What Works for Children's Social Care

SIGNS OF SAFETY EVALUATION

An analysis of data from nine local authorities

SUMMARY REPORT

January 2021

![What Works for Children's Social Care]

Contents

Authors

Michael Sanders, What Works for Children s Social Care

Aoife O'Higgins, What Works for Children s Social Care

Eva Schoenwald, What Works for Children s Social Care

Vicky Clayton, What Works for Children s Social Care

Funding

About What Works for Children's Social Care

What Works for Children s Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children s social care sector. We generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders to improve children s social care and the outcomes it generates for children and families.

To find out more visit our website: **whatworks csc.org.uk**

If you d like this publication in an alternative format such as Braille, large print or audio, please contact us at: **info@whatworks csc.org.uk**

SIGNS OF SAFETY
SUMMARY REPORT

The aim of this project was to find out whether Signs of Safety (an approach to child protection work focusing on the strengths of the family) improves outcomes for children. We used routinely collected data on nine local authorities piloting Signs of Safety as part of Round 2 of the Department for Education's English Innovation Programme. We compared the outcomes of children in local authorities who use Signs of Safety with children in similar local authorities who do not. We were surprised that looked after children in local authorities using Signs of Safety were less likely to be placed in kinship care placements (compared with non-kinship care). We found no moderate or high strength evidence of positive effects on the other outcomes.

What is Signs of Safety?

Signs of Safety (SoS) is an approach to child protection casework developed by Munro, Turnell and Murphy (MTM) in Australia in the 1990s. SoS 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 implementation of the model in selected English authorities was funded by the Department for Education's (DfE) Children's Social Care Innovation Programme in Phase 1 and Phase 2. The evaluation of the model is highly relevant in the English social work context, as it has been adapted in some form in two-thirds of local authorities in England.[1]

PROJECT CONTEXT

We worked with the Health Social Care Workforce Research Unit (HSCWRU) at King's College London to assess the impact of the Signs of Safety (SoS) model on outcomes for children and families. The evaluation aimed to shed more light on the implementation and effectiveness of Signs of Safety and its implications for children, families and social workers.

The King's College London team conducted an evaluation of SoS in the context of Round 1 of the Innovation Programme.

It concluded that there was no evidence to link SoS to improved outcomes, but some promising signs around assessment duration and child protection rates.

In addition, a systematic review, conducted by Cardiff University and commissioned by What Works for Children's Social Care (WWCSC), found an absence of evidence that answered questions about the impacts of SoS on entry to care, but concluded that the model has the potential to help improve services for children and young people.[2]

1   Baginsky et al., 2021.
2   Sheehan et al., 2018.

Previous research on Signs of Safety

Several studies have focused on the implementation of SoS across different countries and settings. A smaller subset of studies conducted by third-party evaluators focused on the quantitative impact of SoS, i.e. the direct effect of SoS on certain quantitative outcomes.

There is some indicative evidence that suggests SoS might reduce the re opening of cases (Lwin et al., 2014). Further studies found that a model that included SoS-based counselling led to a reduction of placements and increases in children's wellbeing, as well as constructive cooperation with social services (Homgard Sorensen et al., 2009).

On the other hand, Reekers et al. (2018) found no impact of SoS on the risk of child maltreatment in a study in the Netherlands.

They also found no changes in parental empowerment through the implementation of the model, compared to regular care. Another study found no evidence of SoS affecting parental empowerment and involvement, or the perceived safety in the family for the child (Vink et al., 2017).

Several other studies such as Idzelis Roth et al. (2013), provide descriptive analysis of indicators of key outcomes. However, these indicators are difficult to interpret as they lack suitable comparison groups and large sample sizes.

Overall, there was indicative evidence that SoS might positively affect outcomes for children and families. However, many of the published studies evaluating SoS were not able to confidently measure its effect in practice, due to issues such as a small sample size or the lack of a suitable comparison group making it difficult to estimate the causal impact of the model. This absence of causal estimates motivated our study.

In this new evaluation report, we conducted an impact evaluation on a set of outcomes for children and families. The impact evaluation provides an additional lens to the assessment of SoS. By using an evaluation technique called a difference-in-differences design, the evaluation aims to measure the impact of SoS.

