



Department  
for Education

# **Evaluation of MTM's Signs of Safety Pilots**

**Evaluation report**

**October 2020**

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## Acknowledgements

We should like to thank all those members of staff in the 5 deep dive pilots who cannot be named for reasons of confidentiality but who gave their time and shared their experiences. Similarly, we are indebted to the social workers in the teams in the 4 sites who facilitated access to the families with whom they work and then allowed one of the team to accompany them on visits, and to the families who allowed us into their homes. Many others across all the pilots responded to queries about data and other arrangements, as did Maria Devine, MTM's researcher.

We should also like to thank our colleagues Dr Biman Chakraborty of the School of Mathematics, University of Birmingham, and Dr Philip Green of the Children's Mental Health Services Research Center, University of Tennessee, for their expertise and assistance with elements of the quantitative analysis, as well as Professor Yuhwa Eva Lu of the Silver School of Social Work, New York University who generously gave permission for the use of the Clinical Competence-Based Behavioral Checklist (CCBC) for social work. We are also grateful to Dr Duncan Helm of the University of Stirling who work with us on adapting the CCBC for application on this side of the Atlantic. In addition, Hampshire County Council Children's Services kindly allowed us to use their Family Feedback form.

What Works for Children's Social Care would like to thank the National Pupil Database team, Children in Need team and Children Looked After team at the Department for Education, and the Secure Research Service at the Office for National Statistics, which provided access to the data. We are also grateful to local authority colleagues at the pilot and matched local authorities who provided more context, and MTM for their input on the choice of variables and comments.

At various points in this evaluation we received support and advice from officials in the Department for Education (DfE) and from Opcit Research. We should like to thank Michelle Harrison and Katharine Thorpe of the DfE and Dr Ana FitzSimons of Opcit Research for their helpful comments on an earlier draft of this report.

Finally, big thanks to Ann Banks of First Impressions who transcribed the output from interviews and focus groups and to Janet Robinson in the NIHR Policy Research Unit in Health and Social Care Workforce at King's College London who prepared an earlier manuscript and to William Baginsky of In-edit for his patience and attention to detail in finalising this version.

## Key messages

Signs of Safety (SofS) is a framework for child protection practice consisting of principles based on conceptual and practice elements. It was developed in Western Australia during the late 1980s and 1990s and is described as a strengths-based, safety-organised approach to child protection casework. There is a need for robust evaluations of SofS for 2 reasons. The first is that there has been an absence of evidence of its efficacy (Sheehan et al., 2018 and Baginsky et al., 2019), with some evaluations that are most often referenced failing the test of independence (see Oliver, 2014 and Gillingham, 2018). The second is that despite the evidence base for SofS not yet being strong, work conducted during this evaluation found that it is being used in some form in two-thirds of local authorities (LAs) in England.

The Round 2 evaluation provided the opportunity to develop a multi-method approach to evaluating SofS, including an in-depth exploration of 5 of the pilot sites (deep dives), a staff survey, an examination of assessments, a contrast study, an analysis of national outcomes data at an LA level and a difference-in-differences analysis. None of the different strands of analysis found significant and robust improvement across outcomes in relation to practice, staff wellbeing and retention, or the removal of children from their homes. The quasi-experimental approach found no moderate or high strength evidence that SofS positively affected the outcomes for children and families. Furthermore, the qualitative work found that the visible changes observed seem to be down to good leadership rather than the programme itself.

There was a lack of consensus across the pilots on the nature of SofS. While some viewed it as a practice framework, others viewed it as one element of a wider practice framework that might encompass various approaches such as reflective and systemic practice and trauma informed practice. There were practitioners who saw it as a way of working differently with families, referring to it as a value system or overarching approach. But there were also those who described it as an assessment tool or an assessment structure, and some viewed it as a tick box exercise by which they navigated their recording systems.

MTM's vision of SofS supporting whole system change towards a prevailing culture that was both less procedural and less compliant was not a priority across most of the pilots, with only 1 of the 5 deep dive pilots viewing system change as an immediate goal. The fifth was the pilot shown in this evaluation to have made most progress in embedding SofS. Senior managers believed the national organisation around SofS led to more, rather than less, prescription. They also believed they had made significant progress on their journey of change by taking ownership of it and developing a model that fitted their context.

# Executive summary

## Introduction

Munro, Turnell and Murphy's (MTM) Signs of Safety (SofS) project was supported through Round 2 of the Department for Education's Children's Social Care Innovation Programme (Innovation Programme hereafter). The project was originally funded during Round 1 as the first Signs of Safety pilot. It received further funding in Round 2 to allow more time to implement and realise outcomes, test innovations and further assess value for money and long-term sustainability.

## The project

Signs of Safety (SofS) is a strengths-based approach to child protection casework developed in Australia in the 1990s. It has been widely adopted in many countries, despite the very limited evidence base that exists (Sheehan and colleagues, 2018 and Baginsky and colleagues, 2019). The King's College London team evaluated the Round 1 MTM SofS project and concluded that there was no evidence to link SofS with improved outcomes.

SofS is underpinned by a commitment to work collaboratively with parents/carers and children to conduct risk assessments and safety plans that focus on a family's strengths, resources and networks. The format for assessing both danger and strengths/safety is known as a mapping, consisting of 3 elements: what is working well, what child protective services are worried about, and what needs to happen.

MTM claim that international evidence (such as Idzelis Rothe et al., 2013) shows that when an organisation adopts SofS:

- families and children feel more empowered, are better able to understand children's services' concerns and requirements and so are better able to address the concerns for more effective outcomes and reduced re-referrals
- practitioners report greater clarity, job satisfaction and commitment, leading to improved staff retention and reduced absenteeism
- the number of children removed from families reduces as the number of families being supported intensively increases and there is greater confidence to close cases.



## The evaluation

The evaluation used a multi-method approach that included a deep dive into 5 of the 9 pilots,<sup>1</sup> a staff survey, an examination of assessments that had been conducted, a contrast study examining practice in 2 SofS and 2 non-SofS children's service departments (CSDs), an examination of plans and profiles, and an analysis of national outcomes data at LA level, including an individual-level difference-in-differences (DiD) analysis.

The central questions that the evaluation was commissioned to examine were on:

- implementation and fidelity
- effectiveness and outcomes in relation to:
  - workforce outcomes
  - quality and duration of assessments
  - outcomes for children/families in terms of the likelihood of cases being re-referred and of the use of kinship placements rather than out-of-family placements
- cost benefits.

## Key findings

### Implementation and fidelity

The 5 deep dive pilots had:

- made changes to their recording systems to reflect SofS. Only one had opted to buy the licence to use the system developed by MTM with Liquidlogic and Servolec but by the end of the evaluation it was not yet in place.
- reviewed and revised case audits to make them collaborative, although most had concluded that in the long term they wanted to develop their own approach rather than use the dashboard produced by MTM which was viewed as being overly prescriptive.
- increased the number of safety plans to inform practice, as well as increasing the application of the elements of SofS (at least in case notes) but again this varied across the pilots.

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<sup>1</sup> There were originally 10 pilots, but 1 pilot left the programme halfway through and has been excluded from the evaluation.

- accessed a substantial amount of training offered by MTM. Feedback from social workers was positive but there was a request, repeated from Round 1, for the 5-day training to be channelled into 3 days. The pilots were now offering their own 2-day training and one pilot had devised a whole training offer which made it self-sufficient.
- adopted the role of practice leaders (PLs) who received regular training from the attached consultant/trainers. However, there was considerable variation both in the expectations placed on PLs across the pilots and the commitment which PLs made to the training and to supporting colleagues.
- sent a large number of staff on Family Finding training which was well received but, even at the end of the evaluation, pilots were struggling to cascade the training and decide on the most appropriate use to make of it in practice.
- profiled their position on organisational culture, practice issues, learning, processes and leadership at the start of Round 2 and where they thought they would be by the end, producing 'scores' that were in line with the overall findings from the evaluation. The strongest areas were pilots having a clear commitment from management to SofS; feeling they worked in a safe organisation; and informing, involving and listening to children.

The implementation of SofS varied markedly across the LAs, as did usage of its components. There appeared to be a lack of consensus around what SofS is and how to use it. Moreover, rather than a decreasing level of prescription, as originally envisaged by MTM, there appeared to be an increase, with additional requirements in relation to recording and process.

## Effectiveness and outcomes

**Workforce outcomes:** There was no evidence from the staff survey nor the analysis of national data to suggest that SofS had resulted in improved staff wellbeing or retention. Around half of social workers in 4 pilots that completed the survey thought turnover was a problem within their authority and around 1 in 5 were planning on leaving their job within the next 2 years.

**Quality and duration of assessments:** There was no evidence from case file reviews that more detailed application of SofS led to more thorough assessments. Neither were assessments in cases which did not follow SofS so closely generally any poorer, although this is based on a very limited exercise conducted on 18 cases that could be reviewed independently. From the quantitative analysis of LA-level data, there was evidence to suggest that the average duration of assessments increased between 2014/15 and 2018/19 in pilot sites, more than in their statistical nearest neighbours (SNNs), but this appears to have been caused by changes in 2 of the pilots (Pilots 1 and 2) following work with external consultants unrelated to SofS work and was not a

systemic change. These findings were confirmed by the individual-level DiD analysis which found no clear evidence on the impact of SofS on the duration of assessments.

**Outcomes for children/families:** The individual-level DiD analysis found no moderate or high strength evidence that SofS decreased the probability of a child being re-referred within 6 months; no moderate or high strength evidence on the impact of SofS on the probability of a child being re-referred and their case escalating; moderate strength evidence that SofS decreased the probability of looked after children going into kinship care (compared with non-kinship care). These findings suggest that SofS reduced the probability of kinship care compared with non-kinship care, contrary to the aims of the programme, and an absence of moderate or high strength evidence on the remaining outcomes. The secondary analysis suggests the limited impact of SofS is not the result of varying degrees of embeddedness or the quality of delivery but remains similar even when accounting for these factors.

With LA-level data, although the number of children in need was lower in pilots than in SNNs throughout the assessed period, there was no evidence of a change over time. Pilot sites also had fewer ICPCs and CP plans than their SNNs, although this had been the case in each of the previous 5 years. The number of looked after children was significantly lower in pilots than the SNNs; however, there was no significant change over time and 6 of the 9 pilots had seen an increase in the number of looked after children over the previous 5 years. These findings suggest SofS had no impact on numbers of children in need/looked after children at the authority level.

During observation of practice in the contrast study no differences were noted between SofS and non-SofS sites on any of the indicators used. However, there were indications that restorative practice in one of the contrast sites had more impact on social workers' interactions with families. Evidence from both the Yatchmenoff Client Engagement Scale and the Working Alliance Inventory showed no significant differences between parental involvement in pilot and contrast sites, although overall clinical and professional competence across the 4 sites was linked to more collaborative relationships between social worker and parent. The extent to which SofS was used by social workers had no significant impact on this relationship.

## Cost benefits

The majority of reported expenditure was on staff working directly on SofS implementation, with LAs reporting that around 75 per cent of the overall spend on SofS was on staffing costs (including those involved in project management), with training the other major cost. Many of the costs reported for implementation are expected to continue, with ongoing training required due to staff turnover and IT development being 2 of the major costs. Without external funding it is unclear to what extent the observed levels of expenditure are realistic and sustainable over the longer term.

## Lessons and implications

Adopting SofS may contribute to strengthening an agency, but it is just one part of what is required to improve outcomes for children, young people and their families. It may lead to more consistent recording of cases but there is no evidence that it leads to consistent and improved practice. Of the 8 pilots that had been in Round 1 and Round 2 by the end of 2019 only 2 were judged by Ofsted to be 'good' or 'outstanding' for children in need of help and protection. As the contrast study showed, there are indications that other approaches may be more successful in engaging families. From the LA-level analysis, we found no evidence at the present time to support the Theory of Change (see Appendix 1) and the expected outcomes. There is no moderate or high strength evidence for positive changes in outcomes in the individual-level analysis, and this is alongside a reduction in kinship care, contrary to expectations in the Theory of Change. In summary, we found little evidence to support the claim that SofS leads to better practice or reduced risk for children.

# Section 1: Overview of the project

## Project context

Signs of Safety (SofS) is a strengths-based approach to child protection casework developed in Australia in the 1990s, but since then adopted across North America, Australasia, Asia and Europe. The intention is to work collaboratively with parents/carers and children to conduct risk assessments and safety plans by focusing on a family's strengths, resources and networks. The format for assessing both danger and strengths/safety is known as a mapping, consisting of 3 elements: what is working well, what child protective services are worried about, and what needs to happen.

Munro, Turnell and Murphy (MTM) was funded by Round 1 of the Innovation Programme to work with 10 English LAs to support the implementation and/or development of SofS.<sup>2</sup> This work received further funding in Round 2 to allow more time for implementation, realise outcomes and test innovations. In addition, value for money and long-term sustainability could be further assessed. During the Round 1 evaluation, managers and social workers were very positive about SofS and thought that progress had been made in introducing the tools and, to some extent, the approaches into work with families (Baginsky et al., 2017). There was, however, considerable variation across and within pilots on the use of different aspects of SofS. Where SofS had been in place for longest, families (parents and children) were more likely to be positive about their contact with social workers and agree that they shared goals and aspirations. There were areas identified by the evaluation team which needed to be addressed. These included parents' lack of clarity over the criteria by which their progress would be assessed, absence of evidence that planning was used effectively as cases proceeded and the two-fifths of assessments using the SofS template that failed to meet quality criteria.<sup>3</sup>

Analysis of 29 outcome indicators from national data collections was also undertaken in the Round 1 evaluation, comparing data from pilot sites and their statistical nearest neighbours (SNNs) over the previous 5 years. It emerged that the rate of assessments (per 10,000 children) was significantly lower in pilot sites than their SNNs.

At Round 1, there were also significantly lower rates of initial child protection conferences (ICPCs), lower numbers of children who were the subject of child protection plans (CPP), lower rates of section 47 enquiries and shorter duration between the start of section 47 enquiries and ICPCs in the SofS pilots compared to their

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<sup>2</sup> Brent, Bristol, Leicestershire, Lincolnshire, Norfolk, Suffolk, Tower Hamlets, Wakefield, West Sussex and Wokingham.

<sup>3</sup> A template to measure quality was developed by the evaluation team in consultation with experienced social workers who had used Signs of Safety for a number of years (see Baginsky et al., 2017).

SNNs. However, there was no significant change over time (over the period 2014/15–2018/19) in any of these outcomes measures between pilot sites and SNNs.

There was no evidence that within a 6-month period following the end of CPPs re-referral rates were different from those prior to the introduction of SofS. Although the data collected from families using interviews and standardised instruments and from an analysis of case records showed some positive trends, they did not confirm consistent improvements. The analysis of expenditure ratios did not suggest that SofS had brought about sufficient practice and system change to influence overall expenditure patterns. This work, together with reviews of other national and international studies, led to the conclusion that in the previous evaluation there was not a robust evidence base for SofS that was clearly linked with improved long-term outcomes (Baginsky et al., 2017, 2019). The Round 2 evaluation sought to address this gap.

