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Signs of Safety: The view from early help

Signs of Safety is a strengths-based approach to work with children and families where there are concerns about abuse or neglect. Signs of Safety is widely used in the UK and internationally, and there is a growing range of empirical research exploring its use within statutory children's social work. However, there is little research exploring how, and to what effect, Signs of Safety is being used by other childcare professionals. This paper reports on an independent evaluation of the use of Signs of Safety by an 'early help' agency in the South West of England. At time of evaluation, the agency was commissioned by the local authority to support children and families with multiple and complex needs who did not meet the threshold for statutory children's social care involvement.

The study was multiple methods with two strands. To better understand the work that the agency did, data was collected from case files, to develop a profile of families engaging with the agency. Interviews were undertaken with five practitioners about their experiences of using Signs of Safety. Saliency analysis was used to explore the qualitative data. Overall practitioners felt that Signs of Safety was accessible, supported clear communication with children and families and aided critical reflection. However, existing tensions - relating to statutory threshold decisions and multi-agency relationships - were reflected and magnified via the Signs of Safety tools. Based on these findings, implications for practice are discussed, providing original insights about an issue highly relevant to national and international audiences.

Keywords: Signs of Safety; early help; thresholds; children's social care

Introduction

Signs of Safety (SoS) is a safety- and strength- orientated framework for child protection practice. The SoS model is widely used in countries such as the UK, USA, Sweden, Japan, the Netherlands and Australia. SoS was developed in Western Australia in the 1990s by Turnell and Edwards in collaboration with children and family practitioners. It aims to provide a collaborative means of risk assessment and safety planning for agencies who work with children who have been, or are, at risk of maltreatment. SoS can be defined as a practice

framework, in that it ‘integrate[s] expertise, skills and theory and act[s] as a guide to practitioners’ (Baginsky et al. 2020: 4).

Three key principles are embedded in the SoS model:

1/ **‘Working Relationships’**. Constructive, positive professional working relationships between the child, family, social worker and other professionals are central to social work practice.

2/ **‘Thinking critically: ‘a stance of inquiry’**. Social workers, and the processes that support them, should be willing and able to change initial judgements formed, engaging with the different positions and views of the child, family and other professionals.

3/ **‘Landing grand aspirations’**. SoS is a ‘ground-up’ framework, developed in collaboration with practitioners. SoS states this is in contrast to paternalistic approaches to social work whereby decisions may be imposed on children, families or professionals.

The key tool of SoS is a risk assessment framework (hereon referred to as the framework) which is designed to be contributed to by everyone relevant to the child and family including the child themselves, parents, wider family and other professionals. The framework itself is relatively straightforward and is broadly organised into the following three sections: What’s going well? What are we worried about? What needs to change? The framework also has ‘danger statements’ - to articulate what the family and professionals are worried might happen if nothing changes, and the impact of this on the child/ young person - and a scaling question which asks all participants to rate the safety of the situation from 0-10 (Turnell & Murphy 2018).

There are also a range of other tools within SoS for use with children and families around exploring risks and strengths, and safety planning. One such tool is the ‘Three Houses’, which was developed by Weld and Greening in 2003 and was later incorporated into the Signs of Safety model (Weld 2008). The ‘Three Houses’ has a similar format to the

framework but is for engaging with children. Children and young people are facilitated to draw and then populate three houses: the house of good things, the house of worries, and the house of wishes.

Signs of Safety in England

SoS is widely used in England as a practice framework. A recent survey by Baginsky and colleagues (2020) reported that approximately a third (30%, n=45) of local authorities (n=148) were using SoS as a practice framework and a further third (33%, n=49) were using parts of SoS in different areas of practice. In part, the popularity of SoS in England can be ascribed to its conceptual approach to children's social care (hereon CSC) work. With its strength- and safety-orientated approach which places emphasis on the relationships between social workers and families, SoS can be seen as presenting an antidote to increasing concerns about managerialism and risk focused CSC practice (Munro 2011).

While SoS is the most common, other practice frameworks have been adopted in English local authorities. Through the Children's Social Care Innovation Programme in 2014 (Department for Education), other frameworks for practice were trialled in England. The Innovation Programme aimed to find new ways of working which supported positive outcomes for children and families in the context of increased demand and reduced resources (DfE accessed 2020). Other practice frameworks which have been trialled and are being used in local authorities include Systemic Practice (e.g. Reclaiming Social Work) and Restorative Practice (e.g. Family Valued). While these frameworks have different approaches, they all – like SoS - broadly adopt a strengths-based approach to social work practice, that places value on the relationship between the social worker and the child and family.

