmth and ability to develop a relationship characterised by respect and caring, were key factors in turning around situations that were otherwise perceived as negative by both parents and professionals.” (Turnell and Edwards 1999, p22)

Keddell (2011) in their research publication (see Table 2.1 above for study details) conclude from analysis of interviews that a number of processes are perceived to be vital to the success of the Signs of Safety model in helping successful reunification with carers after foster placement. These all include elements focusing on the relationship between client and worker including:

- **lack of culpability in the construction of original problems** (i.e. not blaming the parent but understanding why something has occurred),
- **resisting ‘risk’ reactivity while monitoring safety** (constantly carrying out regular safety plans to evaluate any change and risk, preventing a knee jerk risk reaction by worker),
- **worker having a belief of ‘good enough’ parenting** (being realistic and negotiating criteria for return),
- **belief in change** (in parents and noticing when things do change/go well).

Factors identified by parents as re-building their parenting confidence included parenting courses, social work support availability, and an attitude of support and recognition of the changes that were made instead of criticism.

The importance of lack of culpability was expressed by one parent:

“I was able to – I didn’t feel as though I was made to feel guilty, like it was all my fault … I felt as though they sort of like, listened, that I suppose they’ve seen all sorts haven’t they, and I felt as though I wasn’t made to feel guilty for what – for how things had developed … because I had done my best” (mother C5). (p8)

Keddell also observes how interviewee’s (social workers) felt it is the negotiated nature of partnerships that may make a difference:

“the criteria for return were often idiosyncratic, negotiated (rather than unidirectional from the worker to the client) and specific to the case, rather than the social worker making a decision based on an objective ‘check list’ of factors … ” (p10)

Clearly social workers and parents/carers feel that aspects of the professional relationship are important to the success of interventions. The next step in the research process exploring this link will be to look at how such aspects link with concrete outcomes for children and families. The
relationship between parental engagement and outcomes is less researched and has fewer firm conclusions. For instance, Turney (2011) in a recent review concludes:

“As a general point, the relationship between parental engagement and outcomes for children remains under researched. However there is considerable evidence that the nature of parental relationships with professionals affects decisions arising from assessments (Brophy, 2006; Cleaver et al., 2004; Holland, 2010; Iwaniec et al., 2004; Masson et al., 2008; Platt, 2007; Wade et al., 2010 cited by Turney et al. 2011). Interventions tended to deescalate where parents appeared cooperative (although there is evidence that cooperation, in itself, is not an adequate predictor of parents’ abilities to change sufficiently to meet the needs of the child) (Barlow and Scott, 2010; Ward et al., 2010).”

Findings from the current research project including interviewees views on how good working relationships, partnerships and engagement with parents could be related to effective child protection and outcomes can be read in section 3.2.c, p83.

### 2.1.c Case Outcomes

Even though views and experiences of Signs of Safety are of great significance in the evaluation of it as a model, concrete case outcomes in terms of child protection objectives (such as reduction in maltreatment incidents or repeats) or changes in children/families (such as changes in psychologically assessed mental health due to the impact of maltreatment) are vital to measure.

Wheeler and Hogg (2012) in their review of Signs of Safety in the child protection movement, conclude there are two main data sets that can be used to examine the impact and outcomes of cases where the model has been applied across a large jurisdiction.

The first involves Olmsted County Child and Family Services in Minnesota USA. Here they began using the Signs of Safety model with all casework since 2000 and all casework is focused around specific family-enacted safety plans. Here it has been found that in the 12 years since they have been running, the agency has halved the number of children taken into care and halved the number of families taken to court (Turnell, 2008, cited in Wheeler and Hogg, 2012). The county also recorded a recidivism rate of 2% (measured through state/federal audit), compared to an expected federal standard in the US of 6.7%. In the same time period (12 years) they have also tripled the number of children they standardly work with. In discussion of the case Wheeler and Hogg acknowledge that other radical changes to structuring the teams, case conferencing and court proceedings have occurred, so it obviously difficult to ascertain what change is attributable to.

The second example comes from Carver County Community Social Services (CCCSS), also in Minnesota USA. Here they began implementing Signs of Safety in late 2004 (Turnell 2008, cited
by Wheeler and Hogg 2012). They have since observed the number of out of home placements and children in long term care decreasing over the past two years. A change has also occurred in the number of families experiencing termination of parental rights, with 21 families in 2004 and 2005 going through this process compared to just 4 in 2006/7. Koziolk (2009 personal communication, cited by Wheeler and Hogg 2012) also recorded a reduction in the number of children being placed as a result of a maltreatment report (half what it was before Signs of Safety was introduced) and a decrease in the number involved in a new placement within 60 days of a child protection assessment. In 2006 this involved 57 children, by 2007 it down to 35 and by 2008 it was 26.

Similarly Turnell (2012) in his comprehensive briefing cites other countries where the implementation of Signs of Safety is also matched by changes in child protection statistics. Both Turnell (2012) and Wheeler and Hogg (2012) accept the possibility that these changes could occur due to other factors such as other changes in social policy. They also comment that the time-frame of change is relatively small.

Conclusions about outcomes from the Signs of Safety model are at a relatively early stage in development and global/country changes may take years to occur due to the time it takes to implement any model effectively. Some trends do seem to correlate in some areas and countries that have introduced Signs of Safety, but at the moment more research is needed to be conclusive about these findings and how change might be occurring.

### 2.1.d Process issues involved in implementation

Some of the research studies above also start to point to relevant process issues that could be important in implementation and the setting up and running of Signs of Safety in any area. As pointed out in the introductory section of this report, Turnell goes into detail about the importance of having an implementation plan and the role different managerial and supervisory processes can play in the success of intervention.

Wheeler and Hogg (2012) in their literature review of Signs of Safety conclude that findings indicate that when supervisors and managers are also trained in solution focused supervision and implement this as a parallel process (such as in Michigan USA), or in appreciative inquiry, it becomes more likely that workers will develop and sustain strength based approaches with confidence and creativity.

One of the most in-depth externally commissioned evaluations of process factors that are important in implementation of the Signs of Safety model was carried out in Minnesota USA by Wilder Research (Skrypek 2010). This is of particular interest as the model is implemented extensively in the area (as described above) so it serves to be a good learning ground for
other areas across the world. The research report also sets out benchmarks that child welfare organizations should consider during implementation.

The research consisted of 5 semi-structured interviews with key project stakeholders, 14 semi-structured interviews with child protection program managers and supervisors, three focus groups with social workers and a review of key documents.

It was found that implementation varied across different counties in Minnesota and there was a desire for more opportunities to share learning cross-county. Supervisors additionally expressed a desire for increased training in relation to Signs of Safety strategy, Appreciative Inquiry and help educating and engaging community partners. Some counties suggested having a ‘local practice coach’; a practitioner with a high level of skill in the model who could serve as a case consultant.

A number of benchmarks were constructed that indicate early levels of success in implementation. These included:

- Evolution of child protection philosophy from “professional as expert” to “professional as partner.”
- Worker confidence in Signs of Safety.
- Worker buy in
- Supervisor buy in
- Administrative leadership buy-in
- Practice sharing
- Parallel process in supervision
- Involving and educating other partners

They suggest that longer term benchmarks should only be considered when the model has been implemented for three to five years (such as family satisfaction, reduction placements etc). The findings also revealed that counties that had used the approach for longer felt they were further along in terms of integration of the model. Early in implementation challenges sometimes occurred around how to integrate the model with existing practices where there may already be tools to assess risk, safety and well-being of families. Some states are currently looking into how to achieve this integration and collect evaluation data about it (e.g. California and Massachusetts).

The overall perceptions of staff about the model were also explored. Whilst most staff viewed the implementation positively some had resistance to the approach. This ranged from either: 1) a general discomfort with practice change (often more experienced workers perceiving Signs of Safety as implying their previous ways of working were less effective) to 2) some scepticism related to the efficacy of the approach. A few workers and supervisors were concerned there
was a risk by relying on Safety networks and Safety Plans as an alternative to out-of-home placement. Safety networks refers to the Signs of Safety practice whereby family members or other appropriate adults are considered as helping to select and negotiate a safe environment for the child (see page 28). Some multi-agency professionals also had concerns about the approach. Due to this a key recommendation from the report was to ensure securing early support from professionals and key groups such as law enforcement, court systems, child advocates and Guardians Ad Litem and an important element of any implementation should be investing in education and training.

The evaluation concluded that supervisors were key to ensuring successful implementation:

“Despite the value in a truly grassroots, worker-to-worker transmission of the Signs of Safety philosophy, the role of direct supervisors in conveying confidence and enthusiasm for the practice seems central to a successful implementation.”

Skrypek and Idzelis (2012) suggest future evaluation studies should look at the relationship between level of exposure to Signs of Safety and parent satisfaction and positive family outcomes. They suggest looking at dosage and level of intervention and including a comparison group with no exposure. They also write about the next stage of their research which will examine outcome indicators overtime for counties implementing Signs of Safety in Minnesota:

“This includes an examination of maltreatment re-reports, placements, CHIP’s petitions filed, and TPRs finalized.* The study will examine trends over time for these indicators in the context of each county’s level of implementation of Signs of Safety, including an examination of the nature and extent of leadership support for Signs of Safety, and the provision of various implementation supports within each county … In addition, the Minnesota Department of Human Services, County child welfare leaders, Casey Family Programs, and Wilder Research are planning to complete a more in-depth ‘research chronicle’ to describe the process and outcomes of the two Minnesota counties that have implemented Signs of Safety with the most depth and with the longest duration of continuous leader support and worker training and coaching. Clearly, mixed-methods studies of organizational culture, leadership, implementation processes, supervisor and worker training, on-going coaching, parent perceptions, and youth perspectives are all needed.”

After some contact by email with Wilder research it has been established that the group are currently still in data collection mode for this study and the results will be available by the end of the calendar year (2012).

Clearly research indicates that process issues will be of great importance in the implementation of a Signs of Safety model. The results from interviews carried out for this current research also explore some of these issues and the findings are discussed in section 3.2d, p89 and 3.2e, p93.

* CHIP’s = children in need of protection. TPRs = termination of parental rights.
2.1.e Recent research about Signs of Safety and the analysis of significant harm

In their recent report of DfE funded research ‘Systematic Review of Models of Analysing Significant Harm’ Barlow et al (2012) report on findings from a systematic review. This identifies and critically appraises published and unpublished studies reporting on the use and/or development of tools for analysing data about whether a child is suffering, or likely to suffer significant harm. The review identified 3 systems of tools: 11 individual tools and 2 audit tools, and Signs of Safety was included in the analysis.

The first aspect of the tools they reviewed included timing; looking at the point in time that the assessment process occurred. This can be viewed in Table 2.4 overleaf.

Here they place Signs of Safety in the Section 47 enquiry category. It is worth noting that the review only includes information about the Assessment and Planning Form for Signs of Safety and has not considered other tools or adaptations of this (such as the three columns, tools for children or regular assessments made throughout case work). It also only covers literature that fit their inclusion criteria.

The next aspect of assessment tools they looked at included which domains they assessed. This can be viewed in Table 2.5 (p62). Here they concluded that Signs of Safety only assessed the domains of risk and safety/strengths. They also commented that Signs of Safety did not have a manual in terms of operationalization of domains or behavioural descriptors to guide the assessment and that it was left to the discretion of the practitioner and qualitative assessment rather than a quantitative assessment. In Table 2.6 (p63) they conclude that evaluative aspects of the tool covered family/environmental factors, safety/strengths, risks and harm. The next aspect they studied included information about evaluation of the included tools. This can be viewed in Table 2.7, p64. Here they concluded:

“The Signs of Safety Model does not appear to have been evaluated in terms of rigour (i.e. validity, reliability or impact) but has evidence of good user (Westbrook 2006) and provider acceptability (Alcock et al., 2009; Inoue et al., 2006; Sundman 1997; Turnell and Edwards 1999), in addition to a number of case studies (Christianson and Maloney 2006; Turnell, Elliott and Hogg 2007) and opinion/discussion papers (Myers 2005; Turnell 2004).” p64
<table>
<thead>
<tr>
<th>Systems/tools</th>
<th>Children with additional needs</th>
<th>Children with complex needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Identification and assessment of need</td>
<td>Intake</td>
</tr>
<tr>
<td></td>
<td>Risk</td>
<td>Safety</td>
</tr>
<tr>
<td>Child Abuse Risk Evaluation – Netherlands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child at Risk Field System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Endangerment Risk Assessment Protocol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive Assessment Tool</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>California Family Assessment and Factor Analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corby (2003)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children’s Research Centre – Structured Decision-Making/ Ontario Risk Assessment Matrix/SDM-CALSWEC</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Graded Care Profile</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>RES (Manitoba Risk Estimation System)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Carolina Family Assessment Scale NCFAS-R NCFAS-G NCFAS-G+R Strengths and Stressors Tracking Device (SSTD)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Resilience Matrix</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safeguarding Assessment and Analysis Framework (SAAF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signs of Safety</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Victorian Risk Framework</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Washington Risk Assessment Matrix</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WJRM (2011)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: p38
Table 2.5: Assessment Domains for Individual Tools

| Child Abuse Risk Evaluation – Netherlands (CARE-NL) | ✔ | ✔ | ✔ | ✔ |
| Child at Risk Field System (CARF) | ✔ | ✔ | ✔ | ✔ |
| Child Endangerment Risk Assessment Protocol (CERAP) | ✔ | ✔ | ✔ |
| California Family Assessment and Factor Analysis (CFAFA) | ✔ | ✔ | ✔ |
| Graded Care Profile (GCP) | ✔ | ✔ | ✔ |
| Manitoba Risk Estimation System (MRES) | ✔ | ✔ | ✔ | ✔ |
| North Carolina Family Assessment Scale NCFAS-R | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ |
| NCFAS-G | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ |
| NCFAS-G+R | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ |
| Strengths and Stressors Tracking Device (SSTD) | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ |
| Resilience Matrix (RM) | ✔ | ✔ |
| Safeguarding Assessment and Analysis Framework (SAAF) | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ |
| Signs of Safety (SoS) | ✔ | ✔ |
| Washington Risk Assessment Matrix (WRAM) | ✔ | ✔ | ✔ | ✔ |

Source: page 40
Table 2.6: Summary of Evaluative Aspects of the Tools

<table>
<thead>
<tr>
<th>Assessment domains</th>
<th>Systems</th>
<th>Individual tools</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CRC-SDM</td>
<td>VRM</td>
</tr>
<tr>
<td>Parenting capacity</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Child’s developmental status/needs</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Family/ environmental factors</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Safety/Strengths</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Risks</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Harm</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Prospects for successful intervention</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Capacity for change</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Other</td>
<td>Response Priority Tool; Placement/ Reunification tools</td>
<td>Placement/Permanency Planning/ closure</td>
</tr>
</tbody>
</table>

Source: pages 45–46
Table 2.7: Summary of Evaluation for Each Model

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Systems</th>
<th>Individual tools</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CRC-SDM</td>
<td>VRM</td>
</tr>
<tr>
<td>Validity/ reliability</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Reliability</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Acceptability</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Service Users</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Service Providers</td>
<td>✓</td>
<td>some</td>
</tr>
<tr>
<td>Equity</td>
<td>✓</td>
<td>some</td>
</tr>
<tr>
<td>Equity and fairness in use</td>
<td>✓</td>
<td>some</td>
</tr>
<tr>
<td>Impact</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Source:
They concluded, as for most tools reviewed, that Signs of Safety has not been evaluated in terms of validity and reliability, and that more robust research is needed.

The positives of the Signs of Safety tool however are summarised as:

“Some of the more limited tools in terms of the number of assessment domains provided and descriptors used to operationalize the domains (for example Resilience Matrix and Signs of Safety), would appear to have potential value in terms of helping practitioners to create visual displays in order to facilitate the process of ‘making sense’ of the data, and in sharing the data with families.” (p65)

The results of the review are therefore mixed and present some possible future development areas for Signs of Safety. It would be interesting in the future for a review to examine risk assessment processes in general (where tools fit as part of this) and how different risk assessments tools or processes may support each other since more than one tool may be used in practice.

2.2 Research and Solution Focused Brief Therapy

The main concern discussed by some authors in the literature has been that the solution focused approach or an approach based on such techniques may not deal with risk or child protection issues as it focuses on the positive side and solutions. See Turnell 2012, quoted above, p53.

Critics have also cited the Peter Connelly Serious Case Review (SCR) (Haringey Local Safeguarding Children Board 2009) where in examining if any models may have impacted on the way the case was managed, a suggestion was made that Solution Focused Brief Therapy should be reviewed in the local authority. It concluded that:

“whilst emphasising the strengths of parents is important, SFBT is not compatible with the authoritative approach to parents in the protective phase of enquiries, assessment and child protection conference” (Haringey Local Safeguarding Children Board, 2009, paragraph 3.16.7). Other conclusions included: “the local authority should review its use of SFBT with families” (Haringey Local Safeguarding Children Board, 2009, paragraph 5.13, cited by Woods and Green 2011)

A Panorama programme was aired about these issues in 2009 and Andrew Turnell was featured to give his viewpoint on events of the Peter Connelly case. He discussed the issues that need to be considered in practice with solution focused practice:

“Solution focus gives you a lot of good skills, it gives you ways of engaging with families”, he told the programme. “But you must bring to the table very clearly what the problem is and you
must talk very clearly with the family about the past, about harm to the child, the neglect, the maltreatment. And if you try and use solution focus without doing that, if you try and use it as a therapy, as a therapist would use it in the therapy room, it can very quickly become dangerous — particularly in high risk cases.” “If you are talking about the future without reference to the past, that’s when it can get very dangerous in child protection work.” (From BBC website on report of Panorama programme 2009. Panorama Baby P: The Whole Truth? 4 May 2009)

In the development of Signs of Safety, Andrew Turnell and Steve Edwards have taken actions to consider these elements and incorporate measurement as a formal assessment approach to ensure they are considered in practice.

If we are to look at SFBT alone as a method of practice, it is worth outlining the results of the latest Systematic Review of SFBT with children and families (Woods and Green 2011). This review examines if there is evidence for the effectiveness of SFBT in relation to work with children and families and what the implications are for children considered to be suffering, or likely to suffer, significant harm. Woods and Green (2011) use 38 studies in the review considered to be the best evidence reflecting studies from 1990-2010. They describe the evidence base as being limited due to lack of control or comparison groups, limited use of reliable and valid outcome measures and limited information about how different elements of therapy may be utilized and combined with different problem areas/client types/complementary interventions.