## **Project aims and intended outcomes**

MTM's proposal for funding at Round 2 claimed that practitioners' ability to deliver quality, timely SofS services always depend on the level of support and alignment their agency provides around practice. MTM paired the SofS 'Practice Theory of Change' with the SofS 'Organisational Theory of Change' in order to recognise that the ability of practitioners to deliver 'quality and timely SofS services' depends on their agencies providing an appropriate level of support to align practice and systems (see Appendix 1). The theory of change for practice proposes that if all SofS practice methods are used by practitioners to work collaboratively with children, parents and their network, the child's safety, wellbeing and life success will significantly improve. The organisational implementation theory of change states that when SofS practice methods and the organisation's learning, measurement, alignment and leadership methods are implemented across the whole agency it creates a continuous organisational learning system built around the practice approach and focused on service delivery. When every tier of the organisation, from field staff to the head, is engaged in the learning system the agency will secure significantly increased staff pride and ownership of its practice and improved outcomes for children.

The proposal claimed that, based on international evidence, where SofS was applied:

- families and children<sup>4</sup> feel more empowered, are better able to understand children's services' concerns and requirements and so are better able to address the concerns for more effective outcomes and reduced re-referrals
- practitioners report greater clarity, job satisfaction and commitment leading to improved staff retention and reduced absenteeism

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<sup>4</sup> It was never planned to collect any data from children during this present evaluation.

- the number of children removed from families reduces as the number of families being supported intensively increases, including greater confidence to close cases.<sup>5</sup>

There is also a statement that '[Based] on the published data and the value for money (VFM) report for the first wave EIP [English Innovation Programme], it is reasonable to aim for 20 per cent shifts in these outcomes within the 2 years of the project.' The VFM report referenced is one authored by MTM during Round 1 and not the cost study conducted by the independent evaluators, which found no indication that SofS had brought about sufficient practice and system change to influence overall expenditure patterns.<sup>6</sup>

## Project activities

Although all but one of the pilots had been involved in Round 1, they reported that they had maintained little or no contact with MTM between the 2 phases. The Round 2 project started in September 2017 and because of the prior involvement with most of the pilots was able to launch its activities within the first 2 months. MTM was commissioned to:

- provide support to the 10 pilots to complete their implementation processes in relation to key areas of practice<sup>7</sup>
- develop the existing quality assurance system by adding a dashboard to monitor application of the practice methodology in all cases
- introduce an ICT case recording system aligned with SofS
- provide access to the SofS Knowledge Bank
- develop a case learning lab in one of the pilot areas
- provide intensive training on 'Family Finding'<sup>8</sup>

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<sup>5</sup> This evidence has been questioned by Sheehan et al., 2018 and Baginsky et al., 2017.

<sup>6</sup> Paper by Dennis Simpson for MTM entitled 'VFM\_DS Final' is available from Elia ([www.elia.ngo/home-en](http://www.elia.ngo/home-en)).

<sup>7</sup> Tower Hamlets left before Round 2 commenced and was replaced by the London Borough of Bexley. Wakefield was part of Round 2 until January 2019 when it left. The views of senior staff in these 2 areas are reported in Appendix 6.

<sup>8</sup> A practice model designed to link children in care with members of their own family. See [www.familyfinding.org](http://www.familyfinding.org)

- manage support by Lincolnshire Children's Services as part of the Partners for Practice initiative<sup>9</sup>
- conduct action research across the 10 pilots.

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<sup>9</sup> The Partners in Practice (PiP) programme ran alongside the Innovation Programme and linked local authorities with each other and with central government to share and support good practice.



## Section 2: Overview of the evaluation

### Evaluation questions

The central questions that the evaluation was commissioned to examine were:

1. Implementation and fidelity
  - Are the steps taken to align quality assurance (QA) and IT systems with SofS practice reflected in improved case recording compared with March 2016?
  - To what extent has support from MTM enabled pilots to complete their implementation processes in relation to key areas of practice?
  - Is safety planning undertaken at all stages of families' contact with social workers?
2. Effectiveness and outcomes
  - Workforce outcomes: Do social workers report greater clarity, job satisfaction and commitment, and is this linked with improved retention and reduced absenteeism?
  - Practice outcomes:
    - Are there indications that the quality of assessments improves between March 2016 and March 2020?
    - Is there a connection between SofS and improved practice?
    - Is there a connection between SofS and improved outcomes for families?<sup>10</sup>

Outcomes for families were examined using national data sets to look at rates of children in need, assessments, child protection conferences and timing of section 47 enquiries in relation to ICPCs.

What Works for Children's Social Care (WW-CSC) was commissioned by the DfE to address questions arising from the Round 1 evaluation report (Baginsky et al., 2017). These were:

- What, if any, is the impact of SofS on the duration of assessments?
- What, if any, is the impact of SofS on the likelihood of an ICPC for children who have already been assessed and whose case is designated open?<sup>11</sup>

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<sup>10</sup> It had been intended to explore if there was evidence in case records of building safety networks and their continuance in family contacts but for reasons explained in the report the case record analysis had to be reshaped.

<sup>11</sup> This report does not discuss this outcome because the data available to the researchers did not pertain to the relevant information. The analysis of this outcome will be added in an addendum to the report.

Based on discussions with MTM it was agreed that they would also investigate three secondary evaluation questions:

- What, if any, is the impact of SofS on the likelihood of a case being re-referred if it has previously been assessed as 'no further action' (NFA)?
- What, if any, is the impact of SofS on the likelihood of a re-referral leading to a child protection plan (CPP) or to a child becoming looked after (LAC)?
- What, if any, is the impact of SofS on the likelihood of a child receiving kinship care instead of non-kinship care?<sup>12</sup>

### 3. Cost benefit

- What are the costs of implementing and maintaining SofS in the pilot areas?
- What are the cost-saving implications of changes in outcomes?

## Evaluation methods

The fieldwork for the evaluation and the dataset and cost analysis were conducted between April 2018 and March 2020. The DiD analysis continued until September 2020. Full approval for the project was granted by the GSSHM Research Ethics Panel, King's College London (REP/14/15-80). While some data were collected by the evaluation team across the 9 pilots, the qualitative data collection relating to implementation was funded to take place in only 5. Sampling of these deep dive pilots was not required as 3 pilots declined to participate in this element because of the pressures they were under. Of the other 2, 1 had not been involved at Round 1 so would have introduced some inconsistency and as the other was providing support through the Partners in Practice initiative we did not wish to add to the burden. The involvement of each pilot in the different exercises is set out in Table 1.

The evaluation's logic model is included in Appendix 2. The logic model sets out how the project's theory of change, represented in the key components, has been evaluated.

There are references in the report to T1, T2 and T3. The 5 pilots (referred to as deep dives) in the qualitative study are examined at T1 (April–June 2018) and at T3 (December 2019–March 2020). The contrast study has data from T1 (June–July 2018), T2 (March–May 2019) and T3 (October 2019–February 2020).

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<sup>12</sup> The research questions have been rephrased for clarity. Please see the research protocol for the original research questions Clayton, V., Sanders, M., Schoenwald, E. and Leroy, A. (2019). *Signs of Safety Evaluation Extension*. What Works for Children's Social Care. <https://whatworks-csc.org.uk/wp-content/uploads/WWCSC-Signs-of-Safety-Trial-Protocol-updated-v2.pdf>

Most of the work focused on statutory social work but some Early Help workers joined a few focus groups and in 2 authorities focus groups were devoted to Early Help workers. The data from these groups are identified at the appropriate point.

**Table 1: Key to pilots' involvement in various stages of the evaluation<sup>13</sup>**

Pilot no.	Deep dive	Staff survey	Examination of assessments	Contrast study	Plans provided	Profiles	National outcome data	Cost	DiD analysis
1	✓	✓	✓	x	✓	✓	✓	T2 only	✓
2	✓	x	x	x	Incomplete	✓	✓	x	✓
3	x	x	x	x	x	✓	✓	✓	✓
4	x	x	x	✓	Incomplete	✓	✓	✓	✓
5	x	x	x	x	✓	✓	✓	✓	✓
6	x	x	x	x	Incomplete	✓	✓	✓	✓
7	✓	✓	✓	x	Incomplete	✓	✓	T1 only	✓
8	✓	✓	✓	x	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	Incomplete	✓	✓	x	✓

The central questions that the evaluation was commissioned to examine are examined under 3 headings: Implementation and fidelity, Effectiveness and outcomes and Cost benefit study.

## Implementation and fidelity

An examination of the degree to which implementation and fidelity had improved or not since Round 1 was captured in the following ways.

- A tool designed in Round 1 (Profiling tool) by the evaluation team was used to assess the perceptions of strategic leads across the 9 pilots at T1 and T3 (see Appendix 3)
- A tool (Mapping the Future) was developed by the evaluation team for use with those attending focus groups to capture their perceptions of the T1 position on progress on implementing SofS and where participants would want to be at T3 (see Appendix 4). Their assessments were then collected 'blind' at T3 (90 at T1 and 83 at T3).

<sup>13</sup> A tick means the pilot participated in that element of the evaluation and an x means they did not.

- A framework based on MTM's reporting template was developed to track the implementation of SofS in all 9 remaining pilot sites against their implementation plans.
- In all 5 of the deep dive pilots, interviews were conducted at T1 (n=21) and T3 (29) with key individuals including directors/assistant directors, principal child and family social workers, as well as with service and workforce leads. Focus groups were also conducted at T1 (n=15 involving 105 individuals) and T3 (n=11 involving 95 individuals) with senior leaders, social work managers, social workers, as well as family support workers, Early Help workers and, occasionally, representatives of other agencies.
- The quality of SofS recording and assessments (T3) was analysed – 30 case records across 4 of the 5 deep dive pilots.
- A contrast study was undertaken to examine any impact of using MTM's SofS Framework compared with authorities adopting other frameworks (2 SofS sites [Pilots 4 and 9] and 2 contrast sites) on:
  - a. team culture using the Organisational Social Context (OSC) measure (Glisson, 2007 and Glisson et al., 2006)
  - b. interactions with 60 families using Clinical Competence-Based Behavioral Checklist (CCBC, an instrument adapted by Professor Lu and colleagues of New York University (Lu et al., 2011))
  - c. perceptions of families measured by a series of instruments (see Appendix 5)
  - d. self-reporting by social workers on usage in the 2 SofS sites in the contrast study.

Visits to the 4 sites were at T1, T2 and T3 although, as it was necessary to bring in a new SofS site, visits to that pilot were concentrated into T2 and T3.

## **Effectiveness and outcomes**

- Workforce outcomes were measured using a staff survey completed by social workers in 4 deep dive pilot areas (between November 2018 and May 2019) and informed by other data collected from the pilots and national datasets.
- Practice outcomes were based on observations of practice and assessments by parents during the contrast study.
- Family and child outcomes were explored by drawing on data from the contrast study, parental feedback during the contrast study and national data sets.
- Any impact on the duration of assessments, incidence of re-referrals, incidence of re-referrals followed by a CPP or LAC plan, and likelihood of kinship care were

examined using a DiD analysis undertaken by What Works for Children’s Social Care (WWCSC), using individual-level data from the National Pupil Database.

- Ofsted judgements from 2014 until 2019 were analysed.

## Cost benefit study

- The costs of implementing and maintaining SofS within the 9 pilot areas were explored by using 2 cost surveys sent to the SofS leads in each pilot site in December 2018 and November 2019.
- The cost-saving implications involved an analysis of outcome data on national datasets with the intention of estimating savings from changes in outcome via unit cost data.

## Changes to evaluation methods

A number of changes and amendments were made to the original methodology.

- In order to determine which English LAs were not using SofS, to allow comparison sites to be identified for the contrast study and analysis of outcome data, a survey was sent to 148 LAs<sup>14</sup> and 128 replies (86%) were received.
- The MTM proposal stated that the ‘internal action research and external evaluation will be co-designed to maximize the ability to learn about how SofS works, for whom and under what conditions’. Given that the pilots had responsibility for that data collection and approached it in different ways, the evaluators did not co-design or pursue the offer to access these data. It would also have compromised consistency in methods and the independence of the team, when many of the evaluations SofS have been criticised for a lack of independence (Oliver, 2014 and Gillingham, 2018).<sup>15</sup>
- We extended the methodology to include a staff survey with the 5 deep dive pilot sites, but 1 pilot declined to participate.
- As we were only examining 5 of the 9 pilots in Spring 2019, we invited all the pilots to a workshop to discuss the evaluation and to capture their experience of participating in the project up to that point.
- The intention had been to examine 10 case records in each of the 5 deep dive pilots and allow some comparison to be drawn with Round 1 findings. However, 1

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<sup>14</sup> Although there are more than 148 authorities, a few authorities share services.

<sup>15</sup> WWCSC did use MTM’s scoring of quality of delivery and self-reported embeddedness scores to assess whether the findings of a limited impact of SofS were the result of varying degrees of embeddedness or the quality of delivery but the results remain similar even when accounting for these factors (see Appendix 10).

authority was not able to gain consent from any families and 3 of the remaining 4 secured fewer than 10, which meant that only 30 were examined. Given the limited number of case records that were available for examination and the way in which they were selected,<sup>16</sup> it was not possible to assess how representative these records were. In addition, in Pilot 8 the evaluator was not allowed to access the records directly and had to do so working with a member of its staff. In Pilot 1 the collection had been delayed to give the pilot an opportunity to increase the number of consents. It was clear that restrictions were to be put in place around fieldwork and data collection due to COVID-19, making access to buildings impossible, and the task could only be completed virtually with a member of its staff. This meant that only 18 of the 30 were examined independently. For these reasons caution must be applied to the data and it would not be appropriate to attempt any comparison with case record data from Round 1.

- The DfE agreed to fund an increase in the number of families included in the contrast study from 36 families to 60 families across the 4 sites to allow statistical analysis to be conducted and strengthen the robustness of the study.
- The challenges associated with the contrast study are outlined in the Limitations section (below) and in Appendix 5. Although the target number of observations was achieved, the very different contexts of the families involved and the stages at which they were seen in relation to the project's timescale meant that the detailed planned exploration of assessments and care planning was not appropriate and it was replaced by a more limited exercise that examined social work interventions and parental perceptions and engagement.
- We removed 3 outcomes from the analysis of national outcome data as they did not cover the full period, data coverage was variable and initial analysis had not suggested any significant impacts in this area. We added an outcome on Special Guardianship Orders to ensure the analysis aligned as closely as possible with that being undertaken by the WWCS.
- We removed 1 of the pilot sites from the outcomes analysis due to lack of a suitable comparator.
- In view of the fact that 1 pilot from Round 1 had decided not to continue into Round 2 and another pilot left during the course of Round 2 the decision was taken to approach both to ask if members of their senior management teams (SMTs) would be willing to speak to the evaluators, and members of both agreed to do so. These interviews took place in early 2020 towards the end of the

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<sup>16</sup> In an attempt to meet the target, certain social workers were often identified to seek consent quickly when other methods had failed.

fieldwork and at a time when they had had a chance to review and reflect on their decisions. (Key points are reported in Appendix 6.)

- The intention had been to use qualitative comparative analysis (QCA) (Ragin, 2000) to explore various items in the data collected in the contrast study and case record analysis. While we were able to talk to some families after observation of social work/family interactions, during piloting it had become obvious that engagement in an interview immediately after contact with a social worker varied enormously, while completion of instruments did not seem to be impacted. As far as the case records were concerned, as explained above, we did not gain access to as many as we had hoped and so it was only appropriate to focus on whether SofS could be identified. QCA was not an appropriate analysis methodology for the standardised measures and so alternative approaches were used.

## Limitations of the evaluation

The evaluation was only funded to conduct in-depth investigation in 5 of the 10 (subsequently 9) pilots, which means qualitative information is not available on the other 4, although the quantitative analysis covered all pilot sites. A review of this limitation by the Department for Education early on in the project did not result in the inclusion of the remaining 4 pilots, but the Department did commission What Works for Children's Social Care to conduct a DiD analysis that was designed to cover the 9 sites.

Of the 5 pilots that were in the deep dive element, the fact that one received an inadequate judgement from Ofsted in the course of Round 2 meant that, understandably, attention was often focused on addressing the demands made on it and there were several parts of the evaluation in which they did not participate, namely the examination of assessments and the staff survey (see Table 1).

The contrast study was designed to compare practice in 2 authorities using SofS with 2 authorities using other approaches. The intention had been to base the SofS contrast sites in teams in 2 of the 5 deep dive pilots to maximise the opportunities for triangulating data. All the deep dive pilots were approached to participate in the contrast study and 2 agreed. It was only when fieldwork commenced in 1 that it became clear that social workers were very reluctant to participate and, at a late stage, another pilot had to be recruited, but this was not a deep dive site. It would have been interesting if Pilot 8, the strongest of all on implementation, had been involved in the contrast study but it was not possible to find a team in that pilot that would agree to take part. In the event the study was based in Pilot 9, subsequently found to be one of the weakest on implementation, and Pilot 4 which was not in the deep dive exercise. This limited the opportunity to triangulate data. Given the vacancy levels and the need to see the required number of families, it was necessary to make multiple visits with the same workers in 3 of the 4 sites, which will have influenced the findings.

Although not a limitation, it is worth noting that Pilots 1 and 2 both hired external consultants during Round 2 to support their work on a backlog of assessments. Within these sites the overall rate of assessments increased markedly from previous years and the average duration of assessments in 1 site increased from a median average of 2 working days to 32 the following year and in the other increased from 7 to 26. The resulting durations were far closer to the national average (32 days) than they had been previously, suggesting potential methodological changes in the sites themselves. This has had an impact on the exploration of outcomes on assessments, as previously identified significant differences between pilot sites and their statistical nearest neighbours were being driven by these 2 sites.

Finally, the quality of some of the data inhibited how confident we could be in the definition of the populations of 2 of the evaluation questions answered by the DiD analysis.



## Section 3: Key findings

### Implementation and fidelity

MTM's theory of change (ToC) was developed on the assumption that practitioners' ability to deliver quality, timely SofS services is always dependent on the level of support and alignment their agency provides around practice. MTM paired the SofS Practice ToC with the SofS Organisational ToC to recognise that the ability of practitioners to deliver 'quality and timely SofS services' depends on their agencies providing an appropriate level of support in order to align practice and systems. Appendix 1 provides a visual representation of the ToC. It hypothesises that if practitioners use all SofS practice methods in a timely and quality way, working collaboratively with the children, parents and their network, the child's safety and wellbeing, as well as their life chances, will improve. The organisational implementation ToC sets out the key activities to drive change in a continuous learning and development cycle implemented at all levels of the organisation and focused on learning, leadership, organisational alignment and meaningful measures. When these four elements and SofS practice methods are implemented across the whole agency, the hypothesis is that it creates a continuous organisational learning system built around the practice approach and focused on service delivery. When every tier of the organisation are engaged in the learning system the agency will secure increased staff engagement and improved outcomes for children.<sup>17</sup>

This section examines the four elements of the implementation framework: Organisational Alignment, Meaningful Measures, Leadership and Learning.

Examining the evidence around organisational alignment and meaningful measures is linked with the extent to which the steps taken to align quality assurance (QA) and IT systems with SofS practice were reflected in improved case recording compared with March 2016.

### Organisational alignment

One of the tasks for MTM was to introduce an information and communication technology (ICT) case recording system aligned with SofS. Some work on developing systems aligned with SofS was undertaken with the pilots at Round 1, but at Round 2 MTM worked with 2 software providers (Servelec and Liquidlogic) to design software to support SofS practice.

In addition to forms and templates there are tools to support organisational alignment and compliance with the model on case management supervision, performance

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<sup>17</sup> See Turnell and Murphy (2017)

dashboards and collaborative case file auditing. MTM suggested that buying into this system would be part of an accreditation programme, but the pilots were uncertain about whether accreditation was going to happen. Only 1 of the 5 deep dive pilots decided to purchase the IT system, but it had not been installed by spring 2020 as compatibility problems had still to be resolved and aspects were described by the LA as still being 'unfit for purpose'. The 4 pilots that did not buy the forms made their decision for various reasons. Because the early development work had been done in Round 1 by the pilots, they felt that they already had a degree of ownership and wanted to develop forms and systems to meet their specific needs. There was feedback that the forms themselves were repetitious and complex, still tending to use a tick box format, problems which it was assumed they had been designed to address. One pilot had held detailed discussions with the developers but then decided to develop its own system, especially as it would have had to devote IT capacity anyway. The cost of buying a licence and future renewal costs were also certainly disincentives for most pilots.

All the recording systems had been adapted to accommodate SofS but this did not mean that the constituent elements were always recorded. At Round 1, Pilot 8 had already moved to a system that was aligned with SofS practice and this continued into Round 2, with that pilot displaying the highest level of compliance of the 4 deep dive pilots where this was examined.<sup>18</sup> In contrast, while Pilot 9 had already taken steps to align its recording system during Round 1, by the end of Round 2, the quality of SofS recording was the lowest of the 4 areas examined. At Round 1, Pilots 1 and 7 had not aligned their systems and this was still being completed at the end of Round 2.

## Meaningful measures

In Round 2, the term 'meaningful measures' was introduced as a quality assurance process that incorporated measures aligned to SofS practice and involved 'measuring the breadth of the SofS practice that is occurring, the depth or quality of that practice and then its impact' (Munro and Turnell, 2020, p.28). It included collaborative case audits and a case management dashboard. The emphasis on quality assurance in Round 2 was welcomed by the pilots, especially as it was underpinned by a philosophy of questioning and appreciative enquiry which, in some areas, was said to have transformed the negative image of auditing. Pilots had worked with the MTM trainers/consultants to fit it into existing systems as they were keen to strengthen the systems in place, not adopt new ones. While they were satisfied with what emerged, it was regarded as a supplement to what were already good systems.

Many of those interviewed in the 5 deep dive pilots thought the processes around SofS had become too prescriptive, especially when they all had a range of qualitative and quantitative tools and procedures to ensure that both breadth and depth of practice

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<sup>18</sup> The fifth deep dive pilot did not take part in the survey or case record analysis.

were systematically monitored. It was the attempted shift by MTM to harmonisation with the dashboard, licensing and forms that led some senior managers to comment on the lack of consultation, the adoption of a 'one size fits all' approach and a top-down philosophy which seemed to be at odds with that espoused for working with families.

From the limited examination of case records that was possible (see Section 2), mapping was evident in all the cases accessed across the 4 deep dive pilots, although families' involvement in mapping varied considerably – in Pilot 9 it was only recorded in 1 of the 10, in Pilots 7 and 8 in half and in Pilot 1 in 5 of the 6. Danger statements<sup>19</sup> were present in all cases at Round 2, but usually only 1 statement had been developed; it was the exception for more than 1 danger statement to be listed alongside a corresponding safety goal. Safety plans were in place in every case note in Pilots 1 and 8 and in all but 1 in Pilot 7, but in only two-thirds of those in Pilot 9.<sup>20</sup> Similarly, 'existing strengths', 'existing safety' and 'safety goals' were in three-quarters of cases in Pilots 7 and 9 but in all the cases in Pilots 1 and 8. Again, it was evident that safety plans were reviewed, adapted and changed as cases progressed in Pilots 1, 7 and 8, but this appeared to happen in only half the cases in Pilot 9. The biggest difference between the pilots was in relation to Family Network Meetings. While they had happened in all cases in Pilots 1 and 8, they rarely happened in Pilot 9 and in only one-third of cases in Pilot 7. In 3 of the 4 pilots, records of Three Houses and Words and Pictures were not uploaded onto the electronic recording system, so it was not possible to record their use. Despite the absence of evidence to support the claims, senior managers and practitioners in Pilot 8 said that Words and Pictures was being used more widely and to good effect, whereas it was said to be used less consistently elsewhere.

As part of the staff survey, which drew on a larger sample, some specific questions were added on SofS usage (see Table 2) which confirm some of the findings obtained through the examination of case records. The percentage using the individual elements of SofS with all families was higher than at Round 1, with Pilot 8 having the highest level of application of SofS across the 4 pilots. The lowest level of usage of most items was recorded in Pilot 9, followed by Pilot 1. The differences noted in Pilot 1 between case record analysis and the survey could be the result of a difference in sample (with social workers perhaps identified specifically for the former). However, the difference may be explained by the survey having been conducted halfway through Round 2 and the case records examined 4 months after the end of Round 2, when leadership was in place that was more consistent, stable and committed to the model.

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<sup>19</sup> These set out what children's social care is worried about and what could happen if nothing changes, and the impact on the child/young person.

<sup>20</sup> It is worth noting, however, that in Pilot 1 the re-referral rate at the end of Round 2 was 87%, which was said to be aggravated by cases being closed too early on the basis of 'flimsy safety plans'.

There is a problem in drawing a connection between recording and practice. Many of the families in the contrast study gave permission for their case records to be examined. As in Round 1, more detailed application of SofS did not necessarily lead to more thorough assessments and neither were assessments in cases which were SofS 'light' necessarily any poorer. Similarly, it is important not to confuse consistency of language and headings with consistency of use. This was most starkly illustrated after observing practice in Pilot 9 during the contrast study. Pilot 9 was a deep dive pilot as well as one of the SofS sites in the contrast study. Most of the social workers in Pilot 9 were observed on multiple occasions with different families. There were many visits when not a single identified element of SofS was used in their interaction with families, yet social workers still recorded under SofS headings, however minimally, because the system led them to do so. One of these social workers explained the discrepancy as 'fitting an assessment into the structure rather than guiding it'.

**Table 2: Percentages of social workers reporting using various SofS elements with some or all of the families on their caseloads – from staff survey**

<b>Elements of Signs of Safety</b>	<b>Pilot 1</b>	<b>Pilot 7</b>	<b>Pilot 8</b>	<b>Pilot 9</b>
Danger statements	82%	85%	93%	87%
Signs of Safety mapping	84%	92%	86%	83%
Safety planning	90%	92%	95%	85%
Goal statements	85%	77%	90%	84%
Appreciative enquiry	74%	53%	78%	72%
Family network meetings	75%	73%	91%	60%
Words and picture documents	78%	83%	87%	63%
Three Houses (or equivalent)	84%	88%	93%	76%
Number	51	61	118	61
% of social workers in the pilot <sup>21</sup>	82%	21%	39%	42%

<sup>21</sup> Calculated using the total children's social worker headcount from the DfE children's social care workforce survey, 2019.

To explore the support offered by MTM in more detail, the qualitative data collected during the interviews and focus groups have been used to examine the remaining 2 areas identified in the Organisational Theory of Change: leadership and learning.

## Leadership

At Round 2, leadership at all levels emerged as the key to providing staff with confidence, not just in their own skills but in their organisation's willingness to support them to work in ways which could differ from how they had worked previously. In 3 of the 5 deep dive pilots (7, 8 and 9) there had been a reasonable level of stability across SMTs between Round 1 and Round 2. Contact and support from MTM continued in Round 2, although this was not at the same intensity as at Round 1, but neither was the funding to do so. Data from the cost study suggests that the time spent with MTM by senior management had reduced in Round 2 and when it happened it was not always at the right time. In Pilot 7, for example, a director from MTM had come to explain the focus of Round 2 but, according to senior managers, this had been at a time when the necessary infrastructure was not in place to make it meaningful. The Director of Children's Services (DCS) in Pilot 9 took it as a compliment that the pilot was not viewed as needing more intensive attention, although on the basis of this evaluation it may have proved valuable.

The SMT in Pilot 8 was grateful for the support provided at Round 1 but had taken ownership of the development, including training, between the rounds. Here, priorities continued to embed and extend practice in a way that reflected the culture and structure of the authority. The perceived push for greater conformity by MTM was seen to be a hindrance.

The other 2 deep dive pilots (Pilots 1 and 2) had experienced more turbulent times. In Pilot 1, since the end of Round 1, there had been 5 different directors of children's services (DCS) and 3 different assistant directors, alongside many other changes. This made it difficult for MTM to engage with senior managers for a substantial part of Round 2 and meetings that took place usually required a level of activity beyond what the authority was able to deliver. Once a permanent DCS was in post, MTM was invited to attend leadership meetings and towards the end of Round 2 bridges were said by the LA to have been rebuilt. The situation in Pilot 2 had been even more difficult. Overall, senior managers who had had contact with one of the MTM directors had found it very helpful. However, the turnover of senior managers following the 'inadequate' Ofsted judgement, and the mixture of intense reflection and pace that followed, made engagement increasingly difficult. During the last 6 months of Round 2 it was not clear if

Pilot 2 would continue with SofS. A few months after Round 2 ended a refresh of SofS was being considered and a support package had been discussed with Elia.<sup>22</sup>

To varying degrees across sites, concerns were expressed by all the deep dive pilots about the absence of experience of contemporary English social work practice at the senior levels of MTM. This was said to manifest itself in a failure to acknowledge the constraints under which LAs operated which, in turn, was said to lead to a level of disconnect between MTM's expectations and what pilots could be expected to achieve.

Pilots had more contact with their attached MTM trainers/consultants than with MTM's directors. In some pilots that person had been working with them for a while and they were said to understand the pilots. They had supported pilots to move to a position where they were able to deliver their own 2-day training, they had run sessions for practice leads (PLs) and supported teams and individuals. But there had also been some problems. In addition to comments about the variable quality of the input by trainers/consultants, in 2 pilots social workers had complained of feeling as if they were being reprimanded for events over which they believed they had no control, such as not knowing the details of project deliverables. Even in Pilot 9, where the evidence from interviews and focus groups was that staff were reasonably satisfied with their consultant, the conference chairs had been disappointed. They had expected the consultant to be able to move social work practice from what was described as a 'shopping list of services' approach to one where they supported families to develop and work across their networks. This fitted with the view that emerged across the pilots that when pilots began to take control of practice, wanting to shape it for their circumstances, it became harder to work with the consultants. So, for example, Pilot 8 considered that after 5 years of SofS, and with an established PL group and 2 experienced practitioners to support staff across the pilot, as well as their own training offer, they no longer needed a consultant who they believed had been out of practice for too long to offer what they needed as they moved to the next stage of development.

In addition to direct engagement with pilots there was also a series of leadership days which took place approximately every 2 months to bring senior leaders and other key staff from all the pilots together. Participants valued the opportunity to meet each other and discuss experiences but, as at Round 1, they were less enthusiastic about the content of the days. It was generally felt that there were too few opportunities to work collaboratively on specific topics and too much emphasis placed on feedback from pilots and on showcasing 'good' examples, without the opportunity to explore practice and contextualise.

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<sup>22</sup> Elia is the organisational home of SofS ([www.elia.ngo/home-en](http://www.elia.ngo/home-en)).

## Learning

As well as 2- and 5-day training that was available to authorities, which they could access by matching the available funding, there were 2 Family Finding 5-day 'boot camps', targeted training on safety planning and practice leader development sessions.

All the 5 deep dive pilots were delivering their own 2-day training, and another was developing a 5-day training programme. Pilot 8 had developed a 6.5-day training programme. This consisted of 2 days of introduction, 1 day of solution-focused conversation, 1 day of Family Finding Networks, half a day on running network meetings, and 2 days of risk analysis and safety planning alongside a programme of coaching. This pilot was committed to continuing with a model of SofS which senior managers believed worked for the authority and, as a result, they wanted a training package that would reflect and support their approach.

In most deep dive pilots, all those who had done the 5-day training were practice leaders (PLs). Practice leaders are key to the successful implementation of Signs of Safety as well as embedding the development of SofS throughout the agency. The clearest and most strategic use of PLs was observed in Pilot 8. Elsewhere, and particularly in Pilots 2 and 9, there were various levels of confusion amongst managers and/or staff over who was a PL and what it meant; given their importance in leading practice it was not evident why Pilot 9 PLs included newly qualified social workers. There was also considerable variation over the commitment expected, especially as it was something over and above the normal workload. The failure to monitor the activity of PLs in enough detail led to under-utilisation of the investment in their training. This led several senior managers to suggest that training on how PLs supported the implementation of SofS was missing.

With the arrival of a new service manager, Pilot 9 identified that the SofS training organised by a project manager and training arranged by the LA workforce development team were being developed separately. As a result, a directive was issued for all training to incorporate SofS as appropriate. This happened towards the end of the project so the evaluation was not able to cover the impact of this shift.

Although feedback from social workers on the 5-day training offered by MTM was very positive there were similar reflections to those made at Round 1. One was whether the 5-day training needed to extend over more than 3 days as those attending had found it had repeated the 2-day content and hence was expensive in time and resources. Another was that items such as Trajectories and safety plans were only covered on the fifth day, yet they were fundamental to SofS practice and it was not realistic to expect those who had attended to support the practice of others.

As in Round 1 there were sessions for PLs usually focused on SofS practice. Without clarification of how they were to use what they learned with the wider staff group, the

knowledge stayed with the PLs. The sessions were usually very well received but attendance varied considerably across the pilots and this led to demands from social workers for them to be compulsory and then managers would allow them to prioritise attendance. Those sessions often covered some core aspects of SofS practice, such as Words and Pictures, Trajectories and the Harm Matrix<sup>23</sup> that were not covered on the 2-day training with the expectation that they would be cascaded to members of staff. But PLs said that not only was there insufficient time to do so but they did not always feel confident to explain what they had learned to colleagues.

All the pilots were offered training on Family Finding,<sup>24</sup> an approach developed in the USA by Kevin Campbell. It builds on a set of strategies and tools to identify family and others in a network to support children and young people. Campbell regards SofS as the only social work model that aligns with this framework because, in his view, it puts children at the centre of practice and emphasises the importance of building networks to support families, leading to reduced reliance on institutional or foster care. Similarly, Andrew Turnell has described Family Finding and SofS as 'sister approaches'.

There were 2 blocks of 5-day training – 1 in Reading and 1 in Lincoln – and pilots could choose which they wished to send staff to. While there was no charge for this training, the pilots did incur considerable travel, hotel and subsistence costs. All reports on the training were very positive. Pilots intended to use staff who attended to cascade their learning across the authority, but as with Family Network Meetings (with which Family Finding is aligned) this did not happen as consistently as they would have wished. Reports were received of how this had been delayed and of problems over delivery, which is not surprising given all that is known about the conditions needed for successful cascading (Department of Education and Science, 1988; Hardman et al., 2011; Hayes, 2000). But more significantly, as well received as the training was, there was a perceived disconnect between the content and practical implementation. While social workers spoke of the skills they had learnt that supplemented their practice, the essence of Campbell's philosophy in bringing an end to institutional care, particularly in identifying distant relatives and other contacts, was not central to day-to-day practice and diluted the immediacy of its application. Others questioned the wisdom of having devoted so many resources to this training without the capacity, and even the context, to be able to implement it.

The learning offer included 3 other items:

**SofS Knowledge Bank** is an online resource library of learning materials and other resources available to partner agencies. It was rarely mentioned in the interviews or

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<sup>23</sup> The Harm Matrix is a tool introduced during Round 2 to help both workers and referrers think through the harm and analyse the impact on the child (see Munro and Turnell, 2020).

<sup>24</sup> [www.familyfinding.org](http://www.familyfinding.org)



focus groups in the 5 deep dive pilots, and when asked about it most key informants or social workers showed low awareness. The exceptions were dedicated SofS postholders in Pilots 1 and 8.

The intention had been to establish a **Learning Lab**, initially in one of the pilots, for open consultation with MTM on complex cases, with the intention of subsequently producing learning materials. It was decided to use more standard, rather than complex, cases in order to make the events more accessible. However, they could not then be opened up to other pilots because of concerns, raised both by practitioners and others in the LA, that clients and social workers' confidentiality could be breached.

The same pilot hosted the only **3-day practice intensive session** that was held. While it had been welcomed by the LA, managers thought that it would have been more successful if time had been given in advance to sharing an understanding of local practice.<sup>25</sup>

Halfway through the project MTM offered pilots the opportunity to engage with them on detailed case work. The offer was open to staff from across the agency from DCS to frontline practitioners as well as those from other services who would then work with an SofS consultant acting as advisor on a current open case. In the deep dive pilots this offer was either used on 1 or 2 cases or not taken up at all because, as in Pilot 8, the expertise to conduct a similar exercise was in place internally.

In addition to the formal learning opportunities, group supervision or group discussions also gave practitioners the opportunity to review and reflect on cases being held within the team. While all the pilots were using group supervision more than at Round 1, the extent to which it was happening consistently varied across teams within the pilots. Teams adopted their own models on the basis of preferred ways of working and none of the areas was using the SofS model (Turnell et al., 2017), which was regarded as very prescriptive and involved most team members being what one manager in Pilot 7 described as 'passive observers' instead of 'engaged participants'.

## **Was safety planning undertaken at all stages of families' contact with social workers?**

A key focus of SofS is safety planning. One of the deficits identified at Round 1 was that safety plans were regarded as static documents that were not amended or updated as circumstances changed and which, sometimes, were not even monitored. In order to examine if this was still the case at Round 2, data were drawn from observations

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<sup>25</sup> Ten days additional support on safety planning was available to each pilot, although far fewer days were used. Only 6 of the 9 pilots accessed the support; 3 had 5 days and 3 had 1 day.

conducted during the contrast study, as well as from an examination of the case records of families in that study and in the deep dive sites.

Observation visits in the 2 SofS pilots in the contrast study involved 11 social workers visiting 14 families in Pilot 4 and 6 social workers visiting 18 families in Pilot 9. Of these 32 families, 28 had safety plans in place.<sup>26</sup> In neither pilot did social workers usually refer to the plans when they were with families, although the records were usually updated when they returned to the office. This was surprising given that the plans are intended to be developed with, and even by, families.

It was evident from the analysis of case records in the 4 deep dive pilots where that exercise was conducted<sup>27</sup> that safety plans were reviewed, adapted and changed as cases progressed in Pilots 1, 7 and 8, but this appeared to happen in only half the cases in Pilot 9. More evidence is needed on the development, sustainability and efficacy of safety planning.

## **Pilots' assessment of their progress on implementation**

The profiling exercise asked strategic leads in the 9 pilots to rate their progress (1–10) at the beginning (T1) and the end (T3) of Round 2 on 50 items organised into 5 categories: organisational culture, practice issues, learning, processes and leadership (see Appendix 7). All pilot scores were converted to T-scores based on the mean average response of all pilots. A score of 50 represents the mean and a difference of 10 from the mean indicated a difference of one standard deviation. At T1 the highest self-scoring authorities were Pilots 5 and 8, and the lowest were Pilots 3 and 9. At T3, the same pilots were the highest scoring (although their scores had lowered slightly), and Pilot 2 had become the lowest scoring, with the largest negative change between T1 and T3. The pilot with the biggest increase in score over time was Pilot 6. Pilots 3, 5 and 6 were not part of the deep dive exercise so it is not possible to triangulate these data with data collected during that stage. However, Pilot 8's assessment reflects what was found throughout the evaluation, that it was more successful than others at embedding SofS, with commitment from the senior management to the development of a response that worked for the authority and, more importantly, for children and their families. Pilot 2 was the most problematic of the 5 deep dive pilots. During Round 1 it moved from being the most advanced pilot in relation to implementation of SofS, having already introduced it into different services over a number of years, to a position where, while it was still one of the better pilots on implementation, there had been a marked slowdown during the project. This change was attributed to major restructuring which took place in

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<sup>26</sup> The rest were still being assessed and there was a single visit to foster carers prior to a child being adopted.

<sup>27</sup> As noted earlier, the deep dive pilot that was in intervention did not participate.

2015, which led to a high turnover of staff at all levels. In January 2016 Ofsted judged children's services in Pilot 2 to require improvement. Three and half years later, the Ofsted judgement was 'inadequate' and the report stated that 'widespread and serious weaknesses were identified in the provision of services to support, protect and care for children' and commented that most social work practice was weak and risks were seldom recognised.

Social workers and managers taking part in focus groups in the 5 deep dive pilots were asked to complete an instrument that scored their authorities' perceived progress on implementing SofS in relation to 12 items (see Appendix 8). At T1 they were asked to score the current position and where they hoped to be at the end of Round 2. At T3 they were again asked to score the current position.

The areas identified as the strongest at T1 and T3 were (mean averages at T1 and T3 shown in brackets) :

- Clear commitment to Signs of Safety from management (T1: 6.4, T3: 7.6)
- It feels like a safe organisation in which to work (T1: 6.4, T3: 7.5)
- Informing, involving and listening to children. (T1: 6.2, T3: 7.4).

Scores in these areas had increased across 4 of the 5 pilots from T1. The exception was Pilot 9 whose score for 'It feels like a safe organisation in which to work' had decreased slightly from 7.2 to 7.0. In Pilots 8 and 1, T3 scores in both were better than expected in 'It feels like a safe organisation in which to work' (8.8 and 7.8 respectively) and 'Clear commitment to Signs of Safety from management' (8.4 and 7.7 respectively), and were better than expected in 'Informing, involving and listening to children' in Pilot 1 (7.5).

In the other 3 pilots (2, 7 and 9) actual scores at T3 were uniformly lower than the expected scores at T1. The area which showed the strongest improvement in scores between T1 and T3 was 'Group supervision and appreciative enquiry in place' (average improvement of 1.6 between T1 and T3). It is worth noting that scores between T1 and T3 improved across all areas in Pilot 8 and, despite the difficulties that had been experienced, in Pilot 2.

The area identified as the weakest at T1 and T3 was 'Family Court engaged in Signs of Safety approach' (T1 average: 6.0, T3 average: 4.4) although there was strong improvement in this area in 3 of the 5 pilots (1, 8 and 9). Other low scoring areas included 'Having sufficient time to spend with families' (T1: 4.1, T3: 5.0) and 'Group supervision and appreciative enquiry in place' (T1: 4.3, T3: 5.9).

The largest difference between expected and actual T3 scores was in 'Family Court engaged in SofS' although, as noted above, this actually showed strong improvement in 3 pilots so this difference was probably driven by unrealistic expectations at T1. Other

areas where improvement at T3 was lower than expected at T1 were 'Partner agency involvement' (T3 average: 5.4) and 'Having sufficient time to spend with families' (T3 average: 5.0).

Some focus groups were attended exclusively by practitioners from Early Help.<sup>28</sup> In view of the widely repeated observation that SofS was suited more to Early Help than to statutory work, the analysis of these data was re-run, extracting those collected through the Early Help focus groups. Removing them did not have much impact at T1 in Pilots 7 and 9, although in Pilot 1 removing Early Help resulted in the scores largely failing across the board. At T3 it had less of an impact in Pilot 1, while in Pilots 2 and 9 removing Early Help caused the scores to fall across the board with the strongest impact in Pilot 2. This suggests that the improvements noted in Pilot 1 were across the service, while any improvement in Pilot 2 was explained by responses from Early Help practitioners rather than those in the statutory services.

## Project plans

The pilots were asked to share their implementation plans with the evaluators. All but one (Pilot 3) responded, but only 4 sent a document which charted achievements against the key implementation activities agreed with MTM. Two of the 4 (Pilots 1 and 8) were deep dive pilots. On further examination 1 of the 4 plans had not been updated since 2018 (Pilot 4), so was discounted from any analysis.<sup>29</sup> However the 3 valid plans that were received matched achievements with the key implementation activities (Learning, Leadership, Organisational alignment and Meaningful measures) set out by MTM in the Mission Critical Implementation Roadmap developed near the start of Round 2, which mirrored the Organisational Theory of Change outlined above.

The overall response, and particularly the absence of plans from 3 of the deep dive pilots, was disappointing and possibly indicated a lack of rigour in steering and monitoring progress in some pilots throughout Round 2. Without detailed information on subjects such as which members of the workforce had been trained, including when and to what level, where PLs were located and their level of engagement, it would prove difficult, if not impossible, to strengthen and develop practice. In Pilot 9 a senior manager who joined the authority during Round 2 reflected at the end that a lack of project management, the minimal level of training that had taken place in the early stage of Round 2, and absence of a planned approach to the use of PLs, aggravated by high staff turnover, had checked the progress that could have been made. Key members of staff in the 5 deep dive pilots were not clear what the role of MTM was in relation to these plans.

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<sup>28</sup> At T1 there were 3 in Pilots 1, 7 and 9; at T3 there were 4 (2 in Pilot 9 and 1 each in Pilots 1 and 2). Early Help services embraced SofS, usually outstripping the level of commitment shown in other services.

<sup>29</sup> The same pilot did, however, provide an implementation plan taking the pilot beyond Round 2.

## Ofsted judgements 2014–19

To supplement the evaluation of implementation and effectiveness of SofS we explored Ofsted judgements on the pilots. Round 1 started in October 2014 and ended in March 2016; Round 2 started in September 2017 and ran until September 2019, so it was appropriate to examine Ofsted judgements on the 9 pilots from Round 1 that continued into Round 2 (Table 3).

**Table 3: Ofsted judgements on 9 pilots Round 1 to Round 2**

Timing of Ofsted judgements	Overall	The impact of leaders on social work practice with children and families	The experiences and progress of children who need help and protection	The experiences and progress of children in care and care leavers
Ofsted judgement at start of Round 1 (September 2014)	2 Good 6 Requires improvement 1 Inadequate	2 Good 7 Requires improvement	1 Good 8 Requires improvement	2 Good 6 Requires improvement 1 Inadequate
Ofsted judgement at end of Round 2 (September 2019)	2 Outstanding 1 Good 4 Requires improvement 2 Inadequate	2 Outstanding 2 Good 3 Requires improvement 2 Inadequate	1 Outstanding 1 Good 5 Requires improvement 2 Inadequate	3 Outstanding 1 Good 3 Requires improvement 2 Inadequate

We omitted the pilot that joined the project at the start of Round 2<sup>30</sup> and the pilot that did not proceed to Round 2.<sup>31</sup> Five pilots were judged to have improved (2 from ‘good’ to ‘outstanding’, 1 from ‘requires improvement’ to ‘good’ and 1 from ‘inadequate’ to ‘requires improvement’), 3 pilots remained as requiring improvement and 2 went from ‘requires improvement’ to ‘inadequate’, with 1 leaving the project in early 2019. The reasons why that authority left the project, alongside those of the pilot not proceeding to Round 2, are summarised in Appendix 6.

In addition to an overall judgement Ofsted also reports on 3 aspects: the impact of leaders on social work practice with children and families; the experiences and progress of children who need help and protection; the experiences and progress of children in care and care leavers. When Ofsted reports on the 8 pilots that had been in Round 1 and Round 2 were examined, 4 were good (n=2) or outstanding (n=2) on the quality of leadership; 4 were good (n=1) or outstanding (n=3) in relation to children in care/care leavers but only 2 (1 good and 1 outstanding) for children in need help and protection.

<sup>30</sup> This pilot ‘required improvement’ in 2017 and was judged ‘outstanding’ in 2018, including in relation to children who need help and protection.

<sup>31</sup> This pilot was inspected in 2012 under a previous Ofsted framework and was judged to be ‘good’. In 2017 Ofsted judged it to be ‘inadequate’ including for children who need help and protection, but in 2019 it was judged to be ‘good’ overall and in relation to each component.

So, there is no evidence that the use of SofS is related to Ofsted finding an authority to be good or outstanding in protecting and supporting children.

## Effectiveness and outcomes

### Workforce outcomes

The outcomes that were examined were whether or not social workers reported greater clarity, job satisfaction and commitment, and any link between these outcomes and improved retention and reduced absenteeism. The clearest measurable evidence on these items draws on data collected by the evaluation team using the staff survey and from the analysis of national data from the DfE Children's Social Work Workforce Data Collection.<sup>32</sup> However, the analysis was also informed by data collected using the Organisational Social Context (OSC) instrument during the contrast study (involving pilots 4 and 9).

The survey was distributed in Pilots 1,7,8 and 9<sup>33</sup> between January and March 2019 and responses were received from between 44 and 52 per cent of social workers in those pilots. The 5 relevant areas were role clarity; work and personal achievement; job satisfaction; intentions to stay in post; and views on turnover in the authority (Table 4). Role clarity is the degree to which employees have a clear understanding of their tasks, responsibilities and processes at work, and the proxy for this was the question examining if respondents thought they fulfilled too many roles. On most of these measures Pilot 8 emerged with the best outcomes overall, but the differences were not significant.

The retention data from the survey were reflected in the views expressed in interviews and focus groups in the pilots. In Pilots 1 and 7, while turnover was described as being 'quite high', it was within their expected levels, while in Pilot 9 it was described as 'massive'.<sup>34</sup> However, in Pilot 8 turnover was not said to be a problem and in the focus groups there were some respondents who reported having returned to the authority because it was seen as a successful authority, and that success was associated, in part, with SofS.

When data from the DfE Children's Social Work workforce collected between 2015 and 2019 were examined there was no evidence that the use of SofS had had any impact on staff wellbeing (as measured by caseload and the level of sickness absence). Nor

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<sup>32</sup> Department for Education (2019)

<sup>33</sup> Pilot 2 did not participate.

<sup>34</sup> It was also high in Pilot 2 which did not take part in the survey. Over the course of the valuation Pilot 2 reduced vacancies from 18% to 2% by employing 70 agency social workers who, of course, may or may not have been familiar with SofS.

did it have any impact on the retention of staff or the use of agency staff (see Appendix 9).

Overall there were no consistent differences between the SofS (Sites 1 and 4) and non-SofS sites (Sites 2 and 3) involved in the contrast study when measured by the Organisational Social Context (OSC) instrument. ‘Proficiency’, ‘rigidity’, and ‘resistance’ are all indicators of organisational culture on the OSC which have been found to measure front-line workers’ self-reported expectations about how they should behave. High ‘rigidity’ would suggest staff expect less discretion and flexibility in their work and high ‘resistance’ would indicate an expectation that new ideas are suppressed, resulting in few opportunities for change. ‘Proficiency’ reflects the extent to which staff consider it is important to their management that they have up-to-date knowledge or place the wellbeing of clients first. Other indicators are ‘engagement’, ‘functionality’ and ‘stress’. Low ‘engagement’ indicates that staff are less likely to feel they have achieved meaningful results with their clients and less likely to report that their efforts were worthwhile, and ‘functionality’ indicates the extent to which they have the tools to do their job.

**Table 4: Percentages of social workers agreeing with statements on job satisfaction and retention**

<b>Responses</b>	<b>Pilot 1 (%)</b>	<b>Pilot 7 (%)</b>	<b>Pilot 8 (%)</b>	<b>Pilot 9 (%)</b>
Expected to fulfil too many roles	41	45	36	41
Work gives a feeling of personal achievement	84	78	90	76
Find the job is satisfying overall	91	82	87	76
Planning to leave job within 2 years	23	14	14	20
Turnover is a problem in the authority	53	56	41	66

The OSC data showed that Sites 1, 2 and 4 had very similar culture profiles at T1. At T2, Sites 1 and 4 (both SofS) had not changed significantly while Site 2 had an improved ‘culture’ profile with higher ‘proficiency’ scores and lower ‘resistance’. Site 3 had an ‘average’ culture at T1, then deteriorated greatly at Time 2 in that ‘proficiency’ (culture) fell and ‘resistance’ rose. Organisational climate scores on the OSC indicated that all 4 sites generally had lower than normal ‘engagement’ coupled with higher than average ‘functionality’ and ‘stress’. Climate profiles were very similar across both pilot and contrast sites, the only difference being that ‘engagement’ was lower in SofS pilot sites at Time 1. By Time 2, however, it had reduced in the contrast sites to a point where both contrast sites had lower ‘engagement’ scores than the pilot sites. This could reflect the fact that when the T2 OSCs were completed when teams in both contrast sites were experiencing high staff turnover. It is worth noting that stress levels were high across all 4 sites.

## Practice outcomes

The data to assess practice outcomes were collected through the case record analysis of assessments and through the contrast study conducted in 2 SofS and 2 non-SofS sites.

### **Are there indications that the quality of assessments improved between March 2016 and March 2020?**

For reasons outlined in Section 2, the examination of case records could not be conducted as planned. As a result, the evaluator was able to examine case notes independently in 2 pilots (7 and 9) and this only provided a sample of 18 out of the 30 that were seen. The numbers are obviously too low to be confident about making any judgement on the quality of the assessments. However, as in Round 1, in these 18 cases a more detailed application of SofS did not necessarily lead to more thorough assessments and neither were assessments in cases which were SofS 'light' necessarily any poorer. This seems to confirm the finding from the contrast study that the competence of the social worker made a more significant contribution to good practice than the application of SofS.

### **Is there a connection between Signs of Safety and improved practice?**

Data from the contrast study were used to explore this area. The relatively small number of families involved across 4 sites (n=60) means that the findings must be treated with some caution. In addition, 'improved practice' must be interpreted in the broadest possible way. There is no measure of how social workers in the 2 SofS pilots practised prior to using SofS or how they practised at Round 1 – and some would not have even qualified as social workers at that point.

The observations were conducted using a modified version of the Clinical Competence-Based Behavioral Checklist (CCBC) (Lu et al., 2011). The CCBC covers 5 areas: interviewing skills; cultural competence; knowledge and intervention strategies; evaluation; and meta competence. While no differences were noted between SofS and non-SofS sites on any of the 5 items, the key differences were between individual social workers rather than the methods they used.

Parents completed the Yatchmenoff Client Engagement Scale (Yatchmenoff, 2005) which is designed to differentiate between parents in the child protection process who are 'just going through the motions ... and those positively involved' (p.86). The responses are then used to arrive at an overall engagement score and 4 sub-scales measuring buy-in, receptivity, relationships with the worker, and mistrust. The internal consistency of the responses to the questionnaire was tested using Cronbach's alpha, and 3 questions were reversed and 1 removed to ensure consistency. The resulting Cronbach's alpha was 0.972; as such we can conclude that these responses were extremely consistent and average scores for the subscales and the overall scale can be



calculated. There were no significant differences between responses in pilot and contrast sites on any of the subscales, although on each of the subscales the contrast sites had better average scores (see Table 5), with lower averages indicating a greater agreement with the statements.

**Table 5: Comparison of average scores in Yatchmenoff scales between pilots and contrast sites**

<b>Subscales</b>	<b>Pilot</b>	<b>Contrast</b>
Buy-in	2.0	1.9
Receptivity	1.7	1.7
Working relation	2.4	2.2
Mistrust	2.2	2.0
Overall score	2.1	1.9

The clinical and professional competence of social workers from both SofS and contrast sites and overall SofS use by social workers in SofS sites were measured on ordinal scales (taken from different collections). We used a linear regression of average scores by subscale with SofS use or competence as the predictor. The overall level of SofS use had no significant impact on family responses in any of the subscales. However, as overall clinical and professional competence increased, the average family scores in each of the subscales decreased (improved), with all but receptivity being significant (see Table 6). This suggests that the more competent the social worker, the more likely parents were to be positively involved.

**Table 6: Linear regression with clinical and professional competence as the predictor by subscale**

<b>Subscales</b>	<b>Coefficient</b>	<b>Std. error</b>	<b>t</b>	<b>P-value</b>
Buy-in	-.249	.115	-2.159	.036
Receptivity	-.169	.086	-1.962	.055
Working relation	-.468	.143	-3.275	.002
Mistrust	-.382	.149	-2.564	.013
Overall score	-.307	.115	-2.661	.010

All social workers and families also completed the relevant Working Alliance Inventory (short form),<sup>35</sup> which measures the collaborative relationship between helper and client, examining the level of agreement on the part of both parties over working together to achieve improvement. The internal consistency of the responses to the questionnaire was tested using Cronbach's alpha and 2 questions' responses were reversed to

<sup>35</sup> <http://wai.proffhorvath.com>

ensure consistency. The resulting Cronbach's alpha for the social worker scale is 0.955 and for family was 0.974. As such we can conclude that these responses are extremely consistent and can be averaged to construct average overall scores.

A linear-by-linear association chi-square test and kappa statistic were used to test whether the families and social workers' responses were associated. Responses to all but one question (Q5)<sup>36</sup> were linearly associated between social workers and families – that is, higher responses by the social worker in a specific question were linked to higher responses by the family, rather than complete agreement in responses. Using the kappa statistic, we observed that, except for question 10,<sup>37</sup> social workers and families were in agreement. A pairwise t-test confirmed there was no significant difference between the average scores of social workers and families.

We used chi-square tests to see if there were any significant differences in responses between the SofS and contrast sites. There was no significant difference in responses in any of the questions between social workers and families in SofS sites compared with the contrast sites. We also used independent sample t-tests to compare the SofS and contrast sites for the average responses by social workers, families and the difference between them. Again, there was no significant difference in average scores between SofS sites and contrast sites. The pairwise difference in scores is also not significantly different for the sites, meaning that whether SofS was used had no significant effect on agreement between the family and social worker. Similarly, we examined the impact of clinical and professional competence and overall SofS use using linear regression against average scores. The overall level of SofS use had no significant impact on social worker scores, family scores or the difference between them. As the overall clinical and professional competence increased, the overall average scores of both social worker ( $p=0.041$ ) and families ( $p=0.004$ ) increased significantly. However, the pairwise difference between social worker and family average scores is not significantly affected by clinical and professional competence (which is not surprising given the small sample size). The data were a snapshot of relationships at particular time, when things might be going well for families or they could be facing difficult situations such as the potential removal of their children.

We used Hampshire's Children's Services Family Feedback (HCSFF) instrument to collect families' views on children's services in the 4 pilot areas – the 2 SofS sites (Pilots 4 and 9) and the 2 non-SofS sites. Families in the contrast sites were more likely, but not significantly so, to see the same social worker; understand what they had been asked to do and what was being done to support them; believe they were involved in decisions that affected them; and know whom to ask if they had questions and have them answered. Those in the SofS sites were more likely, but again not significantly, to

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<sup>36</sup> Q5 explored confidence about social workers' ability to help families and social workers' confidence to be able to help.

<sup>37</sup> Q10 explored whether social workers and families have different ideas on the families' problems.

feel listened to and understood and believe the support they were receiving was making a difference.

The only items where significant differences emerged were around planning. While it was equally important to families in the 4 sites to be involved in creating a plan, almost nine-tenths (88%) of families in the SofS programme were aware of a plan in place with children's services compared with seven-tenths (71%) ( $P=.041$ , Fisher's Exact) of families in the contrast group. Just over half (53%) of the families in the SofS programme said the plan 'represents my family's views' while the corresponding figure for families in the contrast group was just under a third (32%) ( $P=.043$ , Fisher's Exact).

We used the Family Chart instrument designed and tested at Round 1 to assess the extent to which parents shared an understanding of the work that social workers were undertaking with them. Findings were that while nearly three-quarters (72%) of families in the SofS programme 'agreed' or 'strongly agreed' with their social workers about any changes that needed to happen in their families, all families in the contrast group agreed with the statement (50% 'strongly agree', 50% 'agree') ( $P=.013$ )<sup>38</sup> Similarly, families in the SofS pilots were less likely than those in the contrast group to agree that their social workers understood the goals that were important to them (72% vs 100%). ( $P=.014$ ).

We did not test against overall averages or for the impact of clinical and professional competence of SofS use as this would not have been appropriate given that neither the Family Chart nor the HCSFF instrument were standardised measures.

The contrast study showed no differences between parental involvement in pilot and contrast sites, although overall clinical and professional competence across the 4 sites was linked to more collaborative relationships between social worker and parent. Observations of practice and discussions with parents indicated that the quality of the interactions between social workers and families depended far more on how individual social workers carried out their responsibilities and how these were perceived rather than on the approach they were taking. Research indicates that the most important factor in the success of services provided by a care professional is the quality of their relationship with the family (Shonkoff and Fisher, 2013). There were social workers in all 4 sites who, according to families, had had a positive effect on their lives. For example, in Pilot 4 (SofS) a mother said she had felt listened to for the first time by children's services. She had received practical and emotional help which allowed her to believe

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<sup>38</sup> The SofS figure is very close to that of Round 1: three-quarters (71% at T1 and 75% at T2) of parents interviewed said that they agreed with their social worker about the changes that were needed.

she could keep her children safe. Similarly, in Contrast site 1 (non-SofS) a father associated his ability to stay off drugs with the time the social worker had spent with him, as well as the services he had been able to access, as he took over responsibility for his child. However, the most consistent positive feedback recorded came from families in Contrast site 2 where restorative practice was used. It is worth noting that the evaluator and social workers had the opportunity to discuss families before and after visits. In Sites 1, 2 and 4 the model or its influence on their practice was rarely mentioned, except in the 2 SofS sites when the evaluator was often told they may not see any SofS on a visit. However, in Site 3 – the restorative practice site – most social workers in the team would speak about the connection between the work they were doing with a family and how it fitted into a restorative framework designed to work with families to allow them to repair prior harm. It appeared to have become part of them and not something they had to do (see Williams et al., 2018).

## Outcomes for children and families

Data to examine a possible connection between SofS and improved outcomes for families were obtained from 2 sources of data drawn from national data sets and a DiD analysis using individual-level data drawn from the National Pupil Database (Children in Need and Looked after Children censuses).

Data drawn from national datasets explored six areas: children in need, referrals, assessments, child protection, looked after children and workforce. Differences were found between pilots and SNNs in rates of children in need, child protection and looked after children, but none of these changed over time as SofS became established as would be expected if SofS was the cause of the differences. Therefore, no evidence was found to suggest SofS had an impact at LA-level in any of these areas. The indicators used are summarised in Table 7 below.

In phase 1 the 10 pilot sites were compared with 10 authorities made up of the closest statistical nearest neighbour (SSN) to each pilot site. In phase 2 we wanted to refine this process by ensuring that none of the authorities in the comparator sites was reported as using SofS. In 2019 1 of the 10 pilot sites dropped out, leaving only 9 sites. In 8 of these sites, the closest SSNs reported to be not using SofS were selected. In the remaining site there were no nearest neighbours that did not use SofS and so we decided to exclude this site from the outcomes analysis due to lack of a suitable comparator. More information regarding the methodology for the national data analysis can be found in Appendix 9.