It adds to previous studies by trying to identify a clear causal impact of the model which requires a suitable comparison group and a large sample size. Without an adequate comparison, any changes that are observed over time might be caused by other improvements in social care that are not directly related to SoS. The research design in this study provides a robust estimate of the impact of SoS which should inform decisions by local authorities to use or invest in this model.

THE EVALUATION

We evaluated the impact of SoS on four outcomes for children and families.[3] The outcomes were chosen in consultation with the intervention developer. Outcomes were selected in line with the aims of the programme and the theory of change. We also included outcomes for which SoS showed promise in Wave 1 of the DfE Innovation Programme. The research questions of our evaluation were as follows:

1. What, if any, is the impact of SofS on the duration of assessments?

2. 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)?

3. 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)?

4. What, if any, is the impact of SofS on the likelihood of a child receiving kinship care instead of non-kinship care?

Difference-in-differences

When assessing whether a new approach is working, you could measure the outcomes for children and young people before and after and see whether they've improved. The trouble with this is that any changes you see after the approach is implemented could be due to other changes that are happening over time that are not related to the approach (e.g. the local authority's finances improving or the support at schools for vulnerable children improving).

A difference-in-differences approach solves this problem by comparing how outcomes change over time for those affected by the new approach and how the outcomes change over time for those not affected by the new approach. Looking at the difference in outcomes over time for those not affected simulates what we would expect in the absence of the new approach.

We used routinely collected data from nine local authorities piloting SoS as part of the Department for Education's English Innovation Programme. We compared the outcomes of children in local authorities who use SoS with the outcomes of children in similar local authorities who don't, using a matched difference-in-differences (DiD) design.

3   The original analysis plan included a fifth outcome, namely the likelihood of an initial child protection conference (ICPC). The final report does not discuss this outcome because the data available to the researchers was incomplete. The analysis of this outcome will be added in an addendum to the report.

FINDINGS

Contrary to MTM's theory of change, the analysis suggests that SoS decreased the proportion of children going into kinship care instead of non-kinship care. This is a cause for concern, as kinship care is widely thought to be positive, and a systematic review finds that there is moderately strong evidence that kinship care increases placement stability.[4]

We do not find any moderate or strong evidence of a positive impact of SoS on the remaining outcomes, although we had hypothesised that SoS would impact these outcomes as described in the table below.

We have also provided an assessment of the strength of the evidence, which describes how much confidence we should place in our findings. We used two metrics to assess this. Firstly, we looked at the quality of the data used in the analysis. Secondly, we investigated how much our results changed if we conducted additional sensitivity analysis. Sensitivity analysis involves running the analysis using either a different statistical model, or including additional information to take particular circumstances into account.

Illustrative example of a difference-in-differences analysis
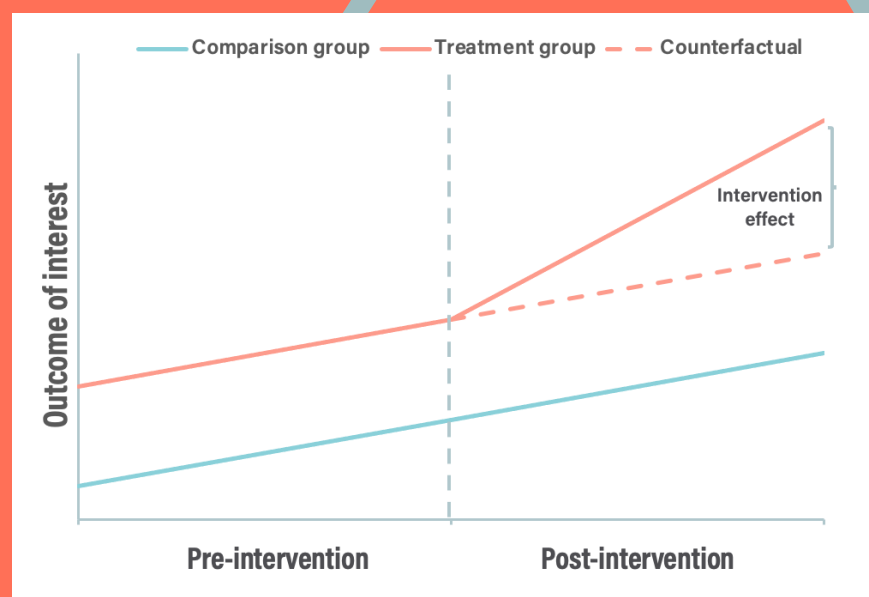
AS YOU CAN SEE IN THE GRAPH, WHERE THE OUTCOME IN "TREATED" LOCAL AUTHORITIES IS SIMILAR TO THE OUTCOME IN THE "COMPARATOR" LOCAL AUTHORITIES, YOU WOULD EXPECT THE TRENDS TO CONTINUE. ANY ADDITIONAL IMPROVEMENT CAN BE PUT DOWN TO THE INTERVENTION.