The following relevant conclusions were made in the review:

- “within the pool of 38 best evidence studies, 34 indicate at least some positive outcomes for the therapeutic target group and eight studies found that SFBT intervention yielded some outcomes that were better than treatment-as-usual or a control condition” (p6). Only two studies focused directly on child protection issues (Antle et al 2009, Corcoran and Franklin 1998). Most studies however were relevant to ‘children in need’.

- There was substantial evidence for improvements following SFBT interventions in children’s externalising behaviour problems (e.g. aggression, co-operation, truancy), and children’s internalising problems (e.g. depression, self-esteem), improving children’s listening comprehension and reading fluency, improving coping of families undergoing divorce, improving functioning of young people with developmental impairments, efficient supportive structure for parents and children with learning disabilities and goal setting for families of children with behaviour problems.

- “Only two studies within the best evidence on SFBT effectiveness focus directly upon child protection issues where children are considered to be suffering, or likely to suffer, significant harm. Furthermore, one of these two studies (Corcoran and Franklin, 1998) is a case study of a single child and parent case, which, whilst informative adds little to the weight of evidence in this area. Antle et al (2009) offer promising results with a larger sample; however SFBT was used in combination with other approaches.
The authors do not provide any detail about the relative contribution of the SFBT element within their framework or account for why their approach was unsuccessful in some cases. The reports of both these studies, whilst showing positive outcomes, show methodological weaknesses which limit their utility as research evidence. Therefore further research is needed into the effectiveness of SFBT in cases where children are considered to be suffering, or likely to suffer, significant harm.” (Woods and Green 2011, p8). One study (Kruczek and Vitanza 1999, cited by Woods and Green 2011) also found solution focused work could help with recovery from abuse.

- The authors suggest that as statutory child protection work often involves families with a multiplicity of difficulties, they may require longer interventions than SFBT. They also conclude there is a need to include analysis and objective assessment of the problem for the child which SFBT may not measure.

- It is suggested that when SFBT is used local authority governance should give practitioners’ choice and integration of SFBT and provide provision for general and specific training, supervision and management. They suggest it is important to identify what competencies are needed to be a good practitioner and this was not analysed in the review.

In conclusion, as stated above the authors suggest: “further research is needed into the effectiveness of SFBT in cases where children are considered to be suffering, or likely to suffer, significant harm.” (Woods and Green 2011, p8). Interestingly some studies were found to warrant further investigation into SFBT as a tool in the child protection arena and suggestions for more robust research were made. It seems that further research could help to explore some of the issues outlined in this review and give further clarity to what value SFBT therapy might have in this context.

It is worth noting that some of the findings from this review may not apply to the Signs of Safety model, as it has developed and evolved considering some of the criticisms that have been made of SFBT. For instance, the review highlighted that as families have a multiplicity of difficulties they require longer interventions than SFBT. As outlined in the introductory chapter of this report, the Signs of Safety interventions can continue for a considerable amount of time and regular reviews of difficulties are made by practitioners rather than one off scaling or assessments. Additionally the criticism of omitting analysis and objective assessment of the problem for the child has been considered in the model through the development of the tools for children and a practice guideline to include the views and experiences of the child in assessments and casework.
A great deal has been written about the Signs of Safety model and possible benefits and impact on families, parents and children. Evidence ranges from internally produced qualitative work from practitioners of the model to a few externally commissioned evaluation reports and a number of published articles. Studies have been completed in many countries including Australia, USA, Canada, Copenhagen, Denmark, Finland, New Zealand, the UK and others.

**Practitioner and parent/child experiences of Signs of Safety**

Qualitative research about practitioner and parent/child experiences of any model is of particular value in helping to establish how families and professionals might respond to an intervention. A great deal of the research around Signs of Safety focuses on these experiences. A recent literature review of Signs of Safety research by Wheeler and Hogg (2012) discusses these findings and outlines some of the methodological limitations of the studies involved.

A number of key themes emerge consistently in the research findings regarding practitioner and parent/child experiences of Signs of Safety. These include:

- **Improvements in the practitioners’ experiences, skills and job satisfaction** – with studies reporting increases in practitioners’ self-evaluation of expertise and skilfulness, more time to reflect on cases, increases in staff recruitment/retention and improved morale/satisfaction. Staff also identified tools as helping to organise practice, focus on safety/risk and measure change, providing more useful tools than previously available.

- **Improvements in relationships between parents and practitioners** – with studies reporting relationships becoming more open and of better quality, parents/carers’ feeling more ‘understood’ and respected by workers and not feeling blamed for issues with more positive perceptions of the caring skills of workers.

- **Greater involvement of families in the process** – with studies reporting greater involvement of families in generating outcomes, increased participation if resolving difficulties, higher belief in change (both workers and parents) and more reported recognition of change (from professionals to parents).
Small scale local evaluations in the UK also confirm that changes do seem to be occurring with the Signs of Safety model. Some large scale surveys have also been carried out of staff perceptions of the model in practice including one by the Government of Western Australia (Department for Child Protection, August 2010). This resulted in mainly positive findings.

There are some limitations to these studies with many being based only on self-report, small samples and being carried out or analysed by practitioners. Turnell and Edwards and others in the field fully accept the obvious limitations of internally produced work with the possibilities of bias. They also discuss the difficulties of setting up randomised controlled trials (RCT’s) or having comparison groups in child protection due to the ethical implications of withholding treatment from a group in need (Turnell 2012).

**Signs of Safety and Risk**

The main concern discussed by some authors in the literature is a fear that a solution focused approach or an approach based on such techniques may not deal adequately with risk or child protection issues as it focuses on the positive side and solutions. Proponents of the Signs of Safety approach would argue that specific measures and methods of the Signs of Safety approach ensure risk is considered as much as strengths and indeed make the risks more explicit to the family. For instance, the Assessment and Planning Form has specific categories to record danger/harm and the scales ensure that a balance between risk and safety is constantly assessed. The children’s tools also look to worries and concerns and so an equal emphasis upon risk is considered from the child’s perspective. Case reviews have often found the child’s views to be absent in child protection work, so the inclusion of these in the Signs of Safety approach is valuable.

Research about Signs of Safety has confirmed these viewpoints that the model effectively caters for risk. For instance, Appleton and Weld (2005) interviewed practitioners and found that “workers described Signs of Safety as a useful framework for addressing the danger and harm factors in a case and clarifying the concerns, especially for the more difficult cases and during periods of crisis”. Similarly, Shennan (2006) writes about the advantages of scaling in looking at safety and risk.

A survey by the Government of Western Australia (Department for Child Protection, August 2010), found that a relatively small amount of staff (4%) had some concerns about Signs of Safety in measuring risk, so exploring such perceptions and views in greater detail would be valuable. Further research could also explore how risk assessment in Signs of Safety measures against other risk assessment scales (for example quantitative) and actual case outcomes.
The link between good working relationships/partnerships and child protection outcomes

Research evidence was reviewed to gain an insight into how good working relationships, partnerships and engagement with parents are related to effective child protection and outcomes. Turnell (2012) in his briefing about Signs of Safety cites research that suggests that best outcomes for vulnerable children arise when constructive relationships exist between professionals and between families and professionals. He quotes a number of studies that provide support to this link including Cashmore 2002; Department of Health 1995; MacKinnon 1998; Reder et al 1993; Trotter 2002 and 2006 and Walsh 1998.

Research has also started to explore why and how this link between working relationships and outcomes might be occurring by researching or debating the impact of different aspects of the professional relationship. Many hold the hypothesis that openness to the family’s perspective increases engagement and this in turn helps to create change (for e.g. Mckinnon, cited by Turnell and Edwards 1999).

Keddell (2011) in their research publication conclude from analysis of interviews that a number of processes are perceived to be vital to the success of the Signs of Safety model in helping successful reunification with carers after foster placement. These all include elements focusing on the relationship between client and worker including: lack of culpability in the construction of original problems (i.e. not blaming the parent but understanding why something has occurred), resisting ‘risk’ reactivity while monitoring safety (constantly carrying out regular safety plans to evaluate any change and risk, preventing a knee jerk risk reaction by the worker), worker having a belief of ‘good enough’ parenting (being realistic and negotiating criteria for return), belief in change (in parents and noticing when things do change/go well).

A number of research studies suggest that social workers and parents/carers feel that aspects of the professional relationship are important to the success of interventions. The next step in the research process exploring this link will be to look at how such aspects link with concrete outcomes for children and families.

Case Outcomes

Even though views and experiences of Signs of Safety are of great significance in the evaluation of it as a model, concrete case outcomes in terms of child protection objectives (such as reduction in maltreatment or repeat incidents of maltreatment) or changes in children/families (such as changes in psychologically assessed mental health due to the impact of maltreatment) are vital to measure. Wheeler and Hogg (2012) in their review of Signs of Safety in the child protection movement, conclude there are two main data sets that have evidence regarding the impact and outcomes of cases where the model has been applied across a large jurisdiction. These include Olmsted County Child and Family Services in Minnesota USA and Carver County Community Social Services (CCCSS), also in
Minnesota USA. In both areas there is some evidence that since the introduction of Signs of Safety positive changes in child protection statistics have occurred (for e.g. less children taken into care). Similarly Turnell (2012) in his comprehensive briefing cites other countries where the implementation of Signs of Safety is also matched by changes in child protection statistics. Both Turnell (2012) and Wheeler and Hogg (2012) accept the possibility that these changes could occur due to other factors such as other changes in social policy. They also comment that the time-frame of change is relatively small. Conclusions about outcomes from the Signs of Safety model are at a relatively early stage in development and global/country changes may take years to occur due to the time it takes to implement any model effectively. More research is needed to be conclusive about these findings and how change might be occurring. Perhaps, one future possibility for research that is worth exploring could be to include a comparative group consisting of children on child protection plans where Signs of Safety is not used. Both groups could then be followed up for repeat child protection concerns that are substantiated to see if any difference occurs.

**Process issues involved in implementation**

Wheeler and Hogg (2012) in their literature review of Signs of Safety conclude that findings indicate that when supervisors and managers are also trained in solution focused supervision and implement this as a parallel process (such as in Michigan USA), or in appreciative inquiry, it becomes more likely that workers will develop and sustain strength based approaches with confidence and creativity.

One of the most in-depth externally commissioned evaluations of process factors that are important in implementation of the Signs of Safety model was carried out in Minnesota USA by Wilder Research (Skrypek et al 2010). This is of particular interest as the model is implemented extensively in the area (as described above) so it serves to be a good learning ground for other areas across the world. The research consisted of 5 semi-structured interviews with key project stakeholders, 14 semi-structured interviews with child protection program managers and supervisors, three focus groups with social workers and a review of key documents.

A number of benchmarks were constructed that indicate early levels of success in implementation. These included:

- Evolution of child protection philosophy from “professional as expert” to “professional as partner.”
- Worker confidence in Signs of Safety.
- Worker buy in
- Supervisor buy in
- Administrative leadership buy-in
- Practice sharing
– Parallel process in supervision
– Involving and educating other partners

They suggest that longer term benchmarks should only be considered when the model has been implemented for three to five years (such as family satisfaction, reduction placements etc.). The findings also revealed that counties that had used the approach for longer felt they were further along in terms of integration of the model. Skrypek and Idzelis (2012) suggest future evaluation studies should look at the relationship between level of exposure to Signs of Safety and parent satisfaction and positive family outcomes. They suggest looking at dosage and level of intervention and including a comparison group with no exposure. Skrypek and Idzelis also write about the next stage of their research which will examine outcome indicators over time for counties implementing Signs of Safety in Minnesota. Results will be available at the end of 2012.

**Recent research about Signs of Safety and the analysis of significant harm**

In their recent report of DfE funded research ‘Systematic Review of Models of Analysing Significant Harm’ Barlow et al (2012) report on findings from a systematic review. This identifies and critically appraises published and unpublished studies reporting on the use and/or development of tools for analysing data about whether a child is suffering, or likely to suffer significant harm. The review identified 3 systems of tools: 11 individual tools and 2 audit tools, and Signs of Safety was included in the analysis. They concluded that Signs of Safety has not been evaluated in terms of validity and reliability, but has evidence of good user (Westbrook 2006, cited by Barlow et al 2012), and provider acceptability (Alcock et al 2009; Inoue et al 2006; Sundman 1997; Turnell and Edwards 1999, all cited by Barlow et al 2012). They also put a ? about the impact of Signs of Safety indicating the results are not conclusive and more research is needed.

The positives of the Signs of Safety tool however are summarised as: “Some of the more limited tools in terms of the number of assessment domains provided and descriptors used to operationalize the domains (for example Resilience Matrix and Signs of Safety), would appear to have potential value in terms of helping practitioners to create visual displays in order to facilitate the process of ‘making sense’ of the data, and in sharing the data with families.” (Barlow et al 2012, p65).

The results of the review are therefore mixed and present some possible future development areas for Signs of Safety. It would be interesting in the future for a review to examine risk assessment processes in general (where tools fit as part of this) and how different risk assessments tools or processes may support each other since more than one tool may be used in practice.
The main concern discussed by some authors in the literature has been that the solution focused approach or an approach based on such techniques may not deal with risk or child protection issues adequately as it focuses on the positive side and solutions. Critics have also cited the Peter Connelly Serious Case Review (SCR) (Haringey Local Safeguarding Children Board 2009, cited by Woods and Green 2011) where in examining if any models may have impacted on the way the case was managed, a suggestion was made that Solution Focused Brief Therapy should be reviewed in the local authority. A Panorama programme was aired about these issues in 2009 and Andrew Turnell was featured to give his viewpoint on events of the Peter Connelly case. Here he talked about how it was necessary to talk about the past, harm to the child, neglect and maltreatment when using SFBT. In the development of Signs of Safety, Andrew Turnell and Steve Edwards have taken actions to consider these elements and incorporate measurement as a formal assessment approach to ensure they are considered in practice.

If we are to look at SFBT alone (i.e. not as part of the Signs of Safety) as a method of practice, it is worth outlining the results of the latest Systematic Review of SFBT with children and families (Woods and Green 2012). This review examines if there is evidence for the effectiveness of SFBT in relation to work with children and families and what the implications are for children considered to be suffering, or likely to suffer, significant harm.

In their review Woods and Green discuss two studies with the best evidence regarding SFBT where children are considered to be suffering, or likely to suffer, significant harm. One (Corcoran and Franklin 1998) is a case study and another Antle et al (2009) write about an intervention where SFBT was used with other approaches. As it is difficult to draw conclusions from a case study or pin-point the relative contribution of SFBT in a mixed method intervention, Woods and Green comment: “further research is needed into the effectiveness of SFBT in cases where children are considered to be suffering, or likely to suffer, significant harm.” (p8). The authors also suggest that as statutory child protection work often involves families with a multiplicity of difficulties, they may require longer interventions than SFBT. They also conclude there is a need to include analysis and objective assessment of the problem for the child which SFBT may not measure.

It is suggested in the review that when SFBT is used local authority governance should give practitioners’ choice and integration of SFBT and provide provision for general and specific training, supervision and management. They suggest it is important to identify what competencies are needed to be a good practitioner and this was not analysed in the review.

It is worth noting that some of the findings from this review may not apply to the Signs of Safety model, as it has developed and evolved considering some of the criticisms that have been made of SFBT. For instance, the review highlighted that as families have a multiplicity of difficulties they require longer interventions than SFBT. As outlined in the introductory
chapter of this report, the Signs of Safety interventions can continue for a considerable amount of time and regular reviews of difficulties are made by practitioners rather than one off scaling or assessments. Additionally the criticism of omitting analysis and objective assessment of the problem for the child has been considered in the model through the development of the tools for children and a practice guideline to include the views and experiences of the child in assessments and casework.
Chapter 3: Findings from the NSPCC Survey and Interviews

This part of the report will discuss the findings from research undertaken by the NSPCC between 2011 and 2012 about the use of Signs of Safety in England. The first section discusses results from a survey carried out in 2011 to find out where Signs of Safety is used in England and the second section discusses the results of interviews with practitioners using Signs of Safety exploring their experiences of the model.

3.1 Where Signs of Safety is being used in England – results from 2011

In 2011 the NSPCC commissioned a brief survey to determine where Signs of Safety was being used, with an initial focus on England. Resources did not allow for detailed surveys to be carried out in the other nations of the UK, but some preliminary information was obtained about Scotland and Northern Ireland which we would like to see extended.

England

In England LSCB chairs and managers were contacted to see if they were using Signs of Safety in their local authority. This covered a total of 153 local authorities in England. Contact was made via email and telephone (if email not replied to). This involved a two stage process, with an initial email sent out asking people to respond with a simple yes or no answer, followed up by a second email questioning how they are using Signs of Safety and how it is implemented in the team.

We had a response from representatives of 67 local authorities (44%). Over half of those local authorities (35 local authorities) who responded used Signs of Safety, had an interest in adopting the approach or had team members trained up in the use of Signs of Safety. In addition, there were also 4 local authorities in England who did not respond to our survey which were identified as using the Signs of Safety approach via other literature.

There was a variety of responses to the surveys and different local authorities were using the approach in differing ways as can be viewed in Table 3.1 overleaf. Some were using only some associated elements of the approach- such as Solution Focused Brief Therapy in their work while others used the approach consistently across all aspects of their referral and assessment processes within child protection services. Other local authorities indicated their interest in the approach
or their intention to introduce it. 8 responded ‘yes’ using Signs of Safety in the initial survey, but did not respond to the follow-up email/calls with details about how widely it was used.

**Table 3.1: Local Authorities in England and Responses to email survey:**

<table>
<thead>
<tr>
<th>Using signs of safety routinely</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trained recently, about to start using signs of safety</td>
<td>3</td>
</tr>
<tr>
<td>Some team members trained, but not used in service</td>
<td>2</td>
</tr>
<tr>
<td>Using some aspects of Signs of Safety (not complete model)</td>
<td>4</td>
</tr>
<tr>
<td>Yes are using model, but data not collected about how widely used</td>
<td>8</td>
</tr>
<tr>
<td>Not currently using but considering adopting</td>
<td>8</td>
</tr>
<tr>
<td>Not using Signs of Safety</td>
<td>32</td>
</tr>
<tr>
<td><strong>Total Responses</strong></td>
<td><strong>67</strong></td>
</tr>
</tbody>
</table>

Among the local authorities using the Signs of Safety approach there are differences in the level of use and how it is being used. The adoption of the model is localised and differs in scale from local area to area. See Appendix 1 and 2 for further details.

**Scotland**

In Scotland, 30 Child Protection Committees were surveyed and 16 responses were received. Two of these stated that the Signs of Safety approach was being used by Children’s Services in that locality. In addition, another local authority Edinburgh, which didn’t respond to the survey, is identified as using the Signs of Safety model on the Signs of Safety website.

**Northern Ireland**

In Northern Ireland, the Western Trust Health and Social Care Trust was identified by our NSPCC service as being the only local authority using the approach in Northern Ireland.

**Limitations of the collected evidence**

There are some limitations to this survey of local adoption of Signs of Safety. Firstly, the time limits of the survey conducted meant we were not able to contact all local authorities and not all local authorities we contacted responded. An obvious omission is the lack of response from local authorities in Wales. Secondly, the survey was aimed at LSCB chairs who may not know the exact manner in which Signs of Safety is being utilised in practice across different areas of local authorities. The data collected therefore only gives an indication of the use of Signs of Safety in the UK and is presented here as exploratory in nature rather than comprehensive.
Important issues from the survey

There is the possibility that people saying ‘YES’ they are using Signs of Safety may be using only some elements of the model, so the results from this survey should only be considered as exploratory in nature and would need to be followed up in more detail to gain an accurate picture. Interestingly 8 responded that they were considering adopting the approach, so the total number in 2012 is likely to be higher than this survey carried out in 2011.

3.2 Results of interviews with practitioners in England using Signs of Safety to explore it’s potential advantages/disadvantages and their experiences of the model

Interviews were conducted with practitioners using the Signs of Safety model to explore their experiences and perceptions of the model including potential advantages and disadvantages. This resulted in feedback from 12 individuals, covering six local authorities. Three site visits were made to complete three face to face interviews (in three different areas). Five telephone interviews were carried out (with six staff) and three cases of written feedback were provided (due to individuals being unable to attend previously arranged interviews at site visits because of work demands).

The topic guide and areas of questioning for interviews can be viewed in Appendix 3.

The findings from the interviews will be discussed in the following subsections: a) Parents perceptions of Signs of Safety, b) Children and Signs of Safety tools, c) Practitioners’ perceptions and views about Signs of Safety as an effective child protection tool, d) Training and Supervision issues e) How Signs of Safety is thought to work with multi-agency working, f) Any disadvantages identified with using the Signs of Safety model and ideas for overcoming barriers and g) Evaluation ideas from practitioners.

3.2.a Parent’s perceptions and feedback of Signs of Safety

Interviewees were questioned in detail about parental feedback and perceptions of the Signs of Safety method. Many had reviewed parental feedback forms as a standard part of practice and some had carried out local evaluations interviewing parents to gain feedback.

A number of consistent themes emerged from interviews:

**Signs of Safety meetings are thought to decrease anxiety and relax parents/families** – many practitioners reported that families felt more relaxed after attending conferences or
meetings where Signs of Safety methods had been used. This was often put down to the methods making it easier to talk about difficult topics (for parents and social care staff) and a parental awareness that their views will be heard:

“I can think of a couple of instances where families have been very worried at the beginning of the process and at the end of it do seem more relieved about the situation … and when people come back into conferences and I see them again there isn’t the same trepidation and so on. It could be due to familiarity we’ve been here before, but it could also be due to the fact that the experience last time, was not as bad as it might have been. We get to ask parents at the end … what’s your view on this, do you agree?”

“We’ve resoundingly been really excited about using it … and my colleague did one case recently in a residential assessment unit and they had a service level agreement with another local authority … so this was a family moving in from another local authority with a young baby, but the whole history was around the dad who had a history of sexual offending around children and convictions for sexual offending. This was a pre-assessment meeting to the residential assessment unit … some of the conversations were particularly difficult for the parents to have … and the worker asked ‘what do you think services are worried about?’ and he was able to lay it out very clearly and she said you could almost feel the relief in the room that it was out there and in the open … so I think there’s a lot of benefit from using it when perhaps there’s a lot of high anxiety.”

Parents feel listened to and that they have a more active role in decisions. They like having their thoughts written on the board in meetings. Practitioners reported that parents enjoyed seeing how their thoughts contributed and it often made them feel they were on a more equal footing especially as practitioners weren’t just writing their own ideas on paper that they didn’t get to see:

“Some of the other feedback from parents has been ‘I liked the fact that you used my words’. I say is that what you want me to write?”

“… I think for a family it is quite liberating when no one is writing things (on paper) … I’d like to say it’s an equal meeting and what is on the board is what comes out of this.”

In some cases this act of writing up on a board, was thought to help relieve anxiety:

“… I think perhaps this method actually means that they feel 1) they are being listened to because quite often you are asking them for information and they can see that’s being heard when you write it up and there is a concrete understanding that yes you are taking notice of what they have to say … and when you not concentrating directly on them and using something else, the pressure feels less, so if when you are asking parents questions and so on and you are putting information up on the board it somehow feels less focused on them, it’s a way of relieving some of those tensions”.

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It was also thought by most of the interviewees that parents felt they were generally more involved in making decisions due to the transparency of the approach. This was attributed to constantly asking their views and experiences in all parts of Signs of Safety from conferences, meetings to drawing up safety plans and creating risk statements. By using their own language and jargon free expressions, these were thought to be more comprehensive to parents. For example, one interviewee spoke about how risk statements should be understandable by family and children and used an example: ‘Timmy shouldn’t see mummy and daddy fighting’.

**Signs of Safety methods are thought to increase participation, co-operation and the engagement of parents/families** – most interviewees reported that parents generally enjoyed Signs of Safety methods and this meant they were more likely to attend meetings, agree to goals, carry out tasks and create change.

One interviewee provides an interesting case example to illustrate this finding:

“It used to be mainly professionals talking and parents being asked if they agreed or disagreed. Many parents used to be very passive in them (meetings). Signs of Safety has changed this. We did an assessment with a woman with learning difficulties … she had been hating the process (prior to Signs of Safety) and was cross in it and saying what’s the point of saying anything. It felt like it never originated from her … and then one of our first experiences of doing it (using Signs of Safety) we started doing it in review meetings with her and I remember doing it with her and when we got to what’s going well … she went on and on giving examples … and for her just me writing everything and giving that value and writing it down and she was very proud she went onto the second piece of flipchart paper as she wanted people to know that there were things that she was doing well. It was so striking and the most she’d ever participated in a meeting and she had scores of 8 or 9 and everyone was on a 1 or 2 and that enabled us to have a conversation that she could connect with and much more concrete. We’d ask ‘what do you think you need to do?’ and the woman said ‘she needs to see how I look after my children’. She had previously been refusing entry a lot of the time, so for her it was a completely different way of getting her to open her front door and let us in and we got her to agree to unannounced visits as she said ‘you need to come at times when I wouldn’t know you’re coming as I could have cleaned up … so you can see it’s like that all of the time.’ We did that 3 or 4 times throughout the review and the advocate thought it was hugely participatory for her. By the time we stopped working with her everyone was between a 6 or a 7 … she had success from it and people had seen things weren’t as bad as we were thinking.”

Another interviewee spoke about how parents are often shocked when initially asked what they think about things, but they appreciate it and it makes them feel valued. She believed this process keeps parents more engaged and motivated as they are able to prove or evidence change in parenting capacity (by talking about steps towards goals and concrete examples) and be accredited for it. This was thought to increase attendance on parenting programmes as using Signs of Safety
helped to get rid of the perception of just attending as a tick box approach or a necessity and seeing it in context of an overall plan or goal.

Two interviewees also thought engagement was increased particularly with men or family members who were reluctant to attend initially:

“they’ve found it a useful way to engage men as they are there in the meetings to discuss plans”.

“I found the buy-in from parents was much more positive and I found with dads they might not want to come to the meeting, but when he came and he really participated, having things written up it would reduce the anxiety of parents as you are talking about the positives and you write them down. And in this case at the end of the meeting he said he would come again … so I’ve always been quite enthusiastic.”

Parents like having an insight into different perspectives and an understanding of what is expected of them – most interviewees reported that parents liked meetings with different professionals attending as they could hear all of the viewpoints concerned and see how plans were constructed.

Getting all of the relevant people involved together was thought to be important so all issues and perspectives could be discussed and parents/carers would have an action plan that they can go away knowing everybody is clear what they have to do. It was frequently suggested in interviews that parents feel clearer about goals and plans and less confused about what is expected of them when using the Signs of Safety approach and this was something parents spoke positively about. Practitioners felt the time limit of specific goals was important to prevent drift with actions. In one authority monthly reviews were set in place to assess and review change with feedback for parents.

In this context, parents have also fed back how important it is to use jargon free language so they can understand all of the concerns of professionals.

Parents like focusing on strengths and not just problems – practitioners felt that parents liked the equal focus on positive issues using Signs of Safety.

Some interviewees commented that by focusing on the positive side of things first it helped to open up communication and get people talking. Parents liked the positive things being written down in addition to the negatives:

“and then one of our first experiences of doing it (using Signs of Safety) we started doing it in review meetings with her and I remember doing it with her and when we got to what’s going well … she went on and on giving examples … and for her just me writing everything and giving that value and writing it down and she was very proud she went onto the second piece of flipchart paper
as she wanted people to know that there were things that she was doing well. It was so striking and the most she’d ever participated in a meeting”.

Another practitioner felt that parents were more likely to listen if you looked at strengths and deficits:

“I think it’s really good as most families have a mixture of strengths and deficits … and if you don’t recognise some of the things they are doing well then they’re not going to listen or work with you … and you have to work in a co-operative way … so I found it helpful to break down barriers really.”

It was also thought by a few interviewees that just focusing on the negatives (as with some other assessment methods) increased anxiety amongst parents.

### 3.2.b Children and Signs of Safety Tools

Most of the interviewees had either used a number of the tools for children, or knew of practitioners in their team who used them. The most commonly used children’s tool was the Three Houses. Interviewees were asked what they thought of the tools for children and how they were experienced by families and children.

A number of benefits and advantages to using the tools were described and most practitioners felt the tools improved open communication in families.

One practitioner spoke of how the tools helped family members to communicate how they are feeling as the pictures can describe events that have taken place and in discussing the pictures feelings surrounding such events are also introduced. Children have sometimes cried and this has been a positive emotional release helping family members express feelings. For example, sometimes families have found it difficult to express love or say ‘I love you’ to the child, but the tools have helped to open lines of communication and feelings about each other. In one example, where an older child was physically abusing mother, after using the tools, they realised they had many similarities in how they felt about things and had shared goals which in turn helped to break down barriers and increased ways of working together.

Another practitioner spoke about how the tools are a useful way for parents to understand and see the impact they are having on their children. For example, this often occurs with cases of Domestic Violence, where when a child draws images of parents in distress or themselves/siblings and so it highlights to the parent the true impact of events.

Sometimes parents are asked to scale how they think the child might be feeling in different situations or how they would rate their own safety. One practitioner suggested this was of great
value as it helped the parent to see things from the child’s perspective and this proved to be a useful tool to investigate further:

“For me it’s not always necessarily about the score they give, but what are they thinking about when they talk about the perspective of their child”.

Another frequent theme was that practitioners felt the tools gave younger children a voice and a say when they hadn’t previously had the chance to be heard before in cases. Sometimes indirectly the child’s voice could be represented as other professionals had started to present completed Three Houses at case conferences. In this way the voice of the child is represented even if the child was not able to be present.

One local authority is also starting to use the Three Houses tool in order to assess change in how safe the child is feeling and what progress has made been made over the course of a case:

“The referral and assessment workers will use the three houses tool with children. If the case is closed or at the end of the case, they use it again. We can then look back at the original tool and see what’s changed, what’s improved, what hasn’t changed. We are planning to report back to the LSCB (in an annual report) if the child reports feeling safe, so from what they said, and how they felt originally with the three headings.”

In terms of any criticisms or downsides to using the Signs of Safety tools, a couple of people mentioned that age needed to be considered in deciding whether or not to administer the tools:

“Some social workers say it works, you can get fantastic stuff from the child and other workers say the child said they want to live in that house and the child didn’t quite understand it, so this is probably about the age of the child.”

“I think a child has to have a level of understanding … I did use it with a 4 year old, and we got to what was in her house of dreams … and she said there are witches in my house of dreams … and I said why are there witches? And she said because that’s what I dream about. So I think a child has to have a concept of the future and developmentally she was still in the context of the present and even through my explaining she couldn’t do that particular part of it … she can’t have a vision of what she’d want family life to look like when she’s say 6.”

One local authority had also adapted the Three Houses (in A3 Format with different house designs) to make them appear different and imaginative. This is in line with other organisations across the world that have adapted tools to suit different cultures or circumstances (see page 31).
From interviewing practitioners in the local authorities concerned most used the tools and reported positively about them from their perspective and other workers. They did not however have direct feedback from children themselves about the tools, but this was something many would like to research and explore in the future.

3.2.c Practitioners perceptions and views about Signs of Safety as contributing to effective practice in child protection

Interviewees were asked about their experiences of using Signs of Safety methods and their views about how it might contribute to effective practice and child protection in general. A number of key themes emerged:

**Signs of Safety helps to create partnerships and good working relationships with parents**

All of the interviewees believed that the Signs of Safety model helped because it built a good working relationship with parents and helped to create a more equal partnership than with previous methods. Comments were made that the practitioner became less of a ‘guru expert’ and less authoritative and that this helped to put all parties on an equal footing. This was thought by most to lead to better outcomes.

As this theme links to one of the core principles of Signs of Safety, interviewees were questioned about why they thought that good working relationships/partnerships with families might lead to better child protection outcomes.

The most frequent answer (by more than half of interviewees) was that with good working relationships it was thought that parents would be more likely to engage and co-operate, there would be less conflict and so they would be more willing to work towards goals and objectives and ultimately achieve these:

*How do you think better relationships with parents might results in better outcomes? “I think mainly because there isn’t so much conflict and so people are engaged in the process and if people are more engaged you’re more likely to work towards the objectives that you’re setting and the conferences clearly outline just not what you are doing, but why you are doing this and if people understand that they are more likely to engage or co-operate.”*

*“because people who you trust, you will do something with and work with them”.*

*“If they are engaged and they contribute towards the plan it’s better because they feel listened to and understood and are willing to make the changes.”*
Two practitioners from one local authority also felt that better working relationships with parents lead to a greater increase in parents wanting to take responsibility generally and carry out actions/goals. It was thought that this would also lead to:

1) identification of problems quicker and so 2) protecting children quicker.

Another benefit of improved relationships was thought to be the ability of parents to communicate any difficulties with achieving goals and steps could then be identified to overcoming these:

“If you have an honest open dialogue, things can be different.”

This was thought to generally increase honest communication and any possible disguised compliance that could sometimes occur with other methods. The result was thought to be a more effective transparent relationship.

One interviewee commented that partnerships were particularly important in the current economic climate for parents as it creates consistency and certainty in a time when people are experiencing great financial and environmental problems and uncertainty. It was also thought to be helpful to have such a consistent plan and set of procedures/forms when different workers might work on a case.

Another interviewee felt that families would feel more valued and amendable to change if difficult messages are delivered in a trusting relationship:

“Families have to create a trusting relationship and to feel valued in that process even if sometimes you’ve got to deliver quite difficult and negative messages. If it’s done effectively I think it conveys to families that we’ve got a blank board, that’s the starting point we want to hear from you, we want to hear you, we’re all going to be brave enough to have this discussion together.”

Using Signs of Safety means that action and change is more likely to happen

Another key theme emerging from interviews was that action and change was thought more likely to occur using Signs of Safety in comparison to other approaches due to the particular methods used by the model.

In particular the use of SMART targets in setting goals and achieving change was thought to be very effective by a few interviewees. This process involves running through practicalities of any goals/objectives and making sure they are Specific, Measurable (so know when achieved), Achievable, Realistic and Timely (setting a timescale). The interviewees believed that by establishing who is doing what and by when it would be more likely to happen. Including regular reviews was also thought to help to see if goals are being achieved or if steps are being made in order to get closer to goals. This in turn was thought to be effective as it stopped general drift that can occur with other types of practice.
One interviewee used the analogy of a bus journey to explain this process:

“imagine you are all on a bus, you know the route, you know what is in the engine and what is turning the wheels. At the next bus stop you get off and we ask are we heading in the right direction? We discuss where we are going and then get back on again and head off on our journey.”

It was also thought by this interviewee that this type of approach helped parents to take responsibility, as they can see there are a series of steps to go through which they have to achieve by taking action.

**Signs of Safety helps to identify risk**

As risk assessment is vital in child protection the views of interviewees about how effective Signs of Safety was at identifying risk and safety were noted. A number of themes were identified in relation to this topic:

**Parents are more willing to accept risks are present if they are identified by themselves or their own social network** — a number of interviewees felt that it was more effective if parents played a significant role in identifying risks and danger rather than only the worker on the case.

One interviewee spoke about how family members or other social networks will come up with ideas about possible risks, danger and safety. This was thought to be useful as it provides the opportunity for all to openly reflect on and discuss the relative weight/emergency of different risks and in doing so the process was thought to be more transparent and effective as the parent would take on board the views of those close to him/her.

**The system ensures risks, danger and safety are looked at and assessed** — a few interviewees spontaneously commented that using the Assessment and Planning Form or columns in meetings means that risks, danger and safety have to be included and identified. This can be seen in the following extracts:

“We start with the information gathering part of the meeting, we have a board with 6 blocks on it, one is headed safety, one is strengths, another is headed next steps, fourth one is grey areas, the next column is risks and concerns and then complicating factors. So all the information is put into the columns, so you are looking for strengths and how a child has been kept safe as well as what are the current risks and you are looking particularly at how the risks are balanced by the safety factors and strengths of the family.”

“As someone is talking about a child I’m thinking OK where does this fit in the scheme of things for the child and family and recording it under the various headings … all the time I’m thinking
am I put this in the right place, is this the right view, is there anything else I need to think about and at the end of the information gathering stage you check back over it and make sure everyone is OK about it, so you've already got an idea of what are the risks, what have we identified, how are the risks being addressed, what else do we need to find out about, how can we build on the strengths of the family and after that then we go onto the planning stage and we have ‘objectives’, ‘actions’, ‘who’s going to do them by when’.”