Implementation of SoS involves introductory or advanced training in SoS for practitioners and managers, as well as ongoing commitment and action from leadership to change organisational culture and approach to CSC work to be in line with the principles of

SoS (Turnell & Murphy 2018). In some local authorities, partner agencies who work closely with CSC have also been trained to work with SoS. One of these partner agencies in England are early help services, discussed below.

In England, early help refers to support addressing “emerging problems and potential unmet needs of individual children and families” (Department for Education (DfE) 2018: 12). The early help service (hereon EH service) who took part in this study were commissioned by the local authority to assess, provide and co-ordinate EH support for children and families with multiple and complex needs. The EH service employed 5 practitioners who worked with and supported children and families for between 6-12 months. Practitioners assessed children and families referred to the agency and coordinated support from other agencies (such as health and education) following the Team Around the Family (TAF) model. The TAF model is designed to provide holistic, multi-agency support for all members of the family (DfE 2010). As well as undertaking assessments and co-ordinating support, the practitioners also did considerable direct and practical work with children and families including 1:1 work with children, parenting support and guidance, safety planning, household routines, financial management and housing support.

As in many local authorities, the EH service were part of a continuum of services available to children and families: from universal support (e.g. health visitors) to specialist intervention and support (e.g. statutory CSC intervention). Within this continuum, the EH service is located between universal and statutory support. As such, as well as receiving referrals from universal and other support services, the EH service also received referrals from the local CSC team about children and families who did not meet the threshold for statutory intervention or whose cases were being closed to statutory services. The EH service also made referrals to the local CSC team when there were safeguarding concerns. The EH service were required to use SoS to be consistent with CSC teams in the locality. This study

explored how SoS was being used in the EH service, and what practitioners' views on the model were.

Literature review

There is a growing body of research exploring the use, implementation and impact of SoS on social work practice. This section provides a brief overview of research, concluding with a discussion about the use of SoS by non-social work agencies such as EH services.

Overall, research has consistently found that SoS is highly rated by social workers and has had a positive impact on practice. A survey by the Government of Western Australia of 251 practitioners (out of a possible 1460) reported that 80% of respondents felt that SoS had made a positive difference on their practice. Social workers have also reported that SoS has increased their professional self-efficacy and confidence (Turnell & Edwards 1999). This increased job satisfaction and confidence may be because social workers feel that SoS has improved their work with children and families. For example, interviews with social work practitioners in England have reported that the SoS model and framework has improved the quality of their assessments and helped them to identify and manage risk (Baginsky et al. 2017, Bunn 2013).

Reflecting one of its key principles, research has also found that SoS increases social workers focus on family strengths. A large-scale evaluation of SoS in 10 local authorities in England surveyed and interviewed 471 social workers. Respondents generally reported that SoS helped them to identify strengths and support available in the family network (Baginsky et al. 2017). This view of SoS is reflected to some extent in research with parents. For example, most parents interviewed as part of small-scale study by Skrypek and colleagues (2012) study in Minnesota (US) reported that their social worker (using the SoS approach) supported them to identify strengths in family life. However, it should be noted that Minnesota had also experienced significant changes across child welfare services prior to,

and at the same time as, the implementation of SoS. Therefore, it may be that parents' perceptions reflected the other system-wide changes made, rather than SoS itself.

As well as allowing for increased focus on strengths, some research has shown that SoS supports respectful and open communication between practitioners and families. A study of child welfare services using SoS in the US found that parents generally felt that their social workers were honest with them and that they were actively involved in the safety planning for their child(ren) (Skrypek et al. 2012). Likewise, Keddell's (2012) study in New Zealand found that parent/carers felt listened to when worked with by practitioners using a SoS-informed approach. However, like Skrypek et al.'s 2012 study, Keddell's 2012 study was not specifically focused on evaluating SoS. A outstanding limitation of the evidence base relating to SoS is that the vast majority has been undertaken with social work professionals rather than children and families (or any other professionals).