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

The results of the DiD analysis align with the analysis by the HSCWRU. None of the different strands of analysis find significant and robust improvements across outcomes in relation to practice, staff wellbeing and retention, or the rate of looked after children.[5] The qualitative evaluation concludes that SoS may lead to more consistent case recording, but does not find evidence that it leads to consistent and improved practice. WWCSC's systematic review also finds little to no evidence to suggest that SoS is effective at reducing the need for children to be in care.

Our analysis finds no consistent evidence of SoS changing the quality and duration of assessments. It also reveals an absence of moderate or high strength evidence of a positive impact of SoS on re-referral rates. Contrary to what we expected, we find that kinship care decreased in local authorities that implemented SoS.

We would thus encourage local authorities to closely monitor kinship care rates when implementing SoS. The results caution against regarding Signs of Safety as a silver bullet - adopting the model may contribute help to strengthen a local authority, but if it does so it is just one part of what is required to improve outcomes for children and young people.

NONE OF THE DIFFERENT STRANDS OF ANALYSIS FIND SIGNIFICANT AND ROBUST IMPROVEMENTS ACROSS OUTCOMES IN RELATION TO PRACTICE, STAFF WELLBEING AND RETENTION, OR THE RATE OF LOOKED AFTER CHILDREN

---

4   Winokur et al. (2018). Summary available under: https://whatworks-csc.org.uk/evidence/evidence-store/intervention/ kinship-care/.

5   See full report under: https://www.gov.uk/guidance/childrens-social-care-innovation-programme-insights-and-evaluation

IN DEPTH RESULTS

Impact on duration of assessments

We find no clear evidence of SoS affecting the duration of assessments. The estimate is not robust to the sensitivity analyses and also changes significantly when excluding pilot sites from the analysis that had support from external consultants.

Impact on rate of re-referrals

Although we find that SoS reduced the rate of re-referrals in our main analysis, the results should be interpreted with caution, due to the limitations of the data. This means that we are unable to provide a confident, robust estimate of the impact of SoS on the rate of re-referrals. An explanation of our rating of the strength of the evidence are outlined in the full report.

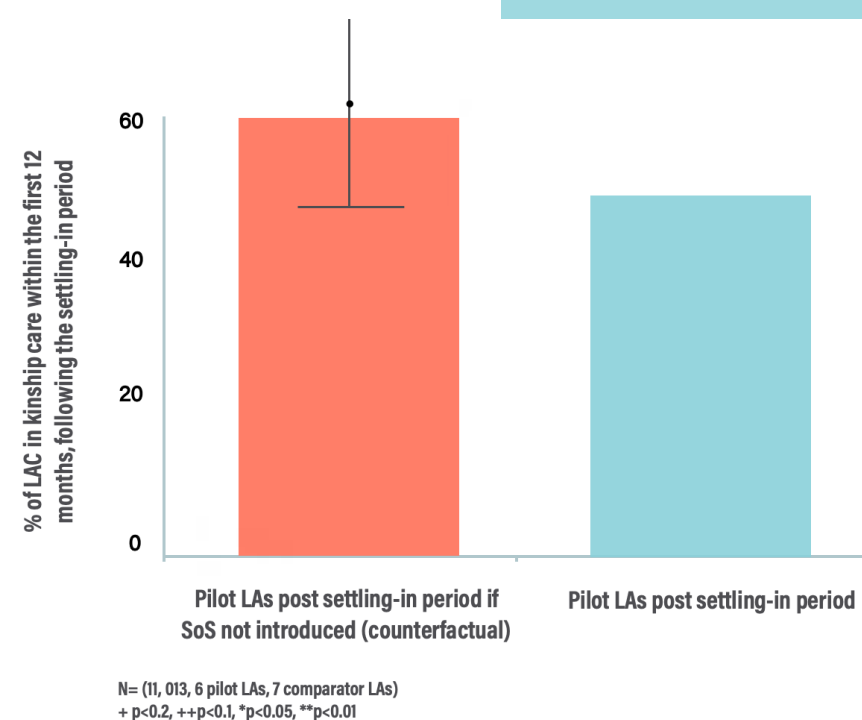## Impact on the rate of re-referrals that progress to CPP/LAC