The rate of children in need throughout the year per 10,000 children was significantly lower in pilots than the SNNs across all years (2014/15–2018/19) ( $p=.008$ ), with pilot status a significant effect ( $p=.01$ ) in the 2-factor analysis. However, this effect did not vary, meaning that the difference in the rate of children in need between pilots and the

SNNs did not change significantly in the analysis period. The rate was highest in Pilot 7 and Pilot 9 and lowest in Pilot 1 in all but 2018/19 (see Appendix 9).

**Table 7: Summary of national outcome indicator analysis**

<b>Outcome area</b>	<b>Indicators</b>	<b>Summary</b>
Children in need	Children in need (CIN) rate Percentage of case durations of (1) less than 3 months and (2) more than 2 years	Significantly lower CIN rate in SofS pilots but no significant change over time, therefore no impact
Referrals	Referral rate Percentage of (1) repeat referrals, (2) resulted in no further action and (3) where the child was assessed not to be in need	No impact
Assessments	Assessment rate Duration of assessment Percentage of assessments that (1) started and finished on same day and (2) lasted 61 days or more	Two outliers caused significant difference. When removed, no significant difference between pilots and SNN, therefore no impact
Child protection	Section 47 rate Child protection conferences (CPC) and Child protection plan (CPP) rate Duration between start of section 47 enquiries and initial CPC Percentage of children (1) who became the subject of a CPP for a second or subsequent time and (2) with a case duration of 3 months or less	Significantly lower CPC, CPP and section 47 rate and duration in SofS pilots but no significant change over time, therefore no impact
Looked after children	CAFCASS care application rate Rate of (1) looked after children (LAC) and (2) children becoming looked after Percentage of looked after children adopted during the year Percentage of special guardianship orders	Significantly lower LAC rate in SofS pilots but no significant change over time and LAC rate increasing in majority of SofS pilots, therefore no impact
Workforce	Caseload and CiN per social worker Sickness absence rate Vacancy, turnover and agency worker rates	No impact

There were no significant differences between the pilots and SNNs in outcome measures related to referrals.

Assessment rates per 10,000 children were significantly lower in pilots than the SNNs across all years (2014/15–2018/19) ( $p=.002$ ), with pilot status a significant effect ( $p=.002$ ) in the 2-factor analysis. Although neither year nor interaction between year and pilot status were significant effects, there was a marked increase in the rate of assessments in the past year in SNNs while over the same period the rate fell in pilots.

Towards the end of the evaluation, Pilots 1 and 2 confirmed that they had been participating in projects during the Round 2 period conducted by external consultants with the aim of streamlining assessments. Both showed marked increases in the assessment rate over the previous 2 years and when Pilots 1 and 2 (and their SNNs) were removed from the analysis, the difference between SofS pilots and SNNs was no longer significant ( $p=.094$ ). The percentage of assessments that lasted 61 days or more was lower in pilot sites and also had pilot status as a significant effect ( $p=.008$ ) in the 2-factor analysis, although again neither year nor interaction effect were significant despite a reduction in the percentage within SNNs. There was no significant difference by pilot status once Pilots 1 and 2 were removed.

The average duration of assessments was shorter in pilot sites for most of the period analysed but increased over the previous 2 years to be higher than their SNNs in 2018/19. Median duration of assessments was not significantly different across the years in pilot sites nor did it change significantly in the 2-factor analysis.

While there was evidence to suggest that the average duration of assessments increased in SofS sites between 2014/15 and 2018/19 more than in their SNNs, this appears to have been caused by the work with external consultants within 2 of the pilots, which was not linked to SofS, and similar trends are not apparent in any of the other pilot sites (see Appendix 9).

The rate of child protection (CP) conferences per 10,000 children was significantly lower in pilots than the SNNs, with pilot status a significant effect ( $p < .001$ ) in the 2-factor analysis. There was no significant change across years and the interaction between year and SofS use was not significant. A near identical pattern was observed in both the rate of CP plans and section 47 enquiries (rate per 10,000 children), which both had pilot status as a significant effect ( $p < .001$  and  $p=.011$  respectively) in the 2-factor analysis. The effect did not vary significantly over time for either. The significance of these child protection outcomes was not affected by the removal of Pilots 1 and 2 and there were no obvious outliers in the other pilots. Pilot 1 had the lowest rate of conferences out of all the pilots in 2014/15, but by 2018/19 it had the highest rate of all the pilots. Pilots 4 and 5 both had large reductions in the child protection rate over the same period. The lack of any significant change over time suggests SofS use did not have an impact on the rate of CP conferences, CP plans or section 47 enquiries.

Length of time between start of section 47 enquiries and ICPC (median working days) was significantly lower in pilots than the SNNs, with pilot status a significant effect

( $p=.002$ ) in the 2-factor analysis. The year was not a significant effect, although the rate in pilot sites decreased markedly in 2017/18, caused by a large reduction in ICPCs in Pilot 2. Pilot sites had consistently lower rates of CP conferences and CP plans than their SNNs, although this has been the case in each of the last 5 years and has not changed over time as SofS has become more established in the pilot sites (see Appendix 9).

There were no significant differences between the pilots and SNNs in care application demands, the percentage of looked after children adopted during the year or the percentage of children who ceased to be looked after through special guardianship orders.

The looked after children rate was significantly lower in pilots than the SNNs with pilot status a significant effect ( $p=.019$ ) in the 2-factor analysis. However, there was no significant change across years and the interaction between year and SofS use was not significant. When examining the pilots individually 6 of the 9 had seen an increase in the looked after children rate over the past 5 years. As such, there was no evidence that the use of SofS had led to lower rates of looked after children (see Appendix 9).

## Difference-in-differences analysis using individual-level datasets

### Introduction

#### Disclaimer

This work was produced using statistical data from ONS. The use of the ONS statistical data in this work does not imply the endorsement of the ONS in relation to the interpretation or analysis of the statistical data. ONS agrees that the figures and descriptions of results in the attached document may be published. This does not imply ONS' acceptance of the validity of the methods used to obtain these figures, or of any analysis of the results. This work uses research datasets which may not exactly reproduce ONS aggregates. The analysis was undertaken by What Works for Children's Social Care (WWCSC).

This section provides quasi-causal estimations of the effect of SofS on 4 outcomes, complementing the analysis described in previous sections. Quasi-causal estimates are useful to get an accurate picture of the effect of SofS, since they try to quantify the impact of SofS on the outcomes for children in the pilot sites and so can help decision-makers in local authorities decide whether or not to invest in SofS. The analysis evaluated the impact of SofS on 4 outcomes related to reducing risk to children:<sup>39</sup>

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<sup>39</sup> The original analysis plan included a 5th outcome to evaluate, namely the likelihood of an ICPC. Results of this analysis are not presented here because the data available to the researchers did not pertain to the relevant information required for this analysis.

- duration of assessments
- likelihood of a re-referral
- likelihood of a re-referral that leads to a CPP or LAC
- likelihood of kinship care compared with non-kinship care.

The analysis by What Works for Children’s Social Care used a quasi-experimental method known as a difference-in-differences (DiD) design to estimate the impact of SofS on 4 outcomes. The analysis involved first matching pilot sites with comparator LAs which had similar trends in outcomes before SofS was introduced and then matching similar individuals within those LAs (using coarsened exact matching). The matches acted as a counterfactual for what the outcomes would have been in the pilot sites had SofS not been deployed. The analysis employed individual-level data from the National Pupil Database. Individual-level data gives more power to detect an effect of an intervention if it occurs than comparing LA-level data. More information regarding the methodology can be found in Appendix 10.

Our primary analysis evaluated whether we see SofS making an impact on outcomes for children. We report the findings for the chosen model specification here and discuss sensitivities to how we specified the model in Appendix 10. The secondary analysis looked at whether we see an impact when taking into account that comparator LAs may have a similar practice model to SofS, how well embedded SofS is in the LA (based on self-reported measures), how well SofS is delivered according to MTM and whether we see a different impact for LAs with different overall Ofsted ratings. For each evaluation question (EQ), we conducted sensitivity checks. We also report whether the identifying assumption of a DiD analysis (whether we see parallel trends in the outcome in the pilot and comparator LAs) is met – if so we can interpret the results as a causal estimate of the impact of SofS on the relevant outcome. Our evaluation of the strength of the evidence is a qualitative assessment of whether the identifying assumption is met, the quality of the data and the number of LAs involved in the analysis (the individual-level sample size is sufficient in all cases but the intervention is delivered at LA level).

We use the convention of 5 per cent significance level when discussing whether the impact is statistically significant and discuss the magnitude of the effects. Where the results from the primary analysis were sensitive to the model specification and sensitivity checks (e.g. where the sign of the coefficient changed or the results became insignificant), we deemed this ‘no clear evidence’.

## **Main findings**

For the 4 outcomes set out above, the results of the DiD analysis are set out in Table 8.

Due to concerns over data, the results of being re-referred within 6 months and of being re-referred and the case escalating should be treated with caution. For assessing the likelihood of re-referrals and the likelihood of re-referrals and subsequent escalation we used data on children whose case was designated as ‘No further action’ or ‘Case



closed'. We had concerns regarding the identification of children whose case was closed after referral or assessment because the data structure made it difficult to identify this population of children. In 2 of the comparator LAs and 1 of the pilot sites we saw very few children whose cases were designated 'No further action' pre-treatment. Discussions with stakeholders suggested that this may have been due to the inconsistent use of codes specifying the reason why the episode had closed. If data quality issues have introduced an artificial difference between pilot and comparator LAs pre-treatment, there is potential for our results to under- or overestimate the treatment effect. There is thus a chance that we have not measured the impact of SofS on these outcomes accurately.

**Table 8: Overview of the outcomes of the DiD analysis**

<b>Indicator</b>	<b>Expected impact of SofS according to MTM/theory of change</b>	<b>Analysis results</b>
Duration of assessments	Unclear – shorter is better if quality is not compromised	No clear evidence on the impact of SofS on the duration of assessment
Rate of re-referrals	Decrease	No moderate or high strength evidence of a positive impact
Rate of re-referrals that progress to CPP/LAC	Decrease	No moderate or high strength evidence of a positive impact
Rate of kinship care	Increase	Moderate strength evidence of decreased kinship care rates

The lack of robust impact of SofS on the majority of these outcomes does not seem to have been mediated by the varying degrees to which SofS was implemented within the pilot sites. When accounting for the quality of delivery of SofS or how well it is embedded, the results do not show a strong differential impact by these criteria for the majority of outcomes with the exception of the duration of assessments. Nor do the results show a consistent differential impact of SofS based on the Ofsted ratings of the respective pilot sites.

The findings in relation to each individual question designed to evaluate the effectiveness of SofS as described in Section 2 are discussed in detail below.

### **Duration of assessments**

The assumptions in our statistical model for assessing the impact of SofS on the duration of assessments were not met, impeding a causal interpretation of the results even though the data were of sufficient quality. Our primary analysis yielded no clear evidence on the impact of SofS on the duration of assessment. While the main results for the primary analysis suggested a significant increase in the duration of assessments through SofS (by almost 3 working days,  $p=0$ ) and a significant decrease in the

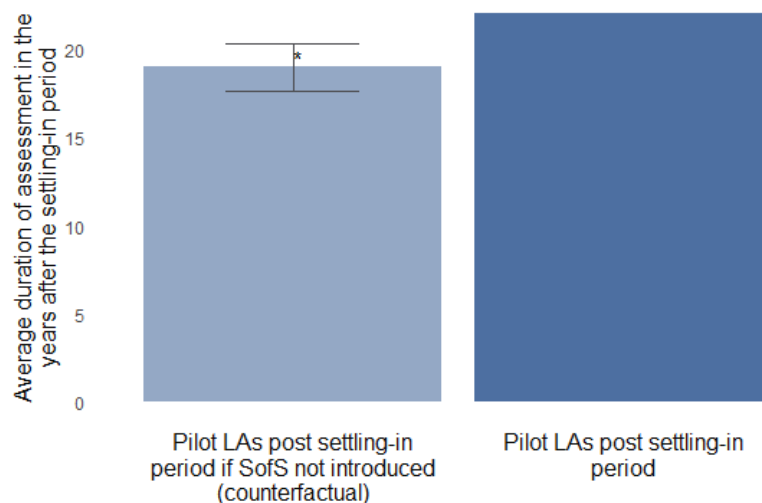
proportion of assessments conducted within the same day (by 3.9 percentage points,  $p=0.04$ ), the identifying assumption and direction of the effect are sensitive to the model specification, the magnitude of the effect is sensitive to the cut-off of the longest duration of assessment allowed and the result becomes insignificant during sensitivity analysis, which excluded Pilot 2. These pilot sites had support for assessments from external consultants during the period as a separate initiative to SofS, as discussed in Section 1.

Due to these mixed findings for the primary analysis, we have not discussed the results from the secondary analysis here (see Appendix 10).

**Figure 1: Impact of SofS on the duration of assessments**

**No clear evidence of the impact of SofS on the duration of assessments**

There is a significant increase in duration for pilot LAs in the main analysis but the effect is not robust to the sensitivity analysis (not shown in this graph)



N=(135,309, 5 pilot LAs, 5 comparator LAs)  
 +  $p<0.2$ , ++  $p<0.1$ , \*  $p<0.05$ , \*\*  $p<0.01$

Source: Regression analysis using ONS data

**Likelihood of a re-referral within 6 months**

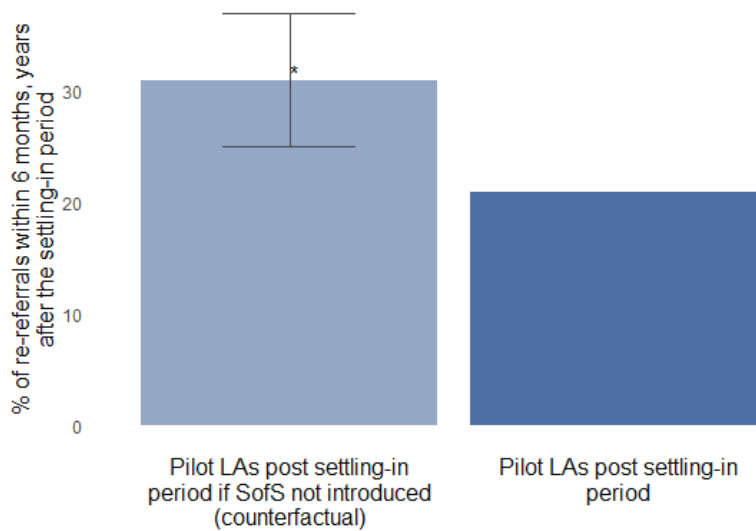
The assumptions in our statistical model were met for assessing the impact of SofS on the likelihood of a child being re-referred within 6 months, allowing a causal interpretation of the results. However, we have concerns about the quality of the data, which made it more likely that we were not accurately measuring the impact of SofS on the outcome, as discussed above.

Additionally, the error terms from different time periods were correlated (there was ‘serial correlation’) and we were restricted in correcting for this,<sup>40</sup> which made finding a significant effect when there was not a true impact of SofS on the outcome more likely. The serial correlation and data quality issues made it hard to predict whether we were potentially under- or overestimating the treatment effect.

**Figure 2: Impact of SofS on the rate of re-referrals**

**No clear evidence of SofS decreasing the rate of re-referrals**

There is a significant decrease in re-referral rates for pilot LAs using SofS in the main analysis but the effect is not robust to the sensitivity analysis (not pictured)



N=(72,807, 4 pilot LAs, 4 comparator LAs)  
 + p<0.2, ++ p<0.1, \* p<0.05, \*\* p<0.01

Source: Regression analysis using ONS data

With these caveats, the analysis suggests that statistically SofS significantly decreased the probability of re-referrals within 6 months of a previous referral by 9.8 percentage points (p=0.001). This constitutes a decrease in re-referral rates from 31 per cent to 21 per cent for pilot sites during the post settling-in period, which is greater than the projected 20 per cent change in outcomes projected by MTM (see Section 1).

The results remained statistically significant and of a similar magnitude during the sensitivity analysis which excluded the 2 pilot sites that received additional support for assessments. This indicates that the additional support from external consultants for these pilot sites did not appear to affect the referral process but only assessments. The magnitude of the effect on re-referral rates increased over time. However, we concluded that this is not moderate or high strength evidence because we were not able to account for the serial correlation in the analysis and we had data quality concerns. Pilot sites

<sup>40</sup> The proportion of our sample relating to children who appeared repeatedly was small (< 15%) and considerably different from the overall sample on observable characteristics. Because of this, we anticipated that the effect estimated by the fixed effect estimator for the subsample would not be generalisable to the overall sample and hence we chose not to use the fixed effects estimator. For more information, see Appendix 10.

also had a much lower rate of re-referral prior to the settling-in period than comparator local authorities.

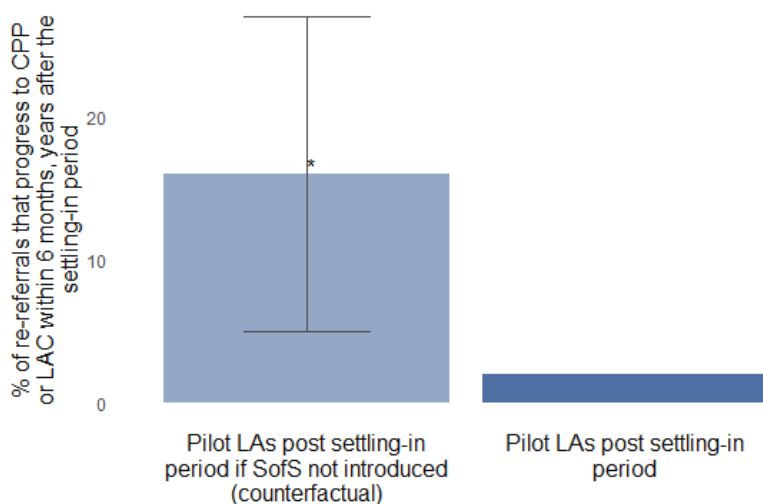
### Likelihood of a re-referral within 6 months that leads to a CPP or LAC plan

The assumptions in our statistical model were not met for assessing the impact of SofS on the likelihood of a child being re-referred and their case escalating, which means we have to be cautious when interpreting the results as a causal impact of SofS on the probability of a re-referral that leads to a CPP or LAC plan. Data quality was also insufficient, which made accurate measurement less likely.

**Figure 3: Impact of SofS on the rate of re-referrals that progress to CPP/LAC**

**No clear evidence of SofS affecting the rate of re-referrals that progress to CPP/LAC**

There is a significant decrease for pilot LAs using SofS in the main analysis but the effect is not robust to the sensitivity analysis (not shown on this graph)



N=(22,529, 2 pilot LAs, 2 comparator LAs)  
 + p<0.2, ++ p<0.1, \* p<0.05, \*\* p<0.01

Source: Regression analysis using ONS data

Note that the graph depicts the average marginal effect, applied on the treatment group to visualise the results.

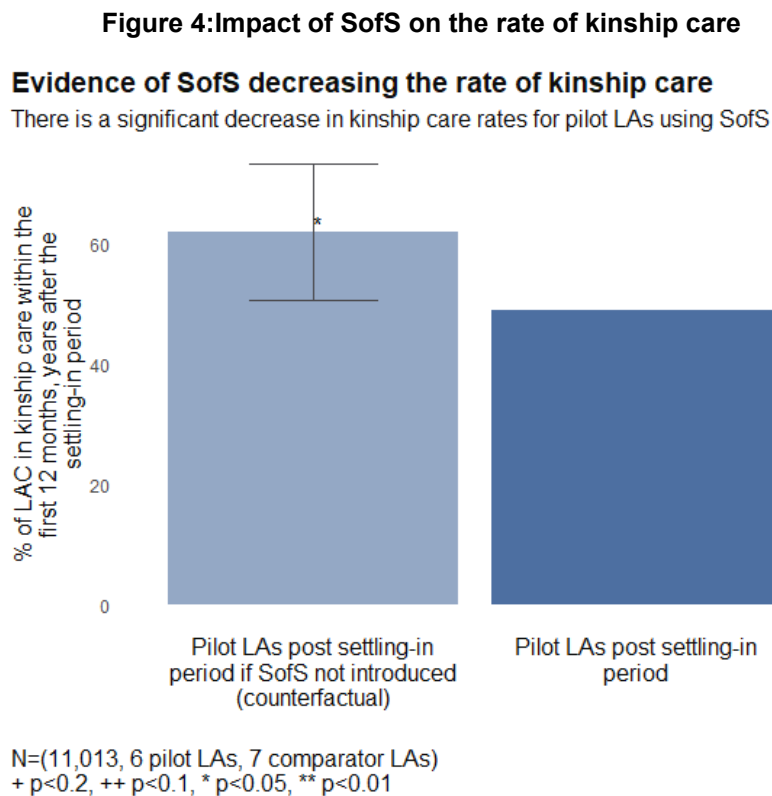
In addition, the analysis used only 2 comparator LAs and 2 pilot sites. As the intervention was assigned at the level of the LA, the small number of LAs observed made it difficult to distinguish between the impact of SofS and the myriad of ways that LAs could differ. We did not conduct secondary analysis for the likelihood of re-referrals and escalation as the secondary analysis involved breaking down the LAs further into

subgroups that would have been inappropriately small given that the main analysis used only 2 comparator LAs and 2 pilot sites.<sup>41</sup>

With those caveats, we found no moderate or strong evidence that the implementation of SofS affected the probability of a re-referral that led to a CPP or LAC plan within 6 months of the re-referral date. The main analysis yielded significant results suggesting a reduction of re-referral rates that led to a CPP or LAC plan, but the direction of the effect changes and we were unable to run our robustness checks given the small number of local authorities in the sample.

### Likelihood of kinship care compared with non-kinship care

The assumptions in our statistical model were met for assessing the impact of SofS on the incidence of kinship care, which allowed a causal interpretation of the results. The primary analysis suggests that SofS had a significant impact on the children and young people being looked after in kinship care compared with non-kinship care during the first 12 months of a period of care.



Source: Regression analysis using ONS data

<sup>41</sup> We excluded pilot LAs for 2 reasons. For some we were unable to find a sufficiently good match in terms of the outcome trends before SofS (parallel trend assumption). For others, we were left with too few observations for the time after the settling-in period, since the latter lasted up to 5 years for some pilot LAs.

Contrary to the hypothesis that SofS increases the probability of kinship care compared with non-kinship care by increasing the level of family support, the effect detected is negative and significant at the 5 per cent level ( $p=0.03$ ). So, our analysis shows that SofS decreased the probability of a child going into kinship care rather than non-kinship care by 12.63 percentage points. This equates to a decrease in the probability of kinship care compared with non-kinship care from 62 per cent to 49 per cent.<sup>42</sup>

Please note that this result took into account the first 12 months of a child's period of care, and consequently only considered any placements while a child was being looked after, and Special Guardianship Orders within 12 months of a child beginning a period of care.

## Overview of outcomes for children and families

Neither of the 2 strands of analysis suggest that SofS significantly improved outcomes for families. The contrast study showed no differences between parental involvement in SofS pilot and contrast sites, where overall clinical and professional competence across the 4 sites was linked to more collaborative relationships between social worker and parent. Neither the LA-level analysis nor the individual-level DiD analysis found significant consistent impact of SofS on the duration of assessments. There was also no evidence from the analysis using the national datasets for SofS significantly affecting the rate of children in need or child protection plans, or the rate of children looked after. There was some evidence from the individual-level DiD indicating that SofS decreased the probability of a child receiving kinship care instead of non-kinship care in pilot sites, which is a finding that goes against MTM's theory of change. The outcomes examined in the DiD analysis were chosen based on the outcomes which showed most promise during the analysis of Round 1 and based on MTM's theory of change, so we would have expected the most significant, positive impacts of SofS to occur within this set of outcomes.

Accounting for the quality of delivery or embeddedness of SofS does not change the impact. There is also no consistent pattern across the outcomes when accounting for the Ofsted ratings of the pilot sites. Some of the comparator LAs used practice models similar to SofS. Comparing SofS pilots and LAs using similar practice models may underestimate the impact of SofS as these models may work in similar ways. To test this, we excluded LAs with similar practice models from the comparison, comparing pilot LAs with comparators that had different practice models. We saw a larger effect, which suggests that the main results may potentially underestimate the true effect of SofS.

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<sup>42</sup> To generate this counterfactual, we add the DiD coefficient to the mean of the outcome post-treatment for those in pilot sites.

## Cost benefit

### What are the costs of implementing and maintaining Signs of Safety within the 10 pilot areas?

The Round 2 grant, allocated in October 2017 for 2 years, was £78,750 for each of the 10 pilot authorities. Of the 5 pilots that reported additional internal money allocated specifically to SofS activity, the amount varied between 37 per cent and 108 per cent of the grant amount. Two pilots reported no additional internal funding for SofS activity. It seems that much of the variation in internal funding was due to differences in what was captured as direct 'project' expenditure and therefore what funds needed to be allocated (for example, one authority reported nearly £10,000 in venue/room hire costs, while another reported none over the same period).

The majority of total reported expenditure was on staff working directly on SofS implementation, with authorities reporting that around 75 per cent of the overall spend on SofS was on staffing costs (including those involved in project management). Authorities varied in the number of staff employed to oversee SofS although most reported having some form of 'project lead' and 'practice development lead'. Of the 6 authorities that provided detailed staffing information, a total of 21 staff were employed with annual salaries ranging from £29,000 to £67,000 (median £41,000).

The other large cost area was training, although the variation in spend proportions in this area (between 5% and 31% of total spend) makes it clear that there was not a consistent approach in how costs in this area were calculated.

Data provided by MTM showed a total of 24 training sessions attended by 866 staff across the 9 pilots. The courses provided were the 5-day training (176 staff), the Family Finding training (245 staff) or the targeted 1-day training (445). This equated to a total of 2,550 staff days across Round 2. It was not possible to split the Family Finding data by each pilot, but for the 5-day and 1-day training alone, Pilot 5 lost 405 staff days to training over Round 2. Alongside the staffing costs, pilots would be required to cover accommodation, travel and subsistence expenses for all attending staff.

A total of 157 Practice Leader sessions were also provided across the 9 pilots, although attendee numbers varied and were often the same people so it is not possible to get an accurate idea of the total number of staff involved:

...we have had a lot of practice leads sessions and as the workers claim mileage via their individual team I don't think we could easily find out about this hidden cost, or for their time. (Pilot 3)

Other direct costs mentioned by pilot sites included venue and room hire, travel and accommodation expenses, IT development, administration and external consultants. When asked about the hidden costs, the most commonly reported items were related to providing backfill for posts when staff attended training, management time (which is dealt with below), promotion and communications.

According to the estimates provided by 6 of the pilots, over the 2-year period there had been an average of 230 days input from management staff across all grades, within a range of 52 to 1118 days per site. In Round 1, management time was fairly evenly split between 'senior' and 'middle' managers. In Round 2 the amount of senior time spend had reduced, which supports the observation across the deep dives that more responsibility for SofS was held at middle management level. In addition, overall MTM directors spent less time with senior managers during Round 2 than had been the case in Round 1.

## **Ongoing costs**

In the cost survey, all responding pilots thought that having staff dedicated solely to SofS was important for implementation and sustainability, while external consultants were not viewed as important to sustainability but were valued during implementation. Of the 21 staff reported to be employed on SofS in 6 of the sites, 17 were expected to continue to be employed beyond the end of Round 2, only 1 of the 17 having a temporary contract.

Many of the costs reported for implementation are expected to continue, as shown in Table A1 in Appendix 10, ongoing training required due to staff turnover and IT development being 2 of the major costs. Without external funding it is unclear to what extent the observed levels of expenditure are realistic and sustainable over the longer term.

## **What are the cost-saving implications of changes in outcomes?**

We found no significant changes over time as far as costs were concerned between the pilot sites and their SNNs at the LA level. The individual-level DiD found that it was less likely a child would receive kinship care instead of non-kinship care through SofS, which would imply cost increases rather than cost savings. There was no moderate or high strength evidence of the impact of SofS for the other outcomes, where a lack of robustness of the estimates and concerns over data quality meant it was not possible to provide reliable estimates for any potential cost-savings.

Overall, this strongly suggests use of SofS did not have a beneficial impact on the costs associated with rates of children in need (including those on child protection plans) or looked after children.



## Additional key findings for local authorities

On the basis of data collected for this evaluation over one-third of all authorities in England are using SofS exclusively and another third are using parts of it. It is therefore important to identify the specific messages for LAs from the 5 deep dive sites that were studied.

In most of the interviews and focus groups the feedback on SofS was generally positive; informants usually liked it, but there was an absence of evidence that it made any difference to families. There were examples of how individual cases had been transformed with the use of SofS but there was no evidence of consistent overall improvement, apart from that reported in Pilot 8.

There is evidence from the evaluation that the quality of leadership and management in the pilots was key to how SofS had been implemented and developed. As important as senior managers were, an equally important factor was the commitment of middle and team managers, alongside dedicated postholders who could support practice. Pilot 8 had all of these in place and had made the clearest progress with implementation and embedding of SofS. But the progress made in Pilot 1 has to be acknowledged. Pilot 1 had experienced a significant level of churn at senior management level through the first year of Round 2, but then a more stable situation returned, and the senior management team was committed to the continuing development of SofS. An Ofsted report on an inspection conducted towards the end of Round 2 recognised the role the 'preferred method of social work' had played in providing stability and continuity through a turbulent period. The stability was possible because dedicated SofS roles had been in place throughout, supporting training and practice development as well as demonstrating a commitment to the method. In a similar way to how Pilot 8 had assumed responsibility for SofS in the course of Round 2, there were those in Pilot 1 who were looking forward to the end of the project. This was not just because the administrative burden of completing returns would come to an end, but they felt they would then be in control of how SofS evolved.

The senior managers seen in Pilot 7 were committed to SofS but recognised that the support that was in place did not match the progress that was required. Social workers who were seen embraced the model but reported that there had been a failure to provide sufficient dedicated and identifiable support to develop it at the pace and level required. A similar situation existed in Pilot 9 where, despite a clear commitment from the DCS, SofS was not embedded to the same extent as in Pilots 1 and 8 and even in Pilot 7. A project manager had been appointed in Pilot 9 on a contract for the duration of Round 2. This was an experienced SofS practitioner who had provided practice, rather than project management, support. It had not always been an easy task. While this manager was well regarded by practitioners, in hindsight one senior manager thought that the locum status had made it difficult for them to operate at the level that was

required to make things happen. Nevertheless, this manager was the visible face of SofS across the pilot and it was not clear how successful it would be to attach those responsibilities to other roles.

At the end of the evaluation it was not clear in what form, if any, SofS would survive in Pilot 2, which was experiencing central government intervention following an Ofsted inspection grading as 'inadequate' under the Inspection of Local Authority Children's Services (ILACS) framework. While there was evidence that it had been adopted in pockets across the authority and enthusiastically embraced by the Early Help service, progress had been put on hold as a result of the inadequate assessment by Ofsted and subsequent churn amongst senior management. While SofS was not seen as contributing to the difficulties, it was associated with a period of perceived failure and there were those who wondered if a different model would not only provide better support for the improvement journey, but also instil much needed enthusiasm into staff.

Apart from Pilots 1 and 8, the feedback from social workers in interviews and groups was that those who were lukewarm about SofS were tolerated so long as they were not openly antagonistic. This, of course, led to variations in practice, supervision and group discussions between teams in the same pilot. So, for example, in the course of the evaluation in one pilot a team manager was interviewed who was very committed to, and enthusiastic about, SofS. By T3 that manager had been promoted and the person who took over the role did not share that commitment and accepted that some social workers would use it more than others and that some would not use it at all. At the same time, there were comments from across most of the deep dive pilots that not every case lent itself to SofS and that social workers should choose the elements that were most relevant to individual cases. All this echoed the pick and mix approach that was so prevalent at Round 1.

Another theme was how to manage risk while maintaining the SofS emphasis on strengths-based practice. Supporting families to take responsibility, and to work in partnership with them to do so, is at the heart of SofS. While it was viewed as a strength of the model it was not always seen to be compatible with statutory social work in England or with the high level of risk involved in many child protection cases. Many managers and social workers thought that MTM could have given more guidance on how to achieve this using SofS. The concern was that SofS in the hands of an experienced child protection social worker was very different from that used by an inexperienced worker, where it could be superficial and the line between the model and statutory responsibilities become blurred.<sup>43</sup> In the hands of a skilled practitioner it could provide a route to a better understanding of families, but without that experience the danger was that it was merely perceived as the way social work was done. While for some this had the advantage of providing clarity and guidelines for newly qualified

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<sup>43</sup> For a wide discussion of this and similar issues, see Baginsky et al., 2020a.

social workers, allowing them to practise more confidently and develop skills as they progressed, it was viewed by others as encouraging a formulaic approach to social work. There was the risk that SofS was viewed as the intervention, where the plan was to hand responsibilities back to families who may not be able to deal with them. Social workers often worked with families with very dysfunctional networks, but they were being expected to give them opportunities to change while concerns remained about children being left at risk. Examples were provided of where this had put children at additional risk. Similar concerns were evident in the feedback from senior managers in the 2 pilots that left the project before or during Round 2 and moved away from SofS while on improvement journeys after being judged 'inadequate' by Ofsted.

A further theme was the complexity of cases. Several informants were aware of the comment made by the Chief Social Worker Isabel Trowler (2018) that there was little evidence of greater complexity of need in cases entering proceedings, while in their experience in recent years complexity had increased across the board. They referred to child protection cases that would have escalated to proceedings and removal that now continued on child protection plans, and cases that would have been child protection that were held in Early Help teams or bounced between the 2. Pilots 7 and 8 were committed to moving away from the traditional way of seeing child protection conferences as the vehicle for creating safe homes for children. In Pilot 7 this meant that at T3 only 44 child protection plans were in place where previously the number would have been much higher. This was attributed more to the remodelling of children's services and a shift in Early Help provision than to SofS. However, the number of children removed from their families had not fallen and had recently started to rise. A similar picture emerged in Pilot 8. Combined with the evidence from national data, which showed lower overall rates in pilot sites than SNNs but no difference for pilot sites over time, this led to the conclusion that SofS was just a part of a national trend in which the child in care population was generally increasing despite efforts to stem the flow.

All the deep dive pilots were either developing practice frameworks that incorporated SofS alongside other approaches or labelling their framework SofS, but introducing additional training in these approaches.<sup>44</sup> Most usually referenced were restorative or systemic practice, but some pilots were also providing training on adverse childhood experiences (ACEs) and family group conferencing (FGCs), even though the FGC model is not necessarily compatible with the Family Network meetings of SofS.<sup>45</sup> Many of those interviewed thought training in systemic practice was the missing link in

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<sup>44</sup> For further discussion on whether or not Signs of Safety is a practice framework and its sufficiency to be one, see Baginsky et al., 2020a and 2020b.

<sup>45</sup> According to Munro and Turnell (2020), MTM worked with the local authorities to produce guidance on how to integrate these into the SofS framework. Although none of the deep dive pilots had been involved in this work, one fed back (after the evaluation had concluded) that they had found the guidance in the SofS Knowledge Bank helpful when developing their practice framework.

deepening SofS practice, although very little training was in place. A small number of practitioners in Pilots 2 and 7 were receiving more extensive training through national initiatives, and Pilot 9 was running a half-day workshop for all social workers.

The fieldwork identified that there was lack of clarity over the nature of SofS. Apart from MTM, who view SofS as facilitating whole-system change, it probably matters little if a pilot adopts it as a practice framework into which other approaches are absorbed or if it is a component of a more eclectic framework. There were those who viewed it as a system for recording cases, so expected it would have little impact on practice, and those who saw it as an assessment tool. In the latter respect it fails. There is no evidence that SofS strengthened assessments, and this is not surprising. Barlow et al. (2012) included SofS in their systematic review of tools for assessing and analysing data about the likelihood of significant harm to children and found that, compared with other tools, SofS has very few assessment domains. They concluded that its potential value lay in 'helping practitioners to create visual displays in order to facilitate the process of making sense of the data and sharing these data with families' (p.11). In that respect, given the increased visibility of the elements of SofS in recordings, it had succeeded.

## **Section 4: Summary of key findings on 7 practice features and 7 outcomes**

As reported in the Children's Social Care Innovation Programme Round 1 Final Evaluation Report (Sebba et al., 2017), evidence from the first round of the Innovation Programme led the DfE to identify 7 features of practice and 7 outcomes to explore further in subsequent rounds. There are 3 practice features and 4 outcomes that apply to this evaluation.

### **Practice features**

#### **Using a clear, strengths-based practice framework**

SofS is a strengths-based model of social work, which means that it should offer children and families ways of working that focus on their strengths, abilities and potential rather than problems, deficits and pathologies (see Chapin, 1995 and Early and GlenMaye, 2000). It is a process rather than an outcome, and in this evaluation how 'strengths-based' was interpreted was dictated more by the beliefs and values of the social workers who were observed than by the model. The evidence on the impact on families was inconclusive.

#### **Enabling staff to do skilled direct work**

There were positive responses to the extent to which Words and Pictures enabled parents to achieve a better understanding of their children's experiences. However, the contrast study did not provide evidence of enhanced direct work being conducted in the SofS sites.

#### **Undertaking group case discussion**

There is an SofS model of group supervision (Turnell et al., 2017). It is designed for groups of 4–10 practitioners and involves the social worker holding the case discussing it with a facilitator and an advisor. The other team members observe the discussion. Three of the 5 deep dive pilots had tried it but were not using it when the research data were collected, preferring to adopt a model where all team members could participate.

### **Outcomes**

The analysis does not provide moderate or strong evidence that SofS significantly improved outcomes for children and their families. There was also no evidence of SofS reducing staff turnover or agency rates.

## Reduced risk for children

The analysis does not suggest that SofS significantly reduced the risk for children. Only the rate of kinship care shows some medium-strength evidence of being reduced through SofS, although this is contrary to MTM's theory of change.

The rate of children in need throughout the year per 10,000 children was significantly lower in pilots than in SNNs between 2014/15 and 2018/19 but there was no evidence of a change over time. While there was evidence from the LA-level quantitative analysis to suggest that the average duration of assessments increased more in the pilots between 2014/15 and 2018/19 than in their SNNs, this was most likely caused by the work with external consultants in 2 of the pilots and does not appear to be linked to SofS. The evidence on the duration of assessment from the individual-level DiD is mixed. The LA-level quantitative analysis found that pilot sites had lower rates of CP conferences and CP plans than their SNNs, although this had been the case in each of the previous 5 years.<sup>46</sup> Whilst there were no significant differences between the pilots and SNNs in any of the 4 outcome measures related to referrals in the LA-level quantitative analysis, we saw a significant decrease in rates of re-referrals but do not deem the evidence to be of moderate or high strength. Accounting for the varying degrees of embeddedness and quality of delivery does not change the overall results, suggesting that the lack of a robust impact is not due to the differences in implementing SofS.

## Increased wellbeing and resilience for children and families

Evidence from the Yatchmenoff Client Engagement Scale, which is designed to assess parental involvement in the child protection process, showed no significant differences between responses in pilot and contrast sites, although the contrast sites had better average scores than pilots. The overall level of SofS use had no significant impact on family responses in any of the subscales. As overall clinical and professional competence increased, average family scores in each of the subscales decreased (improved), with all but receptivity being significant. This suggests that the more competent the social worker, the more likely parents were to be positively involved. Evidence from the Working Alliance Inventory confirmed that clinical and professional competence was significant in more collaborative relationships between social worker and parent. The level of SofS use had no significant impact on this relationship.

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<sup>46</sup> In August 2020 all ten pilots were asked to respond to a question on the trend for ICPCs and 8 of the 10 responded that in 2019/20 the number of ICPCs they had held had increased over 2018/19 and the trend was continuing.

## Reduced staff turnover and agency rates

Data from the Workforce Survey suggested that around half of social workers in 4 pilots thought turnover was a problem within their authority and between 14 per cent and 23 per cent were personally planning on leaving their job within the next 2 years. The view from the interviews and focus groups varied by pilot. In Pilots 1 and 7, while turnover was described as being 'quite high', it was within their expected levels, while in Pilot 9 it was described as 'massive'. However, in Pilot 8 turnover was said not to be a problem and the focus groups included members of staff who reported having returned to the authority because it was seen as successful, and that success was associated, in part, with SofS. When national workforce data between 2015 and 2019 (Department for Education, 2019) were examined there was no evidence that the use of SofS had any impact on staff wellbeing (as measured by caseload and the level of sickness absence); nor did it have any impact on the retention of staff or the use of agency (temporary) staff.

## Better value for money

The majority of total reported expenditure, funded both from IP project funding and internal allocations, was on staff working directly on SofS implementation, with authorities reporting that around 75 per cent of the overall spend on SofS was on staffing costs (including those involved in project management). The other large cost was training, although the variation in the proportion of total spend in this area (between 5% and 31%) makes clear that there was no consistent approach in how these costs were calculated. Many of the costs reported for implementation are expected to continue with ongoing training required due to staff turnover and IT development being 2 of the major costs. Without external funding it is unclear to what extent the observed levels of expenditure are realistic and sustainable over the longer term.

No significant changes in relation to costs over time between the pilot sites and their SNNs were identified at LA level. The individual-level DiD found no moderate or high strength evidence of a positive effect of SofS, which meant it was not possible to provide robust estimates for any potential cost-savings.

## Section 5: Lessons and implications

The purpose of an evaluation is to assess how well an initiative has been implemented and whether it has made a difference. The depth to which SofS had been implemented and embedded varied across the 5 deep dive pilots. It was clear that Pilot 8 had been most successful across all the applied measures in embedding SofS across the authority. Pilots 1 and 7 remained committed to SofS but uncertainties resulting from lack of stability in senior leadership and failure to provide the necessary support respectively impeded the progress that could have been made. While both pilots recognised these deficits, it was Pilot 1 that appeared to have the most chance of succeeding because of the extent of dedicated support that was in place. Despite commitment from the DCS in Pilot 9, senior operational managers in the authority did not commit to the same extent. The necessary structures to develop the model were either missing or were insufficient to ensure that it drove practice. Finally, Pilot 2 experienced a major reorganisation, creating instability that contributed to the inadequacies identified by an Ofsted inspection. For a significant proportion of Round 2 an organisational vision which might have seen SofS as part of the solution was absent. For some people it was associated, however unjustifiably, with failure.

Based on what was learnt of their journeys, successful implementation of SofS was linked with:

- the stability and commitment of senior leaders to define, monitor and manage strategic priorities, and provide clarity of vision alongside effective strategies and goals to fulfil that vision and manage resistance and dependencies
- support for continuous learning on SofS, which included dedicated posts to provide formal and informal learning
- the expectation that SofS would be used by all employed in every service
- oversight of how resources and expertise were deployed across the authorities
- development of a quality assurance system that aligned and fitted with the agency
- taking ownership of the model.

Several times in the course of the evaluation informants referred to 'culture trumping strategy'. A culture change cannot survive if it is imposed from above. The commitment of leadership alone will not achieve a successful shift in practice, but neither will positive feedback from practitioners unless it is part of a wider picture. Even though most social workers who were interviewed were very positive about SofS, it was not enough. What draws the 2 together is a 'roadmap' that identifies the route to be taken. MTM developed a mission critical roadmap but few pilots were able to produce the final version of implementation plans which identified how the individual elements had been achieved.



Only 3 plans were submitted which plotted achievements against the key activities. Two of them came from deep dive pilots, Pilots 1 and 8, which the evaluation assessed as having made most progress on implementation. However, when looking at what difference SofS makes, the picture is not clear-cut. We did not find moderate or high strength evidence of a positive impact of SofS on the majority of outcomes evaluated. Except for evidence of a reduction in the use of kinship care, the analysis does not suggest that SofS significantly changed outcomes.

Evidence on outcomes was drawn from the deep dive pilots, the contrast study and national datasets (both LA-level and individual-level data). There was no evidence of any impact on work with families, where the competence of the social worker was a far more important factor. Similarly, when LA-level children in need (CIN) data were examined there were no links found between SofS and duration of assessments and care applications. The pilot sites did have an overall lower rate of CP conferences and hence of CP plans than their SNNs, but this trend preceded involvement with the MTM SofS project and would need further investigation to explore whether there were other distinguishing factors in the pilot sites. Although there were no significant differences found between the pilot sites and their SNNs in outcomes related to referrals using the LA-level data, there was an indicative decrease in the likelihood of a re-referral according to the DiD but the evidence is not of moderate or high strength. Contrary to expectation, the DiD found a decrease in the likelihood of a child receiving kinship (compared with non-kinship care). The absence of moderate or high strength evidence of SofS for the other outcomes meant it was not possible to provide robust estimates for any potential cost-savings.<sup>47</sup>

As far as the workforce is concerned, Pilot 8 emerged as having the best outcomes overall in relation to role clarity, work and personal achievement, job satisfaction, intentions to stay in post and views on turnover in the authority, but the differences were not significant. When national data on the workforce were examined there was no correlation between use of SofS and positive indicators for staff wellbeing.

Adopting SofS may contribute to strengthening an agency, but it is just one part of what is required to improve outcomes for children, young people and their families. It may lead to more consistent recording of cases but there is no evidence that it leads to consistent and improved practice. Of the 8 pilots that had been in Round 1 and Round 2 by the end of 2019 only 2 were judged by Ofsted to be 'good' or 'outstanding' for children in need of help and protection. And, as the contrast study showed, there are indications that other approaches may be more successful in engaging families. In summary, we found no evidence at the present time to support the theory of change and the expected outcomes.

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<sup>47</sup> This builds on the findings of Baginsky et al., 2017, the systematic review from Sheehan et al. (2018) and the narrative review by Baginsky et al. (2019).

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Reference: RR 1054

ISBN: 978-1-83870-136-9

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