“It draws attention to the absence of safety that’s right, I was talking to the chair some time ago and he did raise this with me … you’re looking for the safety and sometimes you can’t find it … so you know that’s an important point.”

**SMART goals help to find evidence of risk/safety** – one interviewee mentioned that SMART goals were particularly helpful at identifying risk and safety as they required real examples including frequencies of behaviours as evidence of change and meeting goals. This was thought to lead to effective evidence for identification of risk/safety and measuring change.

**The assessment and planning form and the three columns were thought to be effective analytical tools**

One of the most frequently mentioned advantages of the Signs of Safety model was that many of the tools were helpful because they involved a visual representation of information and this proved to be a useful analytical tool as different factors were identified and categorised:

“But it’s more apparent to people what your role is and I think it also assists the analysis of information … I’ve found in the traditional style of conferencing, there’s a lot of information gathering and you tend to move fairly swiftly from that into making plans … with the analysis it makes it easier and more apparent with the Signs of Safety approach.”

One interviewee also refers to a recent case and how drawing out the different factors helps to analyse what the most pressing issues are:

“… we recently had a referral in because of domestic violence … two serious incidents, they’ve just had a baby and she’s three months old, but mother holding the baby when it happened, very severe facial injuries, but father has a very long criminal history, mother is depressed, baby has a genetic condition that raises a huge amount of uncertainty, but when you use the ‘what are we worried about’ and we map it out … and split it down to ‘what’s the current worry and complicating factors’ actually … mum is depressed, but is that affecting how she’s caring for the baby now?

No, she found out very late in pregnancy that she might have a stillbirth, her baby was born live, her baby has multiple problems and requires multiple visits here there and everywhere, it’s not surprising she’s at greater risk and is experiencing postnatal depression. So when we separated it all
out and put dad’s offending history, his care history … but he’s not currently offending now, he
was in care 8 years ago, so when you start to plot all of that in the complicating factors, we realised
there was no evidence it’s currently impacting. We had to be mindful and we were just left with
one thing; current worries that father would assault mother again and the baby could be physically
harmed and then that becomes your priority what you’ve got to focus on, so I think it helps you
screen or scale your worries. Now if we’ve got say 2 or 3 worries we get them to score where that
worry is on a scale between 0 and 10, you rate it and then you choose your priority one, so that’s
really helpful … It’s like an analytical tool; social workers know everything that they need to worry
about but then it feels huge and so it enables us to be more analytical in thinking about it.”

Other interviewees also commented that the framework helps in this way by identifying risks and
complicating factors and considering the impact of each of them independently.

One interviewee commented that the framework helped to see where the impact on the child
might occur as all the factors were clearly displayed and considered one by one.

Stops global labelling and helps the practitioner be more specific about issues

Another frequently cited advantage of Signs of Safety as a method and effective tool
was that it helps to specify details of child protection issues, ensuring the professional
described behaviours and frequencies rather than global labels, such as the child has
experienced ‘neglect’ or ‘Domestic Abuse’. This was also thought to help think of families as
individual families each different, rather than just having a certain type of problem.

The following case example from one local authority illustrates this:

“When I asked her (social worker) what are you concerned about she said ‘neglect’, and I had to
ask ‘Ok what does that neglect look like?’ and she said ‘well I’m concerned this child had 8 teeth
removed which is unusual for the age of 9 and mum needs to take responsibility for this’ … and
that’s a very loaded statement. It was useful to break it down as mum usually says ‘all you say is
about neglect’, so we were left with a full whiteboard and mum said ‘I’ve got an older boy and a
younger boy and they haven’t got any difficulties … my daughter is a challenging child, I don’t
know why she’s challenging … I can’t get her to brush her hair … I can’t get her to eat … I want
you to come and see what it’s like. I want you to come and see what it’s like. I want you to see what it’s like trying to get her up.’ The
paediatrician agreed and said this child required 9 appointments with the community dentist because
she wouldn’t open her mouth for them … mum wanted someone to go and see what it was like,
empathise and take it from there.”

Here it is clear that the Signs of Safety practitioner tries to break down a global label of neglect
and gain a description of the type of behaviours the social worker is referring to.
Additionally, other practitioners in interviews referred to the importance of obtaining SMART goals as an example of searching for specific detailed information rather than generalised statements.

Signs of Safety was thought to be compatible with the Common Assessment Framework

Practitioners were asked how they thought Signs of Safety fitted with the Common Assessment Framework (CAF) and if it was as effective as an assessment tool.

In a few local authorities the CAF had either been adapted already to incorporate methods from Signs of Safety or this process was currently underway. In some authorities practitioners still use the main domains of the CAF but question in terms of Signs of Safety categories (concerns, strengths/what’s working well, what needs to happen) were applied to each domain in order to gather information. This was then followed up in regular reviews to assess progress and change. Questions would then be asked such as: ‘what have you done? What has made a difference? What impact has it made?’

Another local authority is planning to run a pilot and completely incorporate Signs of Safety and adapt the CAF:

“in terms of new assessment draft guidelines saying we can all have localised methodologies and X (local authority name) is part of the pilot where we have dumped initial and core assessments and are using the single assessment and have moved away from all the headings of the assessment framework to three boxes which are ‘what is it you are worried about’, ‘what is it that’s going well’ and ‘analysis’ so it’s fitting in with the signs of safety.”

… In reference to Early Years Services: “They are using it as the signs of well-being … so they’ve adapted the CAF form to incorporate the signs of well-being approach and they are going to use the Signs of Safety approach to facilitate TAC meetings and communicate with parents and they will be piloting that in September … they are thinking of using the three columns of Signs of Safety to the signs of well-being.”

Some interviewees mentioned that by using Signs of Safety with the Common Assessment Framework, you have the advantage of hearing the perspective of the family involved and getting information in their words rather than a worker based assessment:

“you get more than just what the worker wants.”

A number of interviewees felt all of the issues and domains of the CAF could be addressed with Signs of Safety. One believed that Signs of Safety helped to obtain the most useful information and was more effective than the CAF which was described as having too
many random headings and too much paperwork. It was also felt that Signs of Safety fitted nicely with the new policy changes around simplifying assessments.

### 3.2.d Training, Supervision and Management issues

Interviewees were questioned about their training experiences with the Signs of Safety model and their views about appropriate supervision and management issues.

#### Training

Training experiences varied amongst interviewees, but most had received one to two days of training. Interviewees were asked what training they had received in the Signs of Safety approach. Most had received some training from either Andrew Turnell or Viv Hogg (one of the leading independent trainers of Signs of Safety in the UK). This training had mainly involved a number of trainings of one to two days duration. A few interviewees were shortly to attend five day training courses or conferences/courses looking to a five year implementation plans in their local authority. One interviewee had learnt and applied Signs of Safety mainly from reading books and watching the DVD’s and communication with other local authorities.

Observation of others and support in practice using the approach are seen as key to learning the skills of Signs of Safety – As well as formal training many of the interviewees had learnt about the skills of applying Signs of Safety via observing others using it in practice. This was seen to be a key part of learning and helped considerably in practice. For example, one conference chair described how observation had helped him with the skills of applying Signs of Safety in a conference:

> What difference do you think it make watching and observing someone using it before? “I think I might have struggled with two things: 1) that processing of information and where to put things, if something is in the right place or not. For example it could be some sort of difficulty deciding if something goes in complicating areas or grey areas … a complicating factor would be more like there’s housing issues … whereas the grey areas are things like not knowing information, so it might be you don’t know information about housing risk. The other thing 2) is balancing the admin side of things writing it up on the board and interacting with people … and feeling relaxed about saying hang on a minute, I need to get this right, so I think I could be more relaxed about it having seen how other people approached it.”

Another interviewee commented that she felt that one day of formal training was sufficient for staff to implement the method if there was a system around workers to support them with other people who are trained helping them. It was common practice in a number of authorities to adopt this approach to learning with many shadowing someone else using the approach in a
meeting before they use it with an experienced person then observing them to review how they were using the skills.

There is high demand for training and specialised workshops/sessions – Most of the interviewees expressed a desire to have more training in their local authority or meetings with others using the approach. This was for a number of reasons. Many wanted more staff to use the approach in their local authority to ensure Signs of Safety was fully implemented across services and others felt due to staff turnover during the course of a number of years, senior managers and supervisors could benefit from training in the approach. Many also expressed a need for more specialised training, for instance in running or chairing case conferences or in formal decision making meetings. Some interviewees would like short refresher courses reminding them of some of the key issues and skills and providing a forum to talk to other practitioners using the approach in practice with an opportunity to discuss cases and any difficult issues.

In two local authorities it was felt that there was more demand for training and not enough supply due to training being run by one or two main providers in the country:

“It’s quite difficult as there are the only two trainers and they don’t have a huge amount of availability … that’s one of the most frustrating things in practice about Signs of Safety … Exposure and practitioner training is essential to using it, but it’s difficult to get practitioner training for another 6 months it disrupts the implementation flow.”

When questioned about how these issues could be overcome one interviewee suggested the introduction of some sort of training the trainer approach whereby key practitioners in regions could be equipped to help to train others in the area.

The confidence of the newly trained Signs of Safety Practitioner

The majority of interviewees felt that it took some time to be a confident Signs of Safety practitioner. In particular chairing meetings and using scales were two areas that emerged consistently as challenges for some newly qualified practitioners.

In terms of chairing meetings there was often some anxiety initially about negotiating writing on the board, interacting with people and gathering all of the relevant information. This can be seen in the following two interviewees’ responses:

“Peoples’ biggest anxiety seems to be I don’t think I can write whilst facilitating a discussion … or my writing’s not good … or I can’t spell … people feel a bit exposed … but our experience is that’s quite easy. The skill is in the questioning.”

“I was conscious I was drawing up grids beforehand for two or three conferences and thinking what would it look like, what would I put in, but I don’t need to do that preparation now. Sometimes
you get stuck a bit, as the wording is quite important as 1) you are reflecting on what someone
is saying and 2) you are also writing up on the board. That is useful in terms of planning and
agreeing what the objectives are."

Other anxieties referred to included using the scales and not being sure where to place people on
the scale scoring system:

“Sometimes professionals feel a little less easy about the scoring and ask all sorts of things like
is there a key, is there a guide, could I have a half mark … I think it’s about committing your
judgement to something, and some people can be very cautious because what does that mean, what
will come back, what will that mean for them if I’ve scored it as 4 and they score it as an 8, but
that’s what I think opens up interesting conversations.”

Here it was felt that when an insight was gained that the scores helped to facilitate discussion
about the case, rather than be a right or wrong answer, anxieties were thought to decrease.

Another training issue mentioned by one interviewee was that some staff with lack of experience
were not always confident about getting a concrete action plan that is SMART. It was felt that it
took time to build up these skills and to get all of the specific information necessary. Additionally
one interviewee mentioned that it took time for practitioners to be able to distinguish between
positive factors and protective factors in case work and there could be a tendency for the
inexperienced user to assume that all positive factors were protective.

Interviewees also spoke about a general paradigm shift that needed to occur in practice for some
practitioners who had using previous methods of working been used to going straight into
solving problems and providing the answers for the client. It was felt that this change needed
time to adjust to with some practitioners.

Most interviewees however felt that with the right experience and support the anxieties
and cautiousness of newly trained practitioners could be overcome. In a number of local
authorities practitioners were encouraged to practice skills in team meetings initially to build up
confidence:

“How to use case discussions in team meetings differently and a few of those are starting to practice
mapping out cases using Signs of Safety. It’s quite a good way to build up confidence in a safe
environment.”

In one local authority they were setting up action learning sets (starting in November) which
would involve trained members of Signs of Safety discussing the use of questioning and Signs
of Safety whilst also focusing on specific case work. This team also ran two similar groups in the
summer and looked at solution focused practice in general.
In some local authorities it had been found that the role of expert practitioner seemed to naturally evolve as those good at chairing meetings/conferences or using the methods were noticed and asked to carry them out for others. In some cases this was seen as beneficial, but in others it was viewed to be frustrating as they wanted everyone in team to use the approach. In best case scenarios it was viewed that the advanced/expert practitioner would help to support those learning Signs of Safety techniques and build up their confidence to become a competent user so the approach could be applied throughout practice everywhere.

All agreed that having help and support in learning and applying Signs of Safety was important. As one interviewee commented, it was felt necessary to build up confidence and skills with practice experience whilst being supported:

“It is about having the practice wisdom and someone taking you through that to develop that”.

Management and Supervision

In many of the local authorities Signs of Safety was used in supervision meetings as a technique to supervise individuals whilst discussing casework. It was also mentioned that using Signs of Safety in meetings, even if not intended to be supervision, felt like a supportive supervisory process:

“you’ve got a culture of people saying ‘it’s really good, it was really helpful, it’s like having supervision.’ We get some social workers after meetings saying ‘wow- that was the best supervision we’ve ever had’, so that’s what’s generating it on the ground.”

The role of supervisors and managers in the implementation of Signs of Safety in a local authority was discussed. All interviewees responded emphasising the need for supervisors and management to be supportive and an active part of implementation. It was felt that development would be most successful if the whole organisation was involved including service managers. This momentum was also thought to be disrupted if there were staff changes in management as this could affect the degree of enthusiasm and use across the service:

“I think the Signs of Safety approach is really most beneficial if there’s a cultural shift towards it in the organisation and everyone is bought into that. The other thing is it’s not just about the practitioners and managers training, it’s also about senior managers and how much they are involved and this was bought in here when someone was very pro as the head of service, but we’ve now had three service managers who didn’t implement it … so people need to continue to push it and maintain that cultural approach … but here individual social workers do apply it.”

“The two team managers that started it have now retired, so there is less enthusiasm, it is still used but I think it is quite tokenistic around CIN. Some people do still use the pure format and use the
In one local authority in order to ensure continuity of application of Signs of Safety all new members of staff receive training as part of their induction package. Another local authority also had a strategic management group that lead on Signs of Safety to monitor implementation.

Many interviewees felt that as well as support from the top of the organisation it was also necessary to have enthusiasm from staff on the ground.

3.2.e How Signs of Safety is thought to work with multi-agency working

Interviewees were asked about the degree of involvement multi-agency partners had with their use of Signs of Safety and what their perceptions and experiences of this involvement were.

In a few of the local authorities involved external multiagency partners had also been trained in Signs of Safety. In one case this included training approximately 80 people and holding information sharing sessions in schools and hospitals for teachers and G.P's. In this case teachers were also trained to chair meetings using the approach.

It was standard practice in most of the local authorities involved to have multi-agency partners attending conferences where Signs of Safety was used. During the interviews practitioners were asked how parents perceived meetings where multi-agency professionals attended, what the multi-agency professional's views were and also what the practitioners thought about it themselves.

Parents views of multi-agency professionals at a conference or meeting where Signs of Safety is used – all of the interviewees who worked in local authorities where conferences were ran reported that parents were open to this approach and generally thought it was helpful. One interviewee suggested that parents felt that having all of the multiagency professionals together in one room at the same time conveyed a sense of support from those involved.

Multi-agency professionals views of attending conferences or meetings where Signs of Safety is used – interviewees reported a number of advantages and benefits to having various multi-agency professionals together at a meeting. These included:

• Professionals feeling their concerns about risks have been listened to.
• Feeling more in control of the meeting (especially in the case where they have been trained to have a role in running meetings or training).
• Child protection conference chairs of meetings have liked the approach and reported it allows them to see quickly what the main issues, risks and safety factors involve. One interviewee commented that their local chair frequently requested that social workers should come back in the future with a Signs of Safety report.

• Educational professionals at schools have reported it provides a better sense and idea of thresholds.

• Different types of professionals have commented it leads to better working relationships between them.

Interviewees were also asked about any perceived disadvantages or difficulties that multi-agency professionals reported regarding Signs of Safety. The most frequently discussed issues involved the time taken for meetings with the Signs of Safety approach taking longer than average. This was mentioned as an issue especially for the police (in two different areas). In one instance, this lead to police only attending a limited number of meetings. However, actions were taken to address this issue in both cases whereby conferences are arranged at the beginning of the day (8am) or the end of the day and sometimes on a Saturday morning. This has led to an increase in attendance.

It was also mentioned by a couple of interviewees that multi-agency professionals take time to adjust to some of the Signs of Safety methods. For instance, one interviewee talked about how it takes time for them to adjust to addressing the positive issues first in the agenda rather than meeting solely to talk about issues or problems. In another case, an account was given of how some multi-agency professionals didn’t like being forced into making a concrete rating on a scale. However, it was suggested that given time they had seen how it can be useful to pin-point an agencies viewpoint and how it aids useful discussions when differences are clearly evident between agencies. One interviewee commented that multi-agency professionals needed the procedures involved to be explained (in a similar way to parents) and that time should be allowed for adjustment:

“It’s like building blocks, one block at a time”.

Internal staffs’ views of using Signs of Safety with other multi-agency professionals

All interviewees viewed the involvement of other multi-agency professionals in Signs of Safety meetings and processes as a positive addition. Many reported that the main advantages occurred due to the fact that a co-ordinated plan of action could be produced because every professional involved was in the same room and so all issues and perspectives could be discussed. This was believed to result in a concrete action plan so that everybody was clear knowing what they have to do leading to professionals taking more responsibility. The action plan also sets a time limit, so it was thought to prevent drift with actions.
Another frequently discussed advantage was perceived to be the consistency of a joined up approach to working. This was thought to prevent different agencies randomly trying different things in a “scattergun approach” and as a result lead to better outcomes. The shared documents and methods were also believed to provide a common and coherent framework in which professionals could communicate with each other in a shared language. This also helped during supervision meetings.

Links other local authorities

All of the interviewees felt it was important to link with other agencies that were using Signs of Safety in order to share practice experiences. Most had a number of long relationships/links with others around the country. A couple of interviewees suggested the most useful connections are those locally and they would like to implement a network that meets on a regular basis locally. This was thought to be important as sometimes the same families are involved travelling to nearby counties.

3.2.f Any disadvantages identified with using the Signs of Safety model and ideas for overcoming barriers

Interviewees were asked if there were any disadvantages to using the Signs of Safety model, and if any were identified, solutions to overcoming these were discussed. The following disadvantages were discussed:

Practicalities – The most frequently discussed disadvantage involved co-ordinating the practicalities of running Signs of Safety meetings. This mainly related to recording information that was discussed during meetings on whiteboards or paper. Quite a few of the practitioners found some whiteboards weren’t suitable for the task (not big enough) and that in some situations (such as home visits); resorting to using paper could prove to be difficult and involve extra time. Making sure details were written up or securely recorded was also another important issue. These issues can be viewed in the quotes below from two interviewees at different local authorities:

“Only practicalities, having something set up that you can write or record on. The best things we’ve found are whiteboards so you can rub things out, but at least having a flipchart. In a central office sometimes you are lucky to get a room, then the challenge of how you record it. We say to parents take a photo of it on your mobile phone. We have blackberry’s so we take a secure photo, but if it’s a really big one we’ll have to sit and tap it out, it’s no different to any other minutes of a meeting, but it is a challenge as a live tool. And it can be a challenge if you are doing a meeting in someone’s home, you don’t want to put things on the wall and equally you don’t want to be on your hands
and knees sitting on the floor. So we need to think if we need mini wipe board or duplicate paper …”

“Whiteboard didn’t work very well and we’d spent a lot of money on it, people writing on bits of paper and then they’d bring them back and type them up and so we need to look at all of the IT solutions around that. I’d see people coming back with a roll of paper … so it has created extra work.”

Another disadvantage discussed by interviewees included the time involved to run meetings using Signs of Safety. This was thought to be due to the time it takes listening to everyone’s point of view and writing notes on the whiteboard. One interviewee mentioned that this is often due to unfamiliarity with the approach when first using it and that it could be overcome with specific formats:

“They do tend to be longer, particularly initial conferences, partly it’s to do with getting used to it and I think if people are coming in who are not used to the approach it can take longer. We’ve tried to get a system where people use a specific format for reporting to conferences … but some people don’t use that format at all and will just write on the board, so that’s just down to them and confidence in using it, but they’re not huge disadvantages.”

Interviewees discussed a number of solutions and suggestions for overcoming these practical and time related difficulties. A couple of the interviewees spoke about the benefits of using a special piece of equipment where a printer is attached to the whiteboard and prints out what is written on the whiteboard. This was thought to save a large amount of time typing up notes. Another interviewee suggested it would be helpful if there was technology available which linked the whiteboard directly to a computer. It could then be possible for an administrator to be in the room at the same time of meetings and type up discussions, which would then appear on the whiteboard:

“I think if the IT was sorted that would help, in terms of writing/typing it up … we were trying to get it so the admin could put a lot of stuff straight onto the computer and have laptops in conferences and then project it onto the wall, so the chair could clarify and it could be typed up and you would see it and this would also mean you’d get the minutes out quickly. If admin is typing it up it would actually save time for the chair writing it up and walking over … I think it could save you ten minutes or so in the course of a conference.”

Another suggestion for saving time involved the future design of small portable whiteboards that could be taken on home visits.

Despite mentioning the disadvantages regarding time and recording information some practitioners also viewed the assessments involved in Signs of Safety to be relatively short in comparison to others in the field and viewed them as a method where they could get results
quickly. They felt this lead to less time behind the computer for practitioners summarising assessments.

**Hostility from parents/carers or tension in the meeting room**

Another issue practitioners suggested was important to bear in mind when carrying out Signs of Safety meetings was thinking about how to proceed when people do not turn up to meetings. Comments were made that this experience could sometimes lead to family members becoming annoyed or resentful that not everyone is there. Suggestions for dealing with these reactions included to proceed with the meeting, even if everyone is unable to attend and to try to encourage everyone to contribute as much as they can. Strategies for dealing with hostility or other emotions when parents/carers are finding it difficult to cope in a meeting included encouraging the individual’s concerned to express how they are feeling and in one authority getting young people or parents to indicate when they need a break with a subtle signal (such as winking – if the person feels unable to express directly their need for a break). It was suggested that setting another meeting date fairly quickly and trying to encourage those that couldn’t previously attend to come along should be part of the ‘actions to be carried out’ list at the end of the meeting.

When interviewees were asked if there was any group of people that they couldn’t use Signs of Safety with, all clearly said everyone could benefit. However, many suggested it was important to consider if anyone would be at risk from having certain family members in the same room for meetings (for e.g. in the case of domestic violence).

**Funding and Resources**

Many practitioners spoke about the need to consider funding and resources when introducing Signs of Safety as it often involves a large number of practitioners or managers training over an extended period of time. One interviewee said they were currently using their social fund improvement money that was left over to help fund implementation, but commented that this would run out in April 2013. She also spoke about how introducing a five year implementation strategy across the whole borough would require a large investment in time and resources as practice leads would be mentored by trainers in Signs of Safety and this would be filtered down to practitioners.
Enabling factors to successful meetings and practice – preparing the parent/carers and expectations

It was frequently mentioned by a number of interviewees that they could overcome potential difficulties and achieve more in meetings by preparing both families and multi-agency professionals with details of what to expect before having Signs of Safety meetings:

“So when we take a little bit more time and effort making sure that social workers know what we are going to do with families, let them know we will be using a wipe-board or flipchart and we say that frees anyone up from writing and it puts everyone on an equal footing.”

Suggestions for managing expectations beforehand included explaining the whole process to parents/carers and the aim is to support them and not make assumptions. This message is then reiterated at the beginning of the meetings, so all hear including multiagency professionals. In some cases practitioners take families and those involved to the room where the meeting will take place beforehand so that they can see what it will look like and build up a picture of what to expect.

One local authority is currently considering preparing families earlier in the system by introducing training or sessions for parents in children centres outlining the process so they would know more about the approach. They are also planning to introduce leaflets explaining about the model and different stages of the child protection process in general (e.g. CIN CAF) as they think with a better understanding of the whole process parents might be more proactive in creating change and want to prevent issues going to the next stage of procedures.

“If we were using it as a whole systems approach we would need to think about information leaflets for families and how to publicise that we are doing something different.”

One interviewee suggested it was easier to introduce Signs of Safety as an approach early on in the professionals’ interactions and relationship with parents, so parents are clear about the approach and goals from the outset.

In conclusion there were a few issues that were considered to be the disadvantages to using Signs of Safety, but many solutions or ways of overcoming these were considered. In some teams it was mentioned that on rare occasions they would come across practitioners (in their teams) that generally didn’t like the approach as they felt it gave parents too much say and power in actions. Some interviewees commented that they felt these practitioners were finding it difficult to adjust to the changes and they felt more empathy for the family’s situation and role needed to be considered. Unfortunately for this research we did not come across any practitioners with these views, so it was not possible to explore further and gain an understanding of their thoughts about Signs of Safety.
3.2.g Evaluation ideas from practitioners

Interviewees were asked about the standard research and evaluation activities they regularly carried out as part of practice. Most had carried out some sort of satisfaction evaluation from parents, either with questionnaires or interviews and had gained positive feedback.

One local authority carries out regular audits and reviewed meeting plans to check if their action plans meet criteria for setting SMART (specific, measurable, achievable, realistic, and timely) goals. They then track progress to see if there is evidence of the worker moving towards the goals. Counts are additionally made of the number of Signs of Safety meetings and how many staff attend in order to assess the extent of multi-agency working/presence. Supervisors also discuss what the outcomes of cases have been with staff and update records.

When asked about what evaluation or research they would like to introduce, all of the interviewees were interested in developing plans to assess and measure outcomes in parents and children including child protection statistics. Many were interested in tracking the families over time to see if change had been maintained when the intervention had finished. One local authority had tracked the number of child protection plans, cases and care proceedings and seen if this had changed whilst using Signs of Safety. Whilst they had found that numbers and cases had increased, they discussed the difficulty of not knowing how much change was due to general increases everywhere, better assessment or ways of identifying risk or any model that had an impact.

Staff were also interested in a wide range of topics that could be the focus of evaluations, including assessing the quality of interactions between staff and parents/carers, children’s responses to the assessment tools, plotting change over time in behaviour and exploring the practicalities of recording information or running meetings. One interviewee discussed a number of ideas:

“It would be interesting to measure that working partnership, and the quality of the relationship. It would be interesting to measure that if you used it in its entirety throughout the life of a case, if you identify your outcomes at the beginning if you can measure progress against outcomes. You could look at what practitioners need to be confident about using it and how many are using it and what provided the conditions for them to be able to do that. I think if people don’t implement it quickly or use it after training … they will go ohh I can’t really remember it, so you could explore what the conditions are people need and what conditions the family need, what’s the best way to mapping it, holding it, recording it, and also being able to do it in a venue that the parents want. I suspect it’s about looking at the successes of people that have used it, a bit like using the model being solution focused, focusing on the successes … where it has worked and why”.
Key Messages from Chapter 3: Findings from the NSPCC Survey and Interviews

**Where Signs of Safety is being used in England – results from 2011**

In 2011 the NSPCC commissioned a brief survey to determine where Signs of Safety was being used with an initial focus on England. LSCB chairs and managers were contacted via email to see if they were using Signs of Safety in their local authority. This covered a total of 153 local authorities in England. We had a response from representatives of 67 local authorities (44%). Over half of those local authorities (35 local authorities) who responded used Signs of Safety, had an interest in adopting the approach or had team members trained up in the use of Signs of Safety. There was a variety of responses to the surveys and different local authorities were using the approach in differing ways. Some were using only some elements of the approach, while others used the approach consistently across all aspects of their child protection services. Other local authorities indicated their interest in the approach or their intention to introduce it.

**Results of interviews with practitioners in England using Signs of Safety to explore its potential advantages/disadvantages and their experiences of the model**

Interviews were conducted with practitioners using the Signs of Safety model to explore their experiences and perceptions of the model including potential advantages and disadvantages. This resulted in feedback from 12 individuals, covering six local authorities. Three site visits were made to complete three face to face interviews (in three different areas). Five telephone interviews were carried out (with six staff) and three cases of written feedback were provided (due to individuals being unable to attend previously arranged interviews at site visits because of work demands).

The findings from the interviews will be discussed in the following subsections: i) Parents perceptions of Signs of Safety, ii) Children and Signs of Safety tools, iii) Practitioners’ perceptions and views about Signs of Safety as an effective child protection tool, iv) Training and Supervision issues v) How Signs of Safety is thought to work with multi-agency working, vi) Any disadvantages identified with using the Signs of Safety model and ideas for overcoming barriers and vii) Evaluation ideas from practitioners.

**Parents’ perceptions and feedback about Signs of Safety**

Interviewees were questioned in detail about parental feedback and perceptions of the Signs of Safety method. Many had reviewed parental feedback forms as a standard part of practice and some had carried out local evaluations interviewing parents to gain feedback.
A number of consistent themes emerged from interviews:

– Signs of Safety meetings are thought to decrease anxiety and relax parents/families
– Parents feel listened to and that they have a more active role in decisions. They like having their thoughts written on the board in meetings
– Signs of Safety methods are thought to increase participation, co-operation and the engagement of parents/families
– Parents like having an insight into different perspectives and an understanding of what is expected of them
– Parents like focusing on strengths and not just problems

**Children and Signs of Safety Tools**

Most of the interviewees had either used a number of the tools for children, or knew of practitioners in their team who used them. The most commonly used children’s tool was the Three Houses. Interviewees were asked what they thought of the tools for children and how they were experienced by families and children.

A number of benefits and advantages to using the tools were described including:

– Improved open communication in families
– Helps family members to communicate how they are feeling
– Highlights similarities in how different family members feel about things and identification of shared goals
– A useful way for parents to understand and see the impact they are having on their children
– Helped the parent to see things from the child’s perspective
– The tools gave younger children a voice and a say
– Helps to assess change in how safe the child is feeling and what progress has been made over the course of a case

In terms of any criticisms or downsides to using the Signs of Safety tools, a couple of people mentioned that age needed to be considered in deciding whether or not to administer the tools, as some very young children (age 4 and under) might need extra help.

From interviewing practitioners in the local authorities concerned most used the tools and reported positively about them from their perspective and other workers. They did not however have direct feedback from children themselves about the tools, but this was something many would like to research and explore in the future.
Practitioners’ perceptions and views about Signs of Safety as contributing to effective practice in child protection

Interviewees were asked about their experiences of using Signs of Safety methods and their views about how it might contribute to effective practice and child protection in general. A number of key themes emerged:

Signs of Safety helps to create partnerships and good working relationships with parents – interviewees were questioned about why they thought that good working relationships/partnerships with families might lead to better child protection outcomes. The most frequent answer was that with good working relationships it was thought that parents would be more likely to engage and co-operate, there would be less conflict and so they would be more willing to take responsibility and work towards goals and objectives and ultimately achieve these. It was thought that this would also lead to: 1) identification of problems quicker and so 2) protecting children quicker. Signs of Safety and the associated improved relationships were also thought to encourage parents to communicate any difficulties with achieving goals and so steps could then be identified to overcoming these and honest and transparent dialogue achieved.

Using Signs of Safety means that action and change is more likely to happen – another key theme emerging from interviews was that action and change was thought more likely to occur using Signs of Safety in comparison to other approaches due to the particular methods used by the model. In particular the use of SMART (Specific, Measurable, Achievable, Realistic and Timely) targets in setting goals and achieving change was thought to be very effective by a few interviewees.

Signs of Safety helps to identify risk – As risk assessment is vital in child protection the views of interviewees about how effective Signs of Safety was at identifying risk and safety were noted. A number of key views were identified. One frequently occurring view was that parents are more willing to accept risks are present if they are identified by themselves or their own social network as with the Signs of Safety model. Others commented the system ensures risks, danger and safety are looked at and assessed and that using the Assessment and Planning Form or columns in meetings means that risks, danger and safety have to be included and identified. One interviewee thought that SMART goals were particularly helpful at identifying risk and safety as they required real examples including frequencies of behaviours as evidence of change and meeting goals.

The Assessment and Planning Form and the three columns were thought to be effective analytical tools – one of the most frequently mentioned advantages of the Signs of Safety model was that many of the tools were helpful because they involved a visual representation of information and this proved to be a useful analytical tool as different factors were identified and categorised. Some interviewees thought this could help analyse the most pressing issues, identify risks and complicating factors and consider the impact of each of them independently.
**Stops global labelling and helps the practitioner be more specific about issues** – Another frequently cited advantage of Signs of Safety as a method and effective tool was that it helps to specify details of child protection issues, ensuring the professional described behaviours and frequencies rather than global labels, such as the child has experienced ‘neglect’ or ‘Domestic Abuse’. This was also thought to help think of families as individual families each different, rather than just having a certain type of problem. Additionally, other practitioners in interviews referred to the importance of obtaining SMART goals as an example of searching for specific detailed information rather than generalised statements.

**Signs of Safety was thought to be compatible with the Common Assessment Framework** – In a few local authorities the CAF had either been adapted already to incorporate methods from Signs of Safety or this process was currently underway. Some interviewees mentioned that by using Signs of Safety with the Common Assessment Framework, you have the advantage of hearing the perspective of the family involved and getting information in their words rather than a worker based assessment. A number of interviewees felt all of the issues and domains of the CAF could be addressed with Signs of Safety.

### Training, Supervision and Management issues

Interviewees were questioned about their training experiences with the Signs of Safety model and their views about appropriate supervision and management issues.

**Training** – Training experiences varied amongst interviewees, but most had received one to two days of training. A few interviewees were shortly to attend five day training courses or conferences/courses looking to five year implementation plans in their local authorities. Observation of others and support in practice using the approach are seen as key to learning the skills of Signs of Safety. There is high demand for training and specialised workshops/sessions with many staff wanting others to train in their organisation. Some wanted the system to adapt and train others as staff turnover occurred and others wanted more specialised training (e.g. in running or chairing conferences).

**The confidence of the newly trained Signs of Safety Practitioner** – The majority of interviewees felt that it took some time to be a confident Signs of Safety practitioner. In particular chairing meetings and using scales were two areas that emerged consistently as challenges for some newly qualified practitioners. Most interviewees however felt that with the right experience and support the anxieties and cautiousness of newly trained practitioners could be overcome. In a number of local authorities practitioners were encouraged to practice skills in team meetings initially to build up confidence. All agreed that having help and support in learning and applying Signs of Safety was important.

**Management and Supervision** – In many of the local authorities Signs of Safety was used in supervision meetings as a technique to supervise individuals whilst discussing casework. All interviewees responded emphasising the need for supervisors and management to be supportive and an active part of implementation. It was felt that development would be most successful if the whole organisation was involved including service managers.
How Signs of Safety is thought to work with multi-agency working

Interviewees were asked about the degree of involvement multi-agency partners had with their use of Signs of Safety and what their perceptions and experiences of this involvement were. It was standard practice in most of the local authorities involved to have multi-agency partners attending conferences where Signs of Safety was used. During the interviews practitioners were asked how parents perceived meetings where multi-agency professionals attended, what the multi-agency professionals views were and also what the practitioners thought about it themselves.

Parents views of multi-agency professionals at a conference or meeting where Signs of Safety is used – all of the interviewees who worked in local authorities where conferences were ran reported that parents were open to this approach and generally thought it was helpful.

Multi-agency professionals views of attending conferences or meetings where Signs of Safety is used – interviewees reported a number of advantages and benefits to having various multi-agency professionals together at a meeting. These included:

- Professionals feeling their concerns about risks have been listened to.
- Feeling more in control of the meeting (especially in the case where they have been trained to have a role in running meetings).
- Child protection conference chairs of meetings have liked the approach and reported it allows them to see quickly what the main issues, risks and safety factors involve. One interviewee commented that their local chair frequently requested that social workers should come back in the future with a Signs of Safety report.
- Educational professionals at schools have reported it provides a better sense and idea of thresholds.
- Different types of professionals have commented it leads to better working relationships between them.

Interviewees were also asked about any perceived disadvantages or difficulties that multi-agency professionals reported regarding Signs of Safety. The most frequently discussed issues involved the time taken for meetings with the Signs of Safety approach taking longer than average. Holding meetings at different times of day when other professionals had more time was one way of overcoming this. It was also mentioned by a couple of interviewees that multi-agency professionals take time to adjust to some of the Signs of Safety methods.

Internal staff’s views of using Signs of Safety with other multi-agency professionals – All interviewees viewed the involvement of other multi-agency professionals in Signs of Safety meetings and processes as a positive addition. Many reported that the main advantages occurred due to the fact that a co-ordinated plan of action could be produced because every professional involved was in the same room and so all issues and perspectives could be discussed. Another frequently discussed advantage was perceived to be the consistency
of a joined up approach to working. The shared documents and methods were also believed to provide a common and coherent framework in which professionals could communicate with each other in a shared language.

All of the interviewees felt it was important to link with other agencies that were using Signs of Safety in order to share practice experiences.

**Any disadvantages identified with using the Signs of Safety model and ideas for overcoming barriers**

Interviewees were asked if there were any disadvantages to using the Signs of Safety model, and if any were identified solutions to overcoming these were discussed. The following disadvantages were discussed:

- **Practicalities** – The most frequently discussed disadvantage involved co-ordinating the practicalities of running Signs of Safety meetings. This mainly related to recording information that was discussed during meetings on whiteboards or paper. Another disadvantage discussed by interviewees included the time involved to run meetings using Signs of Safety. Technological solutions to these issues had been identified or were suggested by some practitioners.

- **Hostility from parents/carers or tension in the meeting room** – hostility was sometimes present when important people did not turn up to meetings. A number of strategies for dealing with this were identified and applied in different local authorities.

- **Funding and resources** – Many practitioners spoke about the need to consider funding and resources when introducing Signs of Safety as it often involves a large number of practitioners or managers training over an extended period of time.

**Enabling factors to successful meetings and practice – preparing the parent/carers and expectations**

It was frequently mentioned by a number of interviewees that they could overcome potential difficulties and achieve more in meetings by preparing both families and multi-agency professionals with details of what to expect before having Signs of Safety meetings. Suggestions and examples discussed ranged from leaflets outlining the model, the practitioner talking through the process to the parent/carer/professional, to introducing the model early in the relationship/case.

**Evaluation ideas from practitioners**

Interviewees were asked about the standard research and evaluation activities they regularly carried out as part of practice. Most had carried out some sort of satisfaction evaluation from parents, either with questionnaires or interviews and had gained positive feedback. One local authority carried out regular audits and reviews.
When asked about what evaluation or research they would like to introduce, all of the interviewees were interested in developing plans to assess and measure outcomes in parents and children including child protection statistics. Many were interested in tracking the families over time to see if change had been maintained when the intervention had finished. Staff were also interested in a wide range of topics that could be the focus of evaluations, including assessing the quality of interactions between staff and parents/carers, children’s responses to the assessment tools, plotting change over time in behaviour and exploring the practicalities of recording information or running meetings.
Chapter 4: Discussion, Implications and Suggestions for Research

This report has provided an overview of the Signs of Safety model, an outline of research carried out about the model's effectiveness, a summary of a survey exploring where the model is being used in England and a summary of the findings of interviews with practitioners from different local authorities in England talking about their experiences with Signs of Safety.

This final chapter summarises these findings and discusses a number of key areas that are worth considering for future research and implementation of the model. The chapter is divided into the following sections:

4.1) Research about Signs of Safety
4.2) Results from interviews with practitioners
4.3) Signs of Safety and the assessment of risk
4.4) The link between good working relationships/partnerships and child protection outcomes
4.5) Case outcomes using Signs of Safety
4.6) Implementation Issues
   4.6a – Managers and Supervisors
   4.6b – Consistency in implementation and implications for research
   4.6c – General process issues
4.7) Child centred practice and hearing children's voices
4.8) Conclusions
   4.8a – Signs of Safety as an effective model in child protection
   4.8b – Future research
4.1 Research about Signs of Safety

A great deal has been written about the Signs of Safety model and possible benefits and impact on families, parents and children. Research evidence ranges from internally produced qualitative work from practitioners of the model to a few externally commissioned evaluation reports and a number of published articles. Studies have been completed in many countries including Australia, USA, Canada, Copenhagen, Denmark, Finland, New Zealand, the UK and others.

Many of the existing research studies have focused on practitioner and parent/child experiences of Signs of Safety. Here studies suggest there are improvements in the Signs of Safety practitioners’ experiences, skills and job satisfaction. Additionally improvements have been found in the relationships between parents/carers and practitioners, satisfaction levels and families seem to have a greater involvement in the whole child protection process.

There are some limitations to these studies with many being based only on self-report, small samples and being carried out or analysed by practitioners. Turnell and Edwards and others in the field fully accept the obvious limitations of internally produced work with the possibilities of bias. They also discuss the difficulties of setting up RCT’s or having comparison groups in child protection due to the ethical implications of withholding treatment from a group in need (Turnell 2012).

Research has also been examined in this report exploring how Signs of Safety measures risk, if there is a link between good working relationships/partnerships and child protection outcomes, what case outcomes have been, process issues involved in implementation, how Signs of Safety fits with the Common Assessment Framework (CAF) and research evidence for Solution Focused Brief Therapy. Some of the implications of these findings and suggestion for future research will be discussed in this closing section.

4.2 Results from Interviews with Practitioners

Interviews were conducted with practitioners using the Signs of Safety model to explore their experiences and perceptions of the model including potential advantages and disadvantages. This resulted in feedback from 12 individuals, covering six local authorities. Three site visits were made to complete three face to face interviews (in three different areas). Five telephone interviews were carried out (with six staff) and three cases of written feedback were provided (due to individuals being unable to attend previously arranged interviews at site visits because of work demands).
The interviews proved to be really useful with many themes and commonalities in views emerging from the data. The previous chapter discusses the main findings. As a reminder and a highlight of the key views Table 4.1 summarises these:

**Table 4.1**

<table>
<thead>
<tr>
<th>Area questioned about</th>
<th>Emerging themes and main points</th>
</tr>
</thead>
</table>
| Parents' perceptions and feedback about Signs of Safety | • Signs of Safety meetings are thought to decrease anxiety and relax parents/families.  
• Parents feel listened to and that they have a more active role in decisions. They like having their thoughts written on the board in meetings.  
• Signs of Safety methods are thought to increase participation, co-operation and the engagement of parents/families.  
• Parents like having an insight into different perspectives and an understanding of what is expected of them.  
• Parents like focusing on strengths and not just problems. |
| Children and Signs of Safety Tools | A number of benefits and advantages to using the tools with children were described including:  
• Improved open communication in families.  
• Helps family members to communicate how they are feeling.  
• Highlights similarities in how different family members feel about things and identification of shared goals.  
• A useful way for parents to understand and see the impact they are having on their children.  
• Helped the parent to see things from the child’s perspective.  
• The tools gave younger children a voice and a say.  
• Helps to assess change in how safe the child is feeling and what progress has been made over the course of a case.  
Disadvantages:  
• Might need to adapt for very young children (4 and under).  
• Didn’t have research about direct feedback from children using tools. |
| Practitioners’ perceptions and views about Signs of Safety as contributing to effective practice in child protection | Practitioners thought:  
• Signs of Safety helps to create partnerships and good working relationships with parents.  
• Using Signs of Safety means that action and change is more likely to happen.  
• Signs of Safety helps to identify risk.  
• The assessment and planning form and the three columns were thought to be effective analytical tools.  
• Stops global labelling of issues (such as family has ‘neglect’) and helps the practitioner be more specific about issues/detail frequencies/behaviour.  
• Signs of Safety was thought to be compatible with the Common Assessment Framework |
Table 4.1 continued

<table>
<thead>
<tr>
<th>Area questioned about</th>
<th>Emerging themes and main points</th>
</tr>
</thead>
</table>
| Training, Supervision and Management Issues | • Most interviewees had attended 1 or 2 day training courses. Some about to complete 5 day training.  
• Observing others using Signs of Safety thought to be a key learning process.  
• There is high demand for training and specialised workshops.  
• Takes time to be a confident Signs of Safety practitioner.  
• With right experience and support anxieties of the new trainee can be overcome.  
• Help and support from supervisors/managers necessary to support trainees.  
• Signs of Safety often used in supervision meetings.  
• Development and implementation thought to be most successful if whole organisation is involved including service managers. |
| How Signs of Safety is thought to work with multi-agency working | • Practitioners reported parents were open to including multi-agency professionals at meetings and generally thought it was helpful.  
Interviewees reported on multi-agency professionals’ views of attending conferences or meetings where Signs of Safety is used. Themes included:  
• Professionals feeling their concerns about risks have been listened to.  
• Feeling more in control of the meeting (especially in the case where they have been trained to have a role in running meetings).  
• Child protection conference chairs of meetings have liked the approach and reported it allows them to see quickly what the main issues, risks and safety factors involve. One interviewee commented that their local chair frequently requested that social workers should come back in the future with a Signs of Safety report.  
• Educational professionals at schools have reported it provides a better sense and idea of thresholds.  
• Different types of professionals have commented it leads to better working relationships between them.  
• Some reported the time involved in meetings was lengthy (e.g. police). Measures were taken to account for this.  
Internal staffs’ views of using Signs of Safety with other multi-agency professionals:  
• With all professionals together in a room a more co-ordinated plan of action could be produced and all issues discussed.  
• Consistency created and a more joined up approach.  
• Shared documents and methods provide a common framework in which professionals can communicate in a shared language.  
All interviewees felt it was important to link with other agencies using Signs of Safety to share practice experience. |
Table 4.1 continued

<table>
<thead>
<tr>
<th>Area questioned about</th>
<th>Emerging themes and main points</th>
</tr>
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<tbody>
<tr>
<td>Dis-advantages to using Signs of Safety and ideas for overcoming barriers</td>
<td>The following disadvantages were discussed:</td>
</tr>
<tr>
<td></td>
<td>• Practicalities – Recording information during meetings on whiteboards and obtaining a record afterwards. Technological solutions to these issues had been identified or were suggested by practitioners.</td>
</tr>
<tr>
<td></td>
<td>• Hostility from parents/carers or tension in the meeting room – hostility was sometimes present when important people did not turn up to meetings. A number of strategies for dealing with this were identified and applied.</td>
</tr>
<tr>
<td></td>
<td>• Funding and resources – need to consider funding and resources when introducing Signs of Safety as it often involves a number of practitioners or managers training over an extended period of time.</td>
</tr>
<tr>
<td></td>
<td>Practitioners thought that difficulties could be overcome by preparing families/multi-agency professionals with details of what to expect beforehand.</td>
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<tr>
<th>Evaluation ideas from practitioners</th>
<th>Practitioners particularly interested in:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Measuring outcomes in parents and children including child protection statistics.</td>
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<td></td>
<td>• Tracking change over time to see if change maintained.</td>
</tr>
<tr>
<td></td>
<td>• Assessing the quality of interactions between staff and parents/carers</td>
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<td></td>
<td>• Children’s responses to the assessment tools.</td>
</tr>
<tr>
<td></td>
<td>• Plotting change over time in behaviour.</td>
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<td></td>
<td>• Exploring the practicalities of recording information or running meetings.</td>
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4.3 Signs of Safety and the Assessment of Risk

How effectively Signs of Safety measures and assesses risk is a key area of interest for both research and development of the model. As previously discussed, the main concern discussed by some authors in the literature has been that a solution focused approach or an approach based on such techniques may not deal with risk or child protection issues as it focuses on the positive side and solutions. Critics have also cited the Peter Connelly Serious Case Review (SCR) (Haringey Local Safeguarding Children Board 2009, cited by Woods and Green 2011) where in examining if any models may have impacted on the way the case was managed, a suggestion was made that Solution Focused Brief Therapy should be reviewed in the local authority. A Panorama programme was aired about these issues in 2009 and Andrew Turnell was featured to give his viewpoint on events of the Peter Connelly case. Here he detailed how it was necessary to talk about the past harm to the child, neglect and maltreatment and the dangerousness of using a straight solution focused therapy type approach.
When relating such concerns to Signs of Safety a number of issues need to be highlighted. Firstly, Signs of Safety is more than Solution Focused Brief Therapy applied to the area of child protection and differentiation should be made between the two. Secondly, in light of recent literature reviews (e.g. Woods and Green 2012) there are some studies that have shown possible links between solution focused brief therapy and effective child protection. As suggested in this review, further research is needed to explore the effectiveness of SFBT in detail in the child protection field. Thirdly, it is worth noting that some of the findings from the Woods and Green review may not apply to the Signs of Safety, as the model has developed and evolved considering some of the criticisms that have been made of SFBT in the child protection field. For instance, the review highlighted that as families have a multiplicity of difficulties they require longer interventions than SFBT. As outlined in the introductory chapter of this report, the Signs of Safety interventions can continue for a considerable amount of time and regular reviews of difficulties are made by practitioners rather than one off scaling or assessments. Additionally the criticism of omitting analysis and objective assessment of the problem for the child has been considered in the model through the development of the tools for children and practice guidelines to include the views and experiences of the child in assessments and casework. For instance the Assessment and Planning Form has specific categories to record danger/harm and scales ensuring that a balance between risk and safety is constantly assessed. The children's tools also look to worries and concerns and so an equal emphasis upon risk is considered.

During the interviews for the current research with practitioners using Signs of Safety, many thought using the model actively helped to identify risk. One frequently occurring view was that parents are more willing to accept risks are present if they are identified by themselves or their own social network as with the Signs of Safety model. Others commented the system ensures risks, danger and safety are looked at and assessed and that using the Assessment and Planning Form or columns in meetings means that risks, danger and safety have to be included and identified. One interviewee thought that SMART goals were particularly helpful at identifying risk and safety as they required real examples including frequencies of behaviours as evidence of change and meeting goals.

Interviewees also thought that the Assessment and Planning Form and the three columns were effective analytical tools. One of the most frequently mentioned advantages of the Signs of Safety model was that many of the tools were helpful because they involved a visual representation of information and this proved to be a useful analytical tool as different factors were identified and categorised. Some interviewees thought this could help analyse the most pressing issues, identify risks and complicating factors and consider the impact of each of them independently.

Other research literature has also confirmed these beliefs articulated by Signs of Safety practitioners. For instance, Appleton and Weld (2005) interviewed practitioners and found that “workers described Signs of Safety as a useful framework for addressing the danger and harm factors in a
case and clarifying the concerns, especially for the more difficult cases and during periods of crisis”. Similarly, in a write up about Haringey and its use of Signs of safety, Shennan (2006) writes about the advantages of scaling in looking at safety and risk.

It is also worth considering the results of the survey by the Government of Western Australia (Department for Child Protection, August 2010), where it was found that a relatively small amount of staff (4%) had some concerns about Signs of Safety in measuring risk. It would be interesting in future research to interview practitioners that have such concerns to find out more about these viewpoints.

In conclusion, a considerable amount of research suggests that Signs of Safety should not be ruled out when considering its potential as effective risk assessment. In their recent article ‘Systematic Review of Models of Analysing Significant Harm’ Barlow et al (2012) looked at the how different assessment tools assessed the main domains of the Common Assessment Framework. Here they concluded that Signs of Safety only met some of the domains and has not been evaluated in terms of validity and reliability. Interestingly, the interviewees from this current research project talked very positively about how Signs of Safety links with the CAF. In a few local authorities the CAF had either been adapted already to incorporate methods from Signs of Safety or this process was currently underway. Some interviewees mentioned that by using Signs of Safety with the Common Assessment Framework, you have the advantage of hearing the perspective of the family involved and getting information in their words rather than a worker based assessment. A number of interviewees felt all of the issues and domains of the CAF could be addressed with Signs of Safety. In many local authorities it may therefore be that a number of risk assessment tools are incorporated together in practice. It would be interesting in the future for research to examine risk assessment processes in general (where tools fit as part of this) and how different risk assessments tools or processes may support each other since more than one tool is usually applied in practice.

When considering Signs of Safety and its effectiveness at identifying risk a number of research areas could be explored to further our knowledge:

- More research is required examining how SFBT works in the child protection field.
- Interviewing practitioners that have concerns about the use of Signs of Safety and risk assessment to find out more about their views.
- Examine risk assessment processes in general (where tools such as Signs of Safety Assessment and Planning Form fit as part of this) and how different risk assessments tools or processes may support each other since more than one tool is usually applied in practice.
- Further research could also explore how risk assessment in Signs of Safety measures against other risk assessment scales and links to actual case outcomes.
4.4 The link between good working relationships/partnerships and child protection outcomes

Developing good working relationships and partnerships with parents/carers is considered to be a core aim of Signs of Safety. For this report we were interested to see what research existed about the link between good working relationships and child protection outcomes with Signs of Safety and in the interviews we explored practitioner’s perceptions of how this link might operate.

Turnell (2012) in his comprehensive briefing about Signs of Safety cites research that suggests that best outcomes for vulnerable children arise when constructive relationships exist between professionals and between families and professionals. He quotes a number of studies including Cashmore 2002; Department of Health 1995; MacKinnon 1998; Reder et al 1993; Trotter 2002 and 2006 and Walsh 1998.

Studies have also started to explore why and how this link between working relationships and outcomes might be occurring by researching or debating the impact of different aspects of the professional relationship. Many hold the hypothesis that openness to the family’s perspective increases engagement and this in turn helps to create change (McKinnon, cited by Turnell and Edwards 1999).

For example, Keddell (2011) in their research publication conclude from analysis of interviews that a number of processes are perceived to be vital to the success of the Signs of Safety model in helping successful reunification with carers after foster placement. These all include elements focusing on the relationship between client and worker including: lack of culpability in the construction of original problems (i.e. not blaming the parent but understanding why something has occurred), resisting ‘risk’ reactivity while monitoring safety (constantly carrying out regular safety plans to evaluate any change and risk, preventing a knee jerk risk reaction by worker), worker having a belief of ‘good enough’ parenting (being realistic and negotiating criteria for return), and belief in change (in parents and noticing when things do change/go well).

Interviewees for this research were also questioned about why they thought that good working relationships/partnerships with families might lead to better child protection outcomes. The most frequent answer was that with good working relationships it was thought that parents would be more likely to engage and co-operate, there would be less conflict and so they would be more willing to take responsibility and work towards goals and objectives and ultimately achieve these. It was thought that this would also lead to: 1) identification of problems quicker and so 2) protecting children quicker. Signs of Safety and the associated improved relationships were also thought to encourage parents to communicate any difficulties with achieving goals and so steps could then be identified to overcoming these.
In conclusion, a number of research studies suggest that social workers and parents/carers feel that aspects of the professional relationship are important to the success of interventions and in creating outcomes. The research interviews in this study also confirm this link. The next interesting step in the research would be to explore this link and look at how such aspects link with concrete outcomes for children and families. When asked about aspects of Signs of Safety that they were interested in researching a number said they would like to assess the quality of interactions between staff and parents/carers and the impact this had.

### 4.5 Case outcomes using Signs of Safety

Many of the existing research studies in the literature have focused on practitioner and parent/child experiences of Signs of Safety. Here studies suggest there are improvements in the Signs of Safety practitioners’ experiences, skills and job satisfaction. Additionally improvements have been found in the relationships between parents/carers and practitioners, satisfaction levels and families seem to have a greater involvement in the whole child protection process.

Even though views and experiences of Signs of Safety are of great significance in the evaluation of it as model, concrete case outcomes in terms of child protection objectives (such as reduction in maltreatment or repeat maltreatment) or changes in children/families (such as changes in psychologically assessed mental health due to the impact of maltreatment) are vital to measure. Wheeler and Hogg (2012) in their review of Signs of Safety in the child protection movement, conclude there are two main data sets that have evidence regarding the impact and outcomes of cases where the model has been applied across a large jurisdiction. These include Olmsted County Child and Family Services in Minnesota USA and Carver County Community Social Services (CCCSS), also in Minnesota USA. In both areas there is some evidence that since the introduction of Signs of Safety positive changes in child protection statistics have occurred (for e.g. less children taken into care). Similarly Turnell (2012) in his briefing cites other countries where the implementation of Signs of Safety is also matched by changes in child protection statistics. Both Turnell (2012) and Wheeler and Hogg (2012) accept the possibility that these changes could occur due to other factors such as other changes in social policy. They also comment that the time-frame of change is relatively small. Conclusions about outcomes from the Signs of Safety model are at a relatively early stage in development and global/country changes may take years to occur due to the time it takes to implement any model effectively. More research is needed to be conclusive about these findings and how change might be occurring.
Most practitioners interviewed for this research reported having carried out some sort of satisfaction evaluation with parents, either with questionnaires or interviews and had gained positive feedback. One local authority carried out regular audits and reviews. When asked about what evaluation or research they would like to introduce, all of the interviewees were interested in developing plans to assess and measure outcomes in parents and children including child protection statistics such as the length children are on child protection plans and maltreatment incidents/repeats.

Most interviewees held a belief that positive outcomes came about because of the use of Signs of Safety. Indeed a frequently held belief was that *Using Signs of Safety means that action and change is more likely to happen with children and families.* In particular the use of SMART (Specific, Measurable, Achievable, Realistic and Timely) targets in setting goals and achieving change was thought to be very effective by a few interviewees. Many were interested in tracking the families over time to see if change had been maintained when the intervention had finished.

Clearly future research investigating case outcomes with children and families and how these are influenced by the Signs of Safety model is an important area for development.

### 4.6 Implementation issues

A key message that emerged in the research literature about Signs of Safety, general outlines of the approach and results from interviews carried out for this project was that consideration needs to be made into how the model is implemented within an organisation or local authority/jurisdiction. A number of areas of interest for research and practice included the important role of managers/supervisors, consistency in implementation and general process issues that enhanced implementation.

#### 4.6a Managers and Supervisors

Turnell (2012, 1999) emphasizes the importance of supervision and management post training in order to lead to successful implementation of the model. A complete learning journey of implementation is estimated to take around five years. Practice leaders (or PLs) are considered vital as a centrally assigned role whereby a supervisor or manager has an in-depth understanding of the approach across practice contexts and lead other practitioners in using the approach. Turnell suggests having at least two of these for each practice unit. The next step up is to install a process whereby practice leaders meet every couple of months to review work. These groups are led by a Practice Leader Facilitator (PLFs). Three times a year PLs gather in a large group of up to 60 to receive training and review and plan for the future.
With a similar message, Wheeler and Hogg (2012) in their literature review of Signs of Safety conclude that findings indicate that when supervisors and managers are also trained in solution focused supervision and implement this as a parallel process (such as in Michigan USA), or in appreciative inquiry, it becomes more likely that workers will develop and sustain strength based approaches with confidence and creativity.

All of the interviewees from this research project also responded emphasising the need for supervisors and management to be supportive and an active part of implementation. The majority of interviewees felt that it took some time to be a confident Signs of Safety practitioner and that having help and support in learning and applying Signs of Safety was important. It was felt that development would be most successful if the whole organisation was involved including service managers.

These findings are also fitting with recent policy recommendations. For instance, Munro (2011b) stresses that evidence-based practice is not simply a case of taking an intervention off the shelf and applying it to a child and family, fully supported systems need to be in place to ensure effective implementation. Woods and Green’s review of Solution Focused Brief Therapy with children and families (2012) also conclude that

“effective supervision for practitioners delivering therapeutic interventions is crucial for ensuring fidelity and ethical practice (Department of Health, 2004; Squires ad Dunsmuir 2011), which also has implications for professional delivery within a local authority context.” (p18).

Finally, Barlow et al (2012) in their review of models of analysing significant harm emphasise how these implantation systems are necessary for all assessment and analysis tools:

“the assessment and analysis tools that have been identified require a range of infrastructure factors to be in place, perhaps most significantly being managerial and service commitment to their use alongside professional judgement … Regular professional supervision should be provided to all practitioners using these tools for assessment and analysis purposes” (p13).

4.6b Consistency in implementation

In the 2011 NSPCC survey of where Signs of Safety was being used across England, there was a variety of responses and different local authorities were using Signs of Safety in differing ways. Some were using only some associated elements of the approach in their work while others used the approach consistently across all aspects of child protection services. Similarly in the interviews carried out in 2012 training experiences varied amongst interviewees. Most had received one to two days of training and a few were shortly to attend five day training courses or conferences/courses looking to a five year implementation plans in their local authority. The Signs of Safety
tools practitioners used also varied. Clearly there is some variety in how Signs of Safety is implemented in different local authorities across England.

In a similar way Woods and Green (2011) in their review of SFBT with children and families, discuss the issues involved in the diversity of SFBT interventions. They also write about the implications of this for research and practice:

“although clarity regarding the core components of SFBT is emerging (SFBTA Research Committee, 2010), descriptions of SFBT components delivered by practitioners are variable, making difficult the comparison between different interventions similarly described as SFBT … as one method of intervention, SFBT may be used in combination with other intervention strategies by the same or different practitioners, which raises the question of the extent to which it is SFBT that has been instrumental in producing certain effects as part of the combined approach.” (p18)

However, this variety in implementation is likely to change in the future due to a number of recent changes in plans for Signs of Safety as a model. Firstly, local authorities in the UK (16 as of October 2012) are beginning to sign up to a system wide, multi-year implementation whereby Signs of Safety is planned to be introduced widely across child protection in each local authority and follow a series of guidelines and recommendations. Furthermore, the introduction of the Signs of Safety Certification and Licensing Programme (coming into effect in January 2013) will mean that only licensed Signs of Safety Trainers and Consultants will be able to train and lead professionals and organisations in implementing and learning the approach. This is likely to result in more standardisation in training, implementation and practice.

Such implementation factors have implications for designing effective evaluations and ensuring the measurement of variables that vary with different local authorities so their differential effect can be examined. For example, it will be important to measure what tools are used, how practitioners have been trained and how widely Signs of Safety is used in cases and so forth.

These factors are clearly considered in the current research of Signs of Safety by Skrypek and Idzelis of Wilder research (2012) where they suggest future evaluation studies should look at the relationship between level of exposure to Signs of Safety and parent satisfaction and positive family outcomes. They suggest looking at dosage and level of intervention and including a comparison group with no exposure. Wilder also write about the next stage of their research which will examine outcome indicators overtime for counties implementing Signs of Safety in Minnesota. These results will be available at the end of 2012. In a similar vein in the UK it would be interesting to carry out a research project looking at outcomes and how they vary according to level of implementation of Signs of Safety.

Respecting the core principles of different models/techniques and ensuring effective research and evaluation design fit around these, is likely to lead to a better understanding of the processes
involved naturally in practice, rather than insisting on standardised practice approaches (such as strict manualisation) for research purposes. If clear findings emerge from such evaluations and have implications for practice, adjustments to practice can then be considered.

4.6c General process issues

One of the most in-depth externally commissioned evaluations of process factors that are important in implementation of the Signs of Safety model was carried out in Minnesota USA by Wilder Research (Skrypek 2010). This is of particular interest as the model is implemented extensively in the area so it serves to be a good learning ground for other areas across the world. The research consisted of 5 semi-structured interviews with key project stakeholders, 14 semi-structured interviews with child protection program managers and supervisors, three focus groups with social workers and a review of key documents.

A number of benchmarks were constructed that indicate early levels of success in implementation. These included:

- Evolution of child protection philosophy from “professional as expert” to “professional as partner.”
- Worker confidence in Signs of Safety.
- Worker buy in.
- Supervisor buy in.
- Administrative leadership buy-in.
- Practice sharing.
- Parallel process in supervision.
- Involving and educating other partners.

They suggest that longer term benchmarks should only be considered when the model has been implemented for three to five years (such as family satisfaction, reduction placements etc.). The findings also revealed that counties that had used the approach for longer felt they were further along in terms of integration of the model.

It is worth comparing the results from these findings to those of the current research project and themes from the interviews. The first striking aspect is that of the benchmarks listed above, all of these aspects have been re-iterated as important factors in practice. For instance, ‘involving and educating other partners’ links to the findings regarding working with multi-agency professionals, and issues regarding supervision, worker confidence and practice sharing also arose.
In light of these findings regarding process issues and implementation clearly a great deal of further research will help to clarify what factors are of importance in achieving outcomes. From a practice perspective there are funding and resource implications to ensuring a system wide implementation and views of some interviewees re-iterated this. It is this aspect that requires consideration of cost-effectiveness in general. Measuring a number of factors in cost-effectiveness would be interesting including the element of time of practitioners and professionals in bringing about effective change. For example, even though meetings with a number of multi-agency professionals for Signs of Safety might take longer than an average meeting, it might save considerable time in other meetings that would have occurred in order to achieve change.

4.7 Child centred practice and hearing children’s voices

Recent policy initiatives and research have emphasized the importance of effective child protection being based on systems that are child centred, providing the opportunity for children to speak about their experiences, express their needs and wishes and play a central role in the decision making process. Such views are clearly evident in all of the recent reports from Professor Eileen Munro (2011a, 2011b and 2012). Elements of the Signs of Safety approach have also subsequently been referenced in Munro’s final report and her progress report and highlighted as innovative practice which enables relationship building between children and practitioners and the active participation of children and young people in child protection processes (Munro 2011b, 2012).

Turney et al (2011) in their recent review of social work assessments of children write about the consequences that can occur if the child’s view is not considered and outline the important elements of good practice:

“keeping the child or young person ‘in view’ is fundamental to good assessment, and failure to do so can have severe consequences, as analyses of serious case reviews have consistently demonstrated. Good practice with children and young people includes taking time to build relationships, listening to and respecting them, giving information, providing support for them to understand assessment reports, and offering them real choices when possible.” (Bell 2002; Cleaver et al 2004 cited by Turney et al 2011)

Involving children in this way is a key principle of the Signs of Safety approach. In this report some of the specific tools used to achieve these aims have been discussed, including the Three Houses tool, Wizards and Fairies, the Safety House tool and Words and Pictures. The tools with children are thought to of great importance in giving children an understanding of what has happened to them and why child protection services are involved in the case. They also provide
a way to help different family members communicate with each other and create an opportunity to ensure the child’s voice is heard.

In the interviews for this research project most reported having either used a number of the tools for children, or knew of practitioners in their team who used them. The most commonly used children’s tool was the Three Houses. Interviewee’s were asked what they thought of the tools for children and how they were experienced by families and children.

A number of benefits and advantages to using the tools were described including:

- Improved open communication in families.
- Helps family members to communicate how they are feeling.
- Highlights similarities in how different family members feel about things and identification of shared goals.
- A useful way for parents to understand and see the impact they are having on their children.
- Helped the parent to see things from the child’s perspective.
- The tools gave younger children a voice and a say.
- Helps to assess change in how safe the child is feeling and what progress has been made over the course of a case.

In terms of any criticisms or downsides to using the Signs of Safety tools, a couple of people mentioned that age needed to be considered in deciding whether or not to administer the tools, as some very young children (age 4 and under) might need extra help.

From interviewing practitioner’s in the local authorities involved most used the tools and reported positively about them from their perspective and other workers. They did not however have direct feedback from children themselves about the tools, but this was something many would like to research and explore in the future.

For future research it would be interesting to explore in detail how children experience the assessment tools and how this relates to case outcomes for children, parents/carers and families.
4.8 Conclusions

4.8.a Signs of Safety: an overview

As described above a number of issues need to be explored with future research and the development of Signs of Safety.

The following SWOT analysis aims to highlight some of the most pertinent issues in weighing up the Strengths, Weaknesses, Opportunities and Threats of Signs of Safety.

S.W.O.T: Signs of Safety approach to Child Protection

<table>
<thead>
<tr>
<th>Strengths:</th>
<th>Weaknesses:</th>
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<tbody>
<tr>
<td>1. Engages children and families in the child protection process through collaborative working practices.</td>
<td>1. Few published/independent research studies focusing on outcomes for children or families and how maintained over time.</td>
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<tr>
<td>2. Model enables effective relationship building between children, families and practitioners.</td>
<td>2. As with above, more evaluations are needed of role of solution focused therapy in general in relation to child protection.</td>
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<tr>
<td>3. Families feel less negative about the process and are more likely to engage with practitioners.</td>
<td>3. Use of model takes time and research from NSPCC interviews suggests it would work best if a number of managers, supervisors and staff are trained. This has cost implications for successful implementation.</td>
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<tr>
<td>4. Enables children and young people to be more actively involved in processes that affect them, and build relationships which are crucial to disclosure and feeling safe.</td>
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<td>5. Moves local authorities away from paternalistic models of practice.</td>
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<tr>
<td>6. Model is adaptable to family situations- i.e not prescriptive (see key social work author’s such as Munro’s 2011/2012 critiques of current social work practice in the UK)</td>
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<tr>
<td>7. Provides scales and tools/assessments to measure risk and danger and record change over time.</td>
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<table>
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<tr>
<th>Opportunities:</th>
<th>Threats:</th>
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<tbody>
<tr>
<td>1. Recognition of approach in Munro review of Child Protection. Depending on direction taken by DfE there is potential for the model to become more commonly used across different local areas and NSPCC survey indicates that a number of areas are either in process of implementing the approach or are considering its use.</td>
<td>1. Media (and some social workers) perceptions of solution focused therapy and association with Baby Peter case. Outlining the differences between Signs of Safety and solution focused therapy is necessary to overcome these (as Andrew Turnell has addressed. See page 66).</td>
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<tr>
<td>2. Current system wide implementation in the UK and new licensing programme provides opportunities for consistent implementation and scope for evaluation.</td>
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By glancing at the analysis, it is clearly evident that a great deal of strengths and opportunities are present. The weaknesses and threats referred to may be addressed with future research and
evaluation. Clearly cost is always an issue in the current economic climate, but researching cost-effectiveness and long term impact will help to shed light on the real cost and even potential cost benefits/savings of such models. To date the current research base does show promising evidence about the use of the model, but future research could also help to clarify how effective the model is at achieving case outcomes and what factors make a difference.

Practitioners interviewed in this project were also questioned about how effective they thought Signs of Safety was as an approach to child protection. They suggested that Signs of Safety was particularly effective in child protection for the following reasons:

- Signs of Safety helps to create partnerships and good working relationships with parents.
- Using Signs of Safety means that action and change is more likely to happen – action and change was thought more likely to occur using Signs of Safety in comparison to other approaches due to the particular methods used by the model.
- Signs of Safety helps to identify risk.
- The assessment and planning form and the three columns were thought to be effective analytical tools.
- Stops global labelling of issues (such as a family has ‘neglect’ or ‘Domestic Violence’ and helps the practitioner be more specific about issues and detail behaviours and frequencies).
- Signs of Safety was thought to be compatible with the Common Assessment Framework.

Interviewees also referred to many advantages of using the model.

Furthermore, elements of the Signs of Safety approach have also subsequently been referenced in a great deal of literature including the Munro reviews and reports of child protection where it is highlighted as innovative practice which enables relationship building between children and practitioners and the active participation of children and young people in child protection processes (Munro 2011a, 2011b, 2012).

In the Munro Interim report, the use of Signs of Safety by a local authority in the North East of England (Gateshead) was highlighted as one example of “the type of systemic learning and adaptation that the review wishes to encourage. The [authority has] identified problems in the existing way of working and, drawing on theory and research, have formulated ways of improving practice (Munro 2011a: 64).

4.8.b Future research

Broadly speaking the strengths and weaknesses of the Signs of Safety model have been outlined in this report. A number of key areas have also been discussed that would prove to be valuable to research in further detail to help make conclusions about the effectiveness of the model.
From the interviews carried out with practitioners, their views about steps forward for research were completely in line with the research literature and the current stage of knowledge about Signs of Safety. In terms of their own research and evaluation processes most had carried out some sort of satisfaction evaluation from parents, either with questionnaires or interviews and had gained positive feedback. One local authority carried out regular audits and reviews.

When asked about what evaluation or research they would like to introduce, all of the interviewees were interested in developing plans to assess and measure outcomes in parents and children including child protection statistics such as the length of child protection plans and maltreatment reports and incidents. Many were interested in tracking the families over time to see if change had been maintained when the intervention had finished. Staff were also interested in a wide range of topics that could be the focus of evaluations, including assessing the quality of interactions between staff and parents/carers, children’s responses to the assessment tools, plotting change over time in behaviour and exploring the practicalities of recording information or running meetings.

Table 4.2 overleaf provides a summary of the key areas identified in this report as being useful to research in further detail (including ideas from the research literature, from practitioners reporting in interviews and emerging ideas about gaps when collating the material). Possible research questions to explore are also included.

As the table outlines there are a large number of research areas and questions that are worth exploring in the future. The most important priority is a general move towards looking at outcomes for children, parents/carers and families. Wheeler and Hogg (2012) in their recent review of Signs of Safety research also suggest that longer term studies are needed to assess service outcomes over time.

Another area of interest that ties in with all of these research questions, could be to explore the decision making process by practitioners using Signs of Safety. For instance, how are the assessments and tools used for crucial decision points in different teams? (e.g. at what point is it necessary to remove a child?). How are different thresholds agreed? Can these be defined or do they vary from practitioner to practitioner? Perhaps building up an understanding and collection of examples of this nature would also help to train other practitioners and also allow for testing of the experience and knowledge of trainees. Furthermore, it could also lead to the possibility of testing the reliability and validity of the assessments if this is a route of interest for developing the model. Obviously the benefit of many of the scales is to open up discussion about differences between ratings from different stakeholders (e.g. practitioner and parent, or practitioner to practitioner), and so exploring validity and reliability would need to be considered in light of this benefit.
### Table 4.2: Outlining possible research areas and questions to explore in the future

<table>
<thead>
<tr>
<th>Key area</th>
<th>Detail</th>
<th>Research questions to explore</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case Outcomes</strong>&lt;br&gt;Process Issues in implementation</td>
<td>Determining the case outcomes and result of work using Signs of Safety with parents/carers and children and families. Detailing how process issues (such as managerial/supervisory support levels, consistency in implementation) link to case outcomes. Impact of the use of Signs of Safety on child protection statistics Detailing how different methods of Signs of Safety have an impact on children and families.</td>
<td>What are the case outcomes for parents/carers, children and families experiencing the Signs of Safety Model? How are these sustained over time? What process issues make a difference in achieving outcomes? How does the use of Signs of Safety with families impact on child protection statistics, such as length of child protection plans, maltreatment reports or incidents? Does it make a difference which elements of Signs of Safety local authorities are using and how does this link to outcomes? What difference does using SFBT techniques alone or the Signs of Safety model make? What methods of Signs of Safety have what impact?</td>
</tr>
<tr>
<td><strong>Assessment and Risk</strong></td>
<td>Further research could explore how risk assessment in Signs of Safety measures against other risk assessment scales and links to actual case outcomes. The relative contribution of different risk assessment tools in Signs of Safety.</td>
<td>How does risk assessment in Signs of Safety measure against other risk assessment scales and link to case outcomes? How do different risk assessment tools/processes work together (where a Signs of Safety tool is part of the process) in assessment and achieving outcomes? What part do different tools of Signs of Safety play (for example the Assessment and Planning Form or the scaling questions)?</td>
</tr>
<tr>
<td><strong>Assessment and Risk</strong></td>
<td>Interviewing practitioners that have concerns about the use of Signs of Safety and/or risk assessment to find out more about their views. Exploring how concerns vary according to type of intervention (e.g. long term versus short term).</td>
<td>What are practitioners’ views who have concerns about the use of Signs of Safety and/or risk? Do these concerns vary depending on type of intervention (e.g. long term versus short term)? How can these views be assessed or overcome in practice? Or are there any adaptations that could be made to the model?</td>
</tr>
<tr>
<td><strong>Good working relationships and outcomes</strong></td>
<td>Assess the quality of interactions between staff and parents/carers with Signs of Safety and the impact this may have.</td>
<td>How does the quality of the professional relationship between client and professional in Signs of Safety link to outcomes?</td>
</tr>
<tr>
<td><strong>Child centred practice and hearing children’s voices</strong></td>
<td>Gaining direct feedback from children about their experiences of the tools of Signs of Safety. Exploration of how children experience the assessment tools and how this relates to case outcomes for children/parents/carers.</td>
<td>What are the experiences of children who have experienced Signs of Safety tools and processes in general? How do these relate to outcomes?</td>
</tr>
<tr>
<td><strong>Cost-effectiveness of Signs of Safety</strong></td>
<td>Exploring the cost-effectiveness of Signs of Safety in achieving outcomes.</td>
<td>How cost-effective is Signs of Safety? How does it compare to other models/manualised interventions? What are the benefits/costs of the different approaches in achieving outcomes?</td>
</tr>
</tbody>
</table>
In conclusion, to explore all of these research questions identified, an ideal scenario would be to implement a design in the UK whereby an examination would occur of both process/implementation issues and case outcomes looking at how these vary over a number of different geographical areas. It is likely that a mixed method approach would be suitable incorporating both qualitative and quantitative methods. This would also ideally involve a design whereby cases (families) could be tracked by taking measures at the beginning of work (time one), at the end of intervention/contact (time two) and after a set period of time (e.g. 6 months/12 months). Including children and all stakeholders in the research process should also be a high priority.

As RCT’s are clearly difficult within the child protection context, perhaps, one future possibility for research could be to include a comparative group consisting of children on child protection plans where Signs of Safety is not used (other models used). Both groups could then be followed up for repeat child protection concerns that are substantiated to see if any difference occurs between the two groups.

One way to start to set up these research processes could be to create a forum consisting of practitioners of Signs of Safety, researchers and child protection experts, to ensure that the research design fits with practice needs and is realistic and achievable. It would then be possible to meet the needs of all concerned and the process in itself could be useful for appreciative inquiry, future implementation and support for practitioners.

At the moment, the research currently underway by Wilder Research in Minnesota seems to be the next important step in findings about Signs of Safety. Skrypek and Idzelis (2012) write about some of their plans:

“This includes an examination of maltreatment re-reports, placements, CHIP’s petitions filed, and TPRs finalized.† The study will examine trends over time for these indicators in the context of each county’s level of implementation of Signs of Safety, including an examination of the nature and extent of leadership support for Signs of Safety, and the provision of various implementation supports within each county … In addition, the Minnesota Department of Human Services, County child welfare leaders, Casey Family Programs, and Wilder Research are planning to complete a more in-depth ‘research chronicle’ to describe the process and outcomes of the two Minnesota counties that have implemented Signs of Safety with the most depth and with the longest duration of continuous leader support and worker training and coaching. Clearly, mixed-methods studies of organizational culture, leadership, implementation processes, supervisor and worker training, on-going coaching, parent perceptions, and youth perspectives are all needed.”

Once results from these studies are released, it should help to answer some of these important questions about Signs of Safety.

† CHIP’s = children in need of protection. TPRs = termination of parental rights.
The current stage of development of Signs of Safety within the UK sets the perfect timing for similar evaluations with many local authorities embarking on a five year system wide implementation plan. This creates the perfect environment for testing the contribution Signs of Safety can make to child protection in the UK and to understand what factors contribute to outcomes. In essence a forum of experts in the model already exists and this could be expanded upon in order to produce both high quality research and consistent future implementation and support for practitioners. As local authorities are investing major time and effort into Signs of Safety we owe it to them to make sure this is the most thorough and informative a process as possible to get the most learning from these developments.
References


Appendix 1: Notes about Levels of Usage Signs of Safety in England – 19 May 2011

We contacted LSCB chairs and managers covering 153 local authorities. We had a response from representatives of 67 local authorities (44%). Over half of those responding either used Signs of Safety, had an interest or had team members trained up (35 local authorities). There seems to be a number of different levels of usage/interest. The following categories were created based on the responses received as of 19 May 2011:

**No, not using signs of safety = 32**
Bath and North East Somerset, Bedfordshire, Bradford, Bromley, Calderdale, Cambridgeshire, Cheshire East, Cornwall and Isles of Scilly, Darlington, Devon, Dudley, Hertfordshire, Hounslow, Kent, Manchester, Norfolk, North Tyneside, Nottingham City, Plymouth, Redbridge, Shropshire, Slough, Somerset, South Gloucestershire, South Tyneside, Southwark, Stockport, Sunderland, Surrey, Wigan, Windsor and Maidenhead, York.

**Not using, but there is interest – actively considering its use = 8**
Hammersmith and Fulham, Hampshire, Harrow, Isle of Wight, Milton Keynes, Northamptonshire (strengthening families), Richmond, Wandsworth.

**Just trained, about to start using/just started = 3**
Kensington and Chelsea (in next two months), Peterborough (in May/June), Walsall

**Some team members trained, but not used in service = 2**
Barnsley, Redcar and Cleveland

**Using some aspects of Signs of Safety in their work = 4**
Derbyshire (some aspects training safeguarding team), Edinburgh, Haringey (child protection conferences to ensure focused on risk as well as protective factors), Reading

**Using it routinely = 10**
How it is used (2011)

Used in Child protection

Coventry, Gateshead, Torbay (for an appreciative inquiry and CP cases)

Gateshead Council Referral and Assessment team have been using Signs of Safety approach to their work since 2002. Gateshead LSCB has now endorsed the Signs of Safety methodology to be used across the work of the social work teams, by other professionals working in partner agencies and in Gateshead LSCB child protection conferences.

In Coventry frontline staff are trained in the Signs of Safety model and apply the techniques routinely in child protection meetings in multi-agency and single agency settings. This developmental work has been undertaken with the assistance of Viv Hogg from Gateshead. Whilst recognising the power imbalance between families and professionals within the child protection arena, the ‘Signs of Safety’ model aims to foster an environment which maximises the potential for collaborative working and build more effective partnerships with parents, children and young people, a balanced understanding of risk, and achieve realistic and measurable outcome-focused plans.

In Torbay they have used in as have recently commissioned an Appreciative Inquiry as an alternative to a SCR. In this arena the ‘signs of safety’ approach was utilised. This has raised the understanding with a few involved and was well received. Knowledge wider than this group is limited. Steve Beety has used in child protection cases for last 12 months.

Mainly child protection conferences, but also other CP work

Brent, Hackney, Oxfordshire (trialling its use), West Berkshire

West Berks = Developed Strengthening Families Framework and used particularly with child protection conferences. All social work teams (to a greater or lesser extent) use the framework as does the Family Resource Service – when appropriate to do so. Similarly a variant of the framework used in child protection conferences is also often used in team around the child meetings.

Bracknell Forest = used for CP conferences, in core assessments, child in need and child protection, CSC teams, 5 teams and 30 staff. Useful to assess risks and strengths.

Brent = used for CP conferences and use the 5 categories for analysis in RandA, initials, cores, S47’s and reports. Child in need and CP. 5 locality teams, 4 care planning teams (courtwork), 3 child disability teams and CAT teams.
**Named nurses**

Doncaster/Rotherham

The Named Nurses use the Signs of Safety model to document safeguarding supervision with health visitors and school nurses. We use the model to work with parents to document requested change or demonstrate that change is not happening. As a working tool it provides evidence at case conference, core group and group supervision sessions.

**Family assessment development services**

Portsmouth

**Not able to categorise yet, but have replied yes = 8**

Barnet, Blackburn with Darwen, North Somerset (being trialled), Northumberland, North Yorkshire, Rochdale, Solihull, Westminster

**Some evidence from internet/nspcc contacts might be using/non England also included = 5**

Bristol, Newcastle, Notts County, Brighton–Hove, Western Health and Social Care Trust NI.

**Summary of how it is being used in 2011**

Results from the survey in 2011 found Signs of Safety has been used by some local statutory Children’s Social Care Services throughout the referral and assessment process and as an assessment tool for Initial and Core Assessments. There is a variation in the way the approach is being adopted locally. A number of local authorities have adopted the approach across all levels of their referral and assessment procedures; while others have had some practitioners trained in the approach and have adopted elements of the approach into their ways of working. In some local authorities the Signs of Safety approach is being used for Appreciative Inquiries. Part of the Signs of Safety framework, an Appreciative Inquiry differs from a traditional Serious Case Review (SCR) through an appreciation of good practice and by focusing on achievements, rather than problems. The appreciative inquiry is similar to action research approaches in the social sciences. This is believed by the local authorities using the approach to create a learning culture where success is celebrated (CWDC 2009).

The ‘solution focused’ approach and ‘signs of safety’ model can support team around the child (TAC) practitioners. For example, in Newcastle practitioners can initiate a single or multi-agency group supervision and ‘signs of safety’ consultation when a TAC process has stalled (CWDC
There was also evidence in our survey of local authorities of the Signs of Safety approach being used by health practitioners when working with vulnerable children and families— for example by named nurses.

The Signs of Safety approach has also been used in the third sector by a number of Barnardos projects. The Polepark Family Service in Dundee uses the approach in their work with children families affected by abuse and neglect. Another Barnados project in Rotherham, use the approach to work with children and young people displaying Sexually Harmful Behaviour (Myers 2005). Children’s services in Aberdeen City also indicated in response to our survey that a Barnardos project in their area uses the Signs of Safety approach.
Appendix 2: Geographical development of Signs of Safety (as of May 2011)

2 prominent strands of development seem to have occurred geographically over time. Many of the local authorities refer to learning and links to others and so similar uses seem to occur across the country. Two of the most prominent developments come from: 1) from the work of Gateshead and 2) from the work of West Berkshire and Strengthening Families.

**Gateshead**

Gateshead Council Referral and Assessment team have been using Signs of Safety approach to their work since 2002. Gateshead LSCB has now endorsed the Signs of Safety methodology to be used across the work of the social work teams, by other professionals working in partner agencies and in Gateshead LSCB child protection conferences.

Viv Hogg lead on this work. She also helped Coventry implementation. Other areas in Northern England seem to have developed with help from Gateshead and training by John Wheeler.

**Strengthening Families West Berkshire – Child Protection Conferences**

West Berkshire seem to have started this strand of development using Signs of Safety in child protection conferences. Work in West Berkshire was also influenced by an approach developed in Olmsted County, Minnesota. West Berkshire have videos and documentation about the approach available on their website:

www.westberks.gov.uk/strengtheningfamilies
or www.westberks.gov.uk/cpconference

West Berkshire run events to showcase the model attended by child protection managers and conference chairs from around the country.

Brent manager visited West Berkshire and liked approach so introduced.

Also have links with Haringey and Hackney.

Brent and Joseph Davenport talk at public conferences about it. Also carry out mock case conferences with people from around the country coming to visit.

Had contact with Peterborough and Oxfordshire who have recently or are about to trial.
Use of Signs of Safety in Scotland and Northern Ireland

List of Local Authorities who responded to the survey are:

- Orkney – Yes (no response to follow up survey)
- Angus – Yes (no response to follow up survey)
- Aberdeen City – Yes (but via a Barnados project)
- West Dunbartonshire – No
- East Renfrewshire – No
- Shetland Islands – Wouldn’t say
- Scottish Borders – No
- North Lanarkshire – No
- South Lanarkshire – No
- Glasgow – No
- East Lothian – Yes
- West Lothian – No
- Aberdeenshire – No
- Moray – No
- Inverclyde – No
- Highlands – No

We also know from the Signs of Safety website that Edinburgh is also using Signs of Safety.
Appendix 3: Topic Guide for Interviews – Signs of Safety

General – how long been using in team, who using

• What is your job role?
• How long have you been using the Signs of Safety approach?
• When were you trained? By who?
• How many people in your team or workplace are using the approach? Who using?

How using/types of cases

• How are you using it? With what types of cases?
• At what stage are you using it?
• Do you use it with cases of neglect? How has it worked?

What parts of package using/which tools

• What parts of the Signs of Safety package do you use? … practice elements … scaling questions? Assessment and Planning form? How have you found using this? What difference has it made?
• Check what tools using? How have you found using them? What has facilitated practice? Any examples?

General perceptions advantages/disadvantages

• How have you found using it?
• How does it fit with the common assessment framework?
• What have you found particularly useful? What parts made the difference?
• Do you think effective partnerships and working with parents/carers is more likely to lead to better child protection? Why? Can you think of any examples?
• What are the advantages of using it?
• In what ways has using Signs of Safety made a difference to your work/cases?
• How has it improved practice? In what way? What made a difference?
• What are parents/carers perceptions of it?
• How have you found using it working with children?
• Has your use of it evolved over time? Why? In what way?
• Can you think of any cases where it has made a big difference? Why? (esp in relation to neglect)? Can you think of any examples of good practice? What do you think was important about how the case was handled?
• Are there any disadvantages to using sof’s? Any way these could be overcome? How could you move on from there? Do you think it effectively measures risk to the child?
• Do you think there are any cases you couldn’t use SoS with?
• Is there anything it doesn’t cover? For instance how comprehensive is it for carrying out the assessment framework?
• What elements of Signs of Safety would you say are essential? Why?

Management/Supervision
• Do you have a system of management/supervision for those that use SoS in the team?
• What do you think is the best way to ensure effective use of SoS across a team/organisation?
• What methods have worked to improve good practice in terms of supervision/management?
• Have you come across any problems? How overcome? How did you move on from there?
• If you could improve, how you use it as a team, what would you do differently?

Training
• How did you find the training for SoS? What worked well?
• How could it be improved?
• What would you add to SoS training/guidelines if you could?

Communication other teams/multiagency partners
• How does the approach fit with multi-agency working? How do you incorporate other agencies? How has that been?
• What do other professionals think about it (e.g. police?)
• What communications have you had with other teams/LA’s about SoSafety?
• How has it been useful linking up with others? What difference has it made?
• What other teams/organisations would you like to link with?
Evaluations

• Have you carried out any evaluations?
• What have the results been?
• Is it possible to get a copy?
• Are you going to carry out any in the near future?
• What do you think would be needed to carry out a thorough evaluation and test the approach?

Closing/general

• What would you say to Andrew Turnell as suggestions for how to improve the model?
• Anything else you’d like to add that we haven’t covered and you feel is important to say about Signs of Safety …
In the 19 years since its design and development, the use of the Signs of Safety model has become widespread internationally and much interest has been generated about its potential in the field of child protection. In 2012, at the time of writing this report, the Signs of Safety approach is being used in at least 50 jurisdictions in 12 different countries across Australasia, North America and Europe. Due to this widespread interest and use of the model internationally, in 2011 and 2012 the NSPCC Neglect Theme commissioned further research to explore how widespread its use is across England, what is known about the model and its effectiveness in the research literature. Practitioners using the model were asked (in a series of interviews) about its use and the advantages and disadvantages of the model. This report provides a summary of these findings along with a clear description of the Signs of Safety approach, its underlying principles, tools and assessments and a discussion of what would be needed to test the model more thoroughly and take forward our understanding of the approach. It is of particular relevance in the context of recent policy such as the Munro Review of Child Protection whereby the professionals’ use of evidence based practice and research is outlined as a recommendation.

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The Signs of Safety trademark and brand distinguishes the unique approach to child protection casework and organization first created and described in 1994 by Andrew Turnell and Steve Edwards. The trademark and brand is used in this report with the permission of the owner. More information and a full list of accredited trainers and organizational consultants is available at www.signsofsafety.net