For this outcome, we could only find two pilot sites and comparator local authorities for which the assumptions of our statistical analysis were met (parallel trends). Given additional concerns regarding the quality of the data, we are not able to accurately estimate the impact of SoS on this outcome.

Impact on kinship care

We find that SoS decreased the probability of kinship care for a child who becomes looked after. This is contrary to the hypothesis that SoS increases the probability of kinship care compared with non-kinship care by increasing the level of family support. The effect remains robust to different specifications and we thus deem it medium strength evidence.

WE FIND THAT SOS DECREASED THE PROBABILITY OF KINSHIP CARE FOR A CHILD WHO BECOMES LOOKED AFTER

Evidence of SoS decreasing the rate of kinship care
There is a significant decrease in kinship care rates for the pilot LAs using SoS

% of LAC in kinship care within the first 12 months, following the settling-in period

Pilot LAs post settling-in period if SoS not introduced (counterfactual)

Pilot LAs post settling-in period

N= (11, 013, 6 pilot LAs, 7 comparator LAs)
+ p<0.2, ++p<0.1, *p<0.05, **p<0.01

Source: Regression analysis using ONS data

REFERENCES

1. Baginsky, M., Hickman, B., Harris, J., Manthorpe, J., Sanders, M., O'Higgins, A., Schoenwald, E. and Clayton, V. (2021). Evaluation of MTM's Signs of Safety Pilots - Evaluation report, London: Department for Education.

2. Baginsky, M., Moriarty, J., Manthorpe, J., Beecham, J. & Hickman, B. (2017). Evaluation of Signs of Safety in 10 pilots, London: Department for Education.

3. Holmgård Sørensen, T. (2013). When parents and network create safety for the child: An evaluation of safety plans as a part of working with children at risk in department of social services city of Copenhagen, Socialforvaltnin-gen, Københavns Kommune.

4. Idzelis Roth, M., Nelson-Dusek, S. and Skrypek, M. (2013). Innovations in Child Protection Services in Minnesota - Research chronicle of Carver and Olmsted Counties, Wilder Research.

5. Lwin, K., Versanov, A., Cheung, C., Goodman, D. and Andrews, N. (2014). The use of mapping in child welfare investigations: a strength-based hybrid intervention. Child Care in Practice, 20(1), 81-97.

6. Reekers, S.E., Dijkstra, S., Geert Jan, J.M., Stams, G.J.J.M., Asscher, J.J. and Creemers, H.E. (2018). Signs of effectiveness of signs of safety? – A pilot study. Children and Youth Services Review, 91, 177–184.

7. Sheehan, L., O'Donnell, C., Brand, S.L., Forrester, D., Addis, S., El-Banna, A., Kemp, A. and Nurmatov, U. (2018). Signs of Safety: Findings from a Mixed-Methods Systematic Review Focussed on Reducing the Need for Children to Be in Care. London: What Works Centre for Children's Social Care.

8. Vink, R., de Wolff, M., van Dommelen, P., Bartelink, C. and van der Veen, S. (2017). Empowered door Signs of Safety? Onderzoek naar de werkzaamheid van Signs of Safety in de Jeugdzorg. Leiden, TNO.

9. Winokur, M. A., Holtan, A., & Batchelder, K. E. (2018). Systematic review of kinship care effects on safety, permanency, and well-being outcomes. Research on Social Work Practice, 28(1), 19-32.

What Works *for* Children's Social Care

CONTACT