Another area of debate about SoS is whether it improves longer-term outcomes for children and families. A recent systematic review by the What Works Centre for Children's Social Care in England (WWC) concluded there was not yet any research "to support the claim that SoS is effective in reducing the number of children in care" (WWC 2018: 52). Academics affiliated with the SoS model disagreed, pointing to evidence which concludes that SoS reduces the number of children in care (Turnell et al. 2018). The evidence referenced is a conference presentation given at a SoS Gathering (2018) about Calgary's (US) use of the Alberta Intervention Practice Framework (AIPF). SoS is embedded within AIPF. The presentations shares 'before and after' implementation of AIPF/SoS data, which indicates that the proportion of assessments and children in care reduced between 2012/2 and 2017/8. As far as the presentation shows, no confounding or mediating factors were controlled for in the analysis (e.g child or parent factors, socio-economic factors, other structural/organisational changes in Alberta), so it cannot be concluded that there is a direct

causal link between SoS/AIPF and reduced number of children in care. Furthermore, there is no longer term or qualitative data available which tell us whether these administrative figures are sustainable or are experienced as a positive by the children and families involved.

The debate about whether SoS reduces the number of children in care reflects a wider issue in the evaluation of the model. There is significant variability in how SoS is implemented and the fidelity of practice to the ‘original’ model. Without knowing exactly what SoS looks like in different practice settings - and whether its use represents a reliable version of the model - it is difficult to ascertain whether and how it is having an impact on outcomes. Attempts have been made to explore implementation (Baginsky et al. 2017, Salveron et al. 2015) and a recent report summarises the development and testing of a fidelity assessment in relation to SoS (Roberts et al. 2016). However, there remains much uncharted territory in terms of the implementation of, and fidelity to, the SoS model.

Another area which remains under-researched is how SoS is used by childcare practitioners outside of social work services. SoS was originally designed to be used by children and families social work teams. However, SoS promotes a whole-system multi-organisational change (Turnell & Murphy 2018) and therefore, non-social work agencies are increasingly using SoS either by themselves or alongside social work services. There is limited research about how other organisations use, or view, SoS. The evidence that is available is primarily reliant on proxy reporting from social workers and managers about other professionals’ experiences of using SoS. For example, key social work informants report that the introduction of SoS into partner agencies such as EH has led to “improvements in both communication and decisions over referrals” (Baginsky et al. 2017:100). Discussion papers about the implementation of SoS in health (Stanley & Mills 2014) and EH (Stanley et al. 2018) services have similarly hypothesised that SoS may be able to “reduce unnecessary and anxious referrals to statutory services” (Stanley et al. 2018:4), because it supports

strengths-based practice and shared understandings of risk and safety. However, there is no research evidence to support these claims.

Understanding how practitioners outside of social work agencies are using SoS, and what their views are of it, is important because they are integral to its successful implementation. It cannot be assumed that the benefits of SoS reported by social workers are generalisable to practitioners working in different settings. Equally, there may be elements of the model which are particularly positive or problematic in or between agencies. The present study addresses the gap in research evidence by exploring the use of SoS in an EH service in the South West of England. The study's aim was to explore the use of SoS by an EH service. The research questions were:

- 1/ How have EH practitioners integrated SoS into their practice?
- 2/ What do EH practitioners feel the strengths and weaknesses of SoS are?
- 3/ What are EH practitioners views on how SoS is used to communicate across agencies (e.g. between themselves and children's social care)?

To develop a more nuanced understanding of the kinds of work EH practitioners were doing, an overview of the profile and needs of families engaging with the agency was also developed.

Methodology

The study was multiple methods and consisted of two strands: 1/ semi structured interviews with all practitioners working in the EH service at time of data collection (n=5) and 2/ data collection from case files relating to all current children (n=98) and families (n=28) currently being worked with by the EH service.

This study is independent, and the author has no connection with SoS. The data was collected when the author was on placement with the EH service in 2015. The placement was a secondment from the authors PhD and was funded by the ESRC through the South West

Doctoral Training Centre (SWDTC, now the South West Doctoral Training Partnership). The SWDTC supports PhD students to develop research and professional collaborations with non-academic organisations. The primary purpose of the placement was for the author to undertake an evaluation of the use of SoS. The author also engaged with other aspects of the EH services work. As such, the author was known to the practitioners who were interviewed as part of the study.

Interviews with practitioners

Semi-structured interviews were undertaken with practitioners by the author to understand their experiences and views of SoS. The interviews were framed by a topic guide which covered five key topics: 1/the context of their work in EH 2/ how SoS was used in everyday practice 3/ their views on how they felt SoS had influenced their practice 4/ how they felt children and families responded to SoS 5/ use of SoS with other professionals (specifically CSC). The EH service employed 5 practitioners, and all 5 practitioners were interviewed. With participants' consent, the 5 interviews (one per practitioner) were conducted face-to-face in the centre where the EH service was based between May-July 2015.

The qualitative interview data was analysed by the author using saliency analysis (Buetow 2010). Saliency analysis is substantively similar to thematic analysis, which is the identification of recurrent themes emerging from qualitative data (Bryman 2016). However, the recurrence of themes within qualitative data does not necessarily reflect how important the theme is. The attempt to authenticate the importance of a theme by quantifying it contradicts a key premise of qualitative research. Qualitative research seeks out rich descriptions of a phenomenon, hoping to understand individual nuances (Brinkmann & Kvale 2014) and, arguably, identifying how important a theme is based on its recurrence belies the individuality and 'poly vocalisation' of the original accounts (Delamont & Atkinson 2004).

In contrast, saliency analysis develops thematic analysis and incorporates non-recurrent but salient themes. A salient theme is one which “captures something important in relation to the research question” (Braun & Clarke 2006: 82). Following Buetow’s approach (2010), the interview data was coded inductively and without a pre-existing coding framework in NVivo (v.10).

Casefile data

To develop a profile of children and families engaging with the EH service, data was collected from case files. Information was collected about all families open to the EH service in April 2015. Data was collected about: demographics, household composition, reason for referral to the agency, support needs identified, previous CSC history and case management information. The qualitative data on case files were quantified and entered into an Excel spreadsheet. This was then transposed into SPSS (v.21) for basic descriptive analysis.

Ethics

A formal application was made to and approved by the [EH service Research Ethics Committee anonymised for review] in November 2014. All information was kept securely either on password protected files or in locked cabinets. Information about the study was provided in a participant information sheet which included information about the purposes and processes of the research, confidentiality and anonymity and the right to withdraw data (up to a specified date). Participation was voluntary and potential participants were assured that their involvement in the research would not affect their employment now or in the future.

Prior to data collection from electronic case files, all parent/carers currently receiving a service from the agency were written to. The letter explained the purposes of data collection and parent/carers were given the option to ‘opt out’ of having their data collected: two

families returned the opt out form and no data were collected relating to them. To ensure anonymity, no identifying information (e.g. date of birth, address) was collected from case files. For confidentiality reasons, the agency and the local authority have not been identified. All data collected conformed to the requirements of The Data Protection Act 1998 which was the legal requirement at the time of data collection (replaced by the General Data Protection Regulation in 2018).

Findings

The first section of the findings provides a profile of children and families who were receiving support from the EH service in April 2015. This profile is useful to present first because it provides the context within which SoS was being used. The second section reports the qualitative data from interviews with EH practitioners about SoS.

Profile of children and families engaging with the agency.

The data presented relates to 28 families with 98 children open to the EH service in April 2015. Figures are all reported in relation to the children (n=98) and, where appropriate, in relation to the family (n=28). The mean age of children was 8.3 (range 0-18) and, on average, each child lived in a household with 3 other siblings. Most of the sample were White British (91%, n=89), reflecting the demographic make-up of the local population. Just over 40% of children (n=40) were living with a single parent (mother or father) while 35% (n=35) of children were living with both their birth parents and 23% (n=23) were living with a parent and step-parent, or with extended family.

Half of the children (48%, n=47) accounting for 46.5% (n=13) of families were referred to the EH service by health or educational professionals. Other referrers included the police, CSC and child and adolescent mental health services. Children and families were referred to the EH service for different reasons. Notably, sixty four percent of the children

referred to the agency had previously been the subject of CSC involvement. The most common support needs identified at referral were for: parenting support (53%, n= 52 of children and 46.4%, n=13 of families) and the child's emotional wellbeing (39%, n=38 of children and 46.4%, n=13 of families).

On average, children and families had been receiving support from the EH service for 11.6 months (mean = 11.6 months, range 3-20 months). The length of time reflects the complexity of the work the practitioners were doing with families. Information from case files indicated that once assessment with the family had been completed a broader range of support needs were identified than had been originally included in the referral: after assessment 69% (n=68) of children (accounting for 75% of families, n=21) were identified to be living with a parent/carer with a mental health condition. A similar proportion of children 62% (n=61) (accounting for 67.9% of families, n=19) had been, or were currently, experiencing domestic violence or abuse. There were also often considerable socio-economic issues. Financial concerns were an identified support need for just under half of the children (46.9%, n=46 representing 39.3% (n=11) families. Poor housing conditions were a concern for 42.9% of children (n=42) representing 39.3% (n=11) families. Finally, there were often specific support needs identified around children's wellbeing and safety: emotional wellbeing was an identified support need for 39 (39.8%) children, and 33 (33.7%) children were considered at risk of, or were experiencing, child sexual exploitation. The complexity and increased identification of support needs after assessment was recognized by practitioners in interviews:

What you originally were referred to do may, you may find that there is complexity, more complexity than you originally expected because families, in building relationships, will divulge and share more information with you. (PWF1)

The findings from the profiling element of the study show that the agency was frequently working with children and families where there were multiple identified support needs. There appeared to be a mismatch between the support needs identified in the referral and those subsequently identified by the agency. The findings also suggest that many children and families engaging with the EH service were affected by deprivation (see figures above regarding poor housing and financial issues).

Signs of Safety

Interviews were undertaken with 5 practitioners to understand how SoS was being used in the agency and what their experiences of using it were. The practitioners were all project workers in the agency. Three were female (PWF1, PWF2, PWF3) and two male (PWM1 and PWM2). The interviews ranged in length from 30-75 minutes. The thematic saliency analysis revealed the following themes which are used as subheadings below.

Using Signs of Safety

The use of SoS was not mandated within the agency, however the risk assessment framework ('the framework', described above) was the required format for referring a child to CSC. As well as using the framework, practitioners also reported using other SoS tools. These included the 'Three Houses' and the safety planning tools. These tools are explained in more detail in the most recent SoS briefing paper (Turnell & Murphy 2018). In interviews, practitioners identified a range of situations when they had drawn on the SoS tools to support their practice. All practitioners reported using the framework to structure Team Around the Family (TAF) meetings:

In a TAF meeting, I take minutes in a simplified version of that [the framework] format
(PWF2)

I...try and do TAF meetings in the Signs of Safety way now (PWF3)

Another practitioner (PWM2) reported that the risk assessment framework was useful in TAF meetings because it reduced administration associated with writing up minutes and an action plan – because the third column (what needs to happen) served as the action plan. In addition, practitioners used the framework in supervision and with colleagues to reflect on families they were working with:

[the framework] opens my eyes a bit, sometimes you kind of don't see things until you have time to, it's a good reflecting tool because it helps you to think about things (PWM1)

Equally, all practitioners reported using the 'Three Houses' tool with children and young people. However, the tool was adapted for use (or not used at all) with older children because it was seen to be infantilising and not age appropriate:

I probably would not use it [three houses] with adolescents as feels a bit primary school-ish. (PWM2)

I quite often use it [the three houses]. I see them [children] in schools or older ones I will take out after school. And then adapt it, because with littler ones I will get them to do drawing of things. But older ones would prefer just to answer the question. (PWF3)

One practitioner also reported using the 'safety house' to good effect:

I have a couple of times used the safety house...they [siblings] drew a house and then who would you let in house, who's allowed in the garden and who's not allowed in your street... I think I got a lot more out of them than if I had asked 'who do you feel safe with?' 'who do you not feel safe with?'. (PWF3)

Strengths of Signs of Safety

All practitioners felt that the SoS tools supported the strength and task-based approach to working with families that was already embedded in their practice. As such, practitioners did

not feel that SoS had significantly changed their approach to working with children and families, although they did identify some specific strengths, discussed below.

Practitioners felt that the SoS tools encouraged a focus on the future and on family strengths:

[SoS focuses] on what needs to change, I think that's where it comes in quite handy.
(PWM1)

[SoS] stresses the positive...its important, otherwise it can feel like it's doom and gloom and saying everything in their life is bad...it's kind of a self-fulfilling prophecy if you are telling someone they are bad and rubbish – they don't think they can do anything else, but if you let them know there are some strengths then it encourages self-esteem and self-confidence (PWF1)

Building on this, practitioners felt that SoS helped to identify practical solutions to problems. Two practitioners (PWM2 and PWM1) described SoS as 'solution-focused'. Another commented:

It [SoS] helps you identify stuff that works. So, you can identify things parents can do...then you can use those strengths to support the child and family. (PWF3)

A key strength identified by practitioners was that the SoS tools (specifically the framework) aided their communication with parent/carers, children and other professionals. For example, one practitioner noted that the clarity and simplicity of the framework made it accessible to families:

[SoS has been] designed with service users in mind (PWM2)

Equally, practitioners felt that using the framework as means to structure meetings and visits to the family made their work more transparent and fostered a shared understanding of, and responsibility about, the family situation.

[previously] it would have been possible for someone to write down what's going on and [parents] not knowing what is said and whether it's fair. Having it [the framework] open on a grid in the middle of the table hopefully lives up to the team bit in the TAF and helps everyone to own it. It's not just me making notes on a piece of paper and typing up an assessment. (PWF2)

SoS, and the tools, were also considered to foster a more equal power dynamic between families and professionals:

[SoS] is a joint collaborative approach and hopefully equal power rather than the dynamic of the worker going in and trying to save the parent and save the family. (PWF1)

Practitioners reported that the format of the framework with its straightforward and direct questions (e.g. 'what are we worried about?') was useful for directly communicating concerns about risk of harm to children, parents and carers:

[SoS] gives you a good backbone in having some pretty frank conversations with people. (PWF2)

The scaling process embedded within the framework was also felt to provide a useful, alternate way to communicate with professionals and families, particularly when there were different perspectives on a situation:

I have done it [scaling] with families, I did it with [family] and that was really useful because [child] and mum gave the situation a 5 but dad gave it a 2 and the whole point of my conversations up till then was that dad had a very negative perception of the situation...it's the same situation you just have two different perspectives. (PWF3)

The other tool which practitioners felt aided communication was the 'Three Houses'. Practitioners thought that the 'Three Houses' offered a simple and effective means of communicating with children about difficult or sensitive issues. Practitioners also felt that the

‘Three Houses’ tool provided a good platform from which to communicate the voice of the child to other people.

I have tended recently to use the three houses quite a lot on my first meeting with children and I’m quite surprised because I didn’t think I’d really like it... But I have to admit that children seem to respond really well to it and it’s quite a good tool for a first meeting (PWF2)

I do find the three houses useful in order to make sure we are hearing the voice of the child and advocating on behalf of the child (PWF1)

As well as supporting communication and building relationships with families, practitioners also found that SoS helped them with analysis and critical reflection. This was identified in relation to reflecting on families they were working with and encouraging a more analytical approach to identifying risk of harm to a child.

I think it [the framework] highlights the key areas in terms of risk and harm and kind of what are we hoping for, that is going to make the family or children safe and what steps need to be taken (PWM1)

I think it’s [the framework] helpful for me to remove...what my feelings, or hunches or instincts into something actually clear and coherent and...based a little bit more on fact. It’s really important because people who just work on their gut feelings, and talk about their feelings or hunches - it is too emotional, and it is based on an anxiety (PWF2)

by going into the finer details which the [framework] allows you to do, you get evidence...So instead of just thinking ‘oh they don’t do this’, you think ‘they don’t do this and the impact of that is this and therefore I’m worried that’. (PWF3)

Problems with Signs of Safety

Two main concerns were raised in relation to SoS. The first was that some elements of it could be tokenistic. For example, practitioners noted that there was the potential for the ‘strengths’ column (‘what’s going well?’) in the framework to be treated superficially and

without a true consideration of family strengths:

I know the point of it [the framework] is to focus on things that are going well, and it does help you do that, but I think that that bit can be, in TAF meetings, that bit can seem a bit tokenistic (PWF3)

Building on this, another practitioner commented that the framework encouraged a visual balance of risks and strengths in a child's life without the weight or importance of different factors being considered. This could lead to strengths being thought of as adequately 'balancing out' risk factors when they did not:

I think if you are going to put a protective factor in you need to sort of score how protective it is, like its adequacy... For example, someