

what works
centre for

CHILDREN'S SOCIAL CARE

EMMIE SUMMARY

Signs of Safety

November 2018

About the What Works Centre for Children's Social Care

The What Works Centre 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. Our mission is to foster a culture of evidence-informed practice. We will generate evidence where it is found

to be lacking, improve its accessibility and relevance to the practice community, and support practice leaders (e.g. principal social workers, heads of service, assistant directors and directors) to create the conditions for more evidence-informed practice in their organisations.

About CASCADE

CASCADE is concerned with all aspects of community-based responses to social need in children and families, including family support services, children in need services,

child protection, looked after children and adoption. It is the only centre of its kind in Wales and has strong links with policy and practice.

To find out more visit the Centre at: whatworks-csc.org.uk, or CASCADE at: sites.cardiff.ac.uk/cascade

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EMMIE summary:

Signs of Safety

This evidence summary is based on the following systematic review

Sheehan, L., O'Donnell, C., Brand, S. L., Forrester, D., Addiss, S., El-Banna, A., Kemp, A., Nurmatov, U. (2018) *Signs of Safety: a mixed methods systematic review*, Cardiff University, Wales, UK

What is the intervention?

Signs of Safety (SoS) is a framework for child protection practice that was developed in Western Australia in the 1990s. Drawing on Solution Focussed Brief Therapy, it is a strengths-based, safety-oriented approach to casework that is designed for use throughout the safeguarding process. SoS aims to stabilise and strengthen families through working in collaboration to identify and harness their strengths and resources. This places relationships between social workers and parents at the centre of child protection.

SoS has received a lot of interest internationally, being implemented in areas as diverse as the USA, Canada, the UK, Sweden, The Netherlands, New Zealand and Japan. However, no systematic reviews of the evidence for SoS have been published to date. This technical summary is based on a recent systematic review undertaken by colleagues at Cardiff University, the research partner for the What Works Centre for Children's Social Care.

Which outcomes were studied?

The systematic review conducted a realist synthesis, using the EMMIE approach, which explored the effectiveness of SoS in reducing numbers of children in care, the associated mechanisms and moderators, factors relevant to implementing SoS, and its cost effectiveness. The research questions were:

1. Is SoS effective at safely reducing the number of children in care?
2. What are the economic costs and outcomes associated with implementing SoS?
3. What are the most important mechanisms by which SoS reduces the number of children in care, the contexts that moderate these mechanisms, and the barriers and facilitators associated with implementation?

The review included 38 studies in total, from peer reviewed journals and grey literature. Two of these were foreign language publications which were machine translated by the reviewers.

Effectiveness: how effective is Signs of Safety?

The review found no evidence that SoS is effective at reducing the need for children to enter care. This finding is based on four studies that included quantitative data, all of which were deemed to have a moderate or high risk of bias. The low quality of the quantitative literature meant that analysis of effect was based on a descriptive numerical summary analysis rather than a meta-analysis.

Mechanisms and Moderators: when, where and how does it work and who does it work for?

Although the authors found no evidence of effectiveness at reducing the need to enter care, they gathered a lot of data that enabled them to delineate the programme theory. This is intended to enable the sector to consider how the model might be implemented and evaluated more rigorously. The review found no evidence that SoS was detrimental, and an overall picture of limited quality evaluation, so understanding mechanisms and moderators is a priority for further exploring the value of SoS.

Due to the complexity of SoS, the reviewers present the programme theory in two 'layers'. The first deals with overarching links between the main components of SoS and its supposed outcomes. These main components are; balancing safety and risk – by recognising protective factors and strengths where appropriate; being child friendly and communicating clearly in a manner that everyone involved can understand; working in partnership with families and external agencies; viewing parents and children as experts in their own lives; being clear, open and honest, and looking for exceptions to challenge and co-developing plans for the future. These are theorised to generate a shared understanding of risks to children, and a shared responsibility for addressing those risks, which is theorised to lead to reduced risks and reduced need for care.

The second 'layer' of the programme theory developed by the reviewers depicts the mechanisms and moderators that lie beneath this overarching mechanism. For example:

“Children and young people are enabled to share their experiences with workers, parents are enabled to experience a turning point, wider family are enabled to understand risks and offer support, and external agencies are enabled to be clear about their worries and offer support.” (Sheehan et al, 2018; pp 36).

Each group (social workers, children, parents, other professionals and non-professionals) has a role to play in this mechanism. For example, the social worker needs to enable the child to trust them, so that the child can communicate openly, and consent to the social worker relaying their thoughts to the parent. If this happens as intended, the social worker can use their relationship with the parent to prompt a 'turning point'. The 'turning point' is a key aspect of this mechanism, and an important part of SoS. In essence, it requires social workers to use what

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children say about their situation, in their own words, to help the parent to reflect on risks, take responsibility, and make changes.

While engagement appears to be central to the model, the literature is scant on how wider family members and carers might be engaged through SoS. The reviewers identify this as an important gap in the programme theory.

Implementation: how do you do it?

Sheehan and colleagues found limited information on how SoS had been implemented, meaning it was difficult to ascertain what was meant by SoS in different studies, and how much they differed from the licensed model. The evidence that was found suggests implementation of SoS is complex. This also makes it difficult to judge the extent to which the finding of no evidence of effect is due to implementation issues.

Only 7 of the included studies aimed to evaluate the implementation process, and in the absence of a validated measure of SoS these used a range of methods (including observation, interviews and self-report). There is also some debate about whether the key aspects of implementation should be seen at organisational level, in terms of service design, or at a more individual level, in the use of SoS tools among frontline staff.

Nonetheless, several factors were noted as important facilitators and barriers of implementation. For individuals training was seen to be vital, but staff turnover meant this needs to be a rolling programme of training rather than a one-off event. The availability of trainers was also raised as a challenge, as was the high financial cost of licensing the model. At organisational level, the evidence suggests organisational culture and the recording and reporting practices that underpin it could prove challenging for SoS. On the other hand, whole system changes that were led by engaged senior leaders who remained close to practice, and supportive of staff development, were argued to facilitate successful delivery.

Implementing SoS is suggested to take some time, with one study suggesting an implementation period of 5 years. However, little is known about the journey from initial launch to full implementation. Nonetheless, organisations looking to implement SoS would be advised to carefully consider how long might be needed to embed the model.

Economics: what are the costs and benefits?

The reviewers were not able to conduct an economic analysis because there are no published full economic evaluations of SoS. Only 3 of the 38 included studies mentioned cost effectiveness, and none of these conducted a full economic analysis. The most extensive of these did not consider SoS independently of other aspects of the intervention and did not detail unit costs sufficiently for conclusions to be drawn.

What are the strengths and limitations of the review by Sheehan et al (2018)?

The review offers the most comprehensive picture of the evidence for SoS available. Through a realist synthesis, it sets out a detailed programme theory which encompasses not only whether SoS works, but also the mechanisms, moderators, contexts and implementation issues therein. Based on this, Sheehan and colleagues present a practice-focussed summary which illustrates “what should be observable to the social worker” if SoS is being delivered as intended (pp 5).

However, the evidence on which the review is based is relatively poor. The intervention lacks clarity, and this makes rigorous evaluation difficult. Furthermore, some studies had difficulties in recruiting participants and had a lot of missing data, and some lacked suitable comparison groups. Few studies addressed care entry as an outcome, so this limits what the review can tell us about its main question. This meant that a meta-analysis was not possible.

The review included a large amount of literature relating to SoS, but there was a lack of consultation with families who had experienced SoS. Such consultation could have improved the programme theory it developed and filled in the gaps it identified.

Summary of key points

- Signs of Safety (SoS) is a widely used framework for child protection that aims to reduce the need for children to enter care, through a strengths-based approach that draws on Solution Focussed Brief Therapy
- The review by Sheehan et al (2018) is the first systematic review of the literature on SoS
- This review found no evidence that SoS effective in reducing the need for care, but no high-quality studies have tested this. Relatively few studies had explored this quantitatively and these were deemed to be at moderate to high risk of bias
- Evidence about implementation of SoS was varied, and no standardised measure of whether SoS is being well implemented has been used. There is debate about the relative importance of organisational or system-wide SoS and the adoption of SoS tools and practices at the frontline. The roles of the philosophy and practices of SoS therefore remain unclear and should be the focus of future evaluations
- Two levels of mechanism were identified. The first covers the overarching links between the main components of SoS and its supposed outcomes, and the second covers those that underlie this. For example, communicating clearly and working in partnership is underpinned by workers gaining the trust of children and parents
- As with other complex interventions, the interaction of organisational culture, individual practice, and the wider context seem important in determining how SoS is delivered
- Embedding SoS may take a significant amount of time, but little is known about the journey from initial launch to full implementation
- There has not been a full economic evaluation of SoS, so we do not know how cost effective the model is.

References

Turnell, A., & Edwards, S. (1999). *Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework*. New York: Norton

Implementation information

Additional implementation information was extracted from a study conducted in 10 English Local Authorities to supplement the information provided in the systematic review. This study is:

Baginsky, M. Moriarty, J., Manthorpe, J., Beecham J., and Hickman, B. (2017) [Evaluation of Signs of Safety in 10 pilots](#). Children's Social Care Innovation Programme Evaluation Report 48. London: Department for Education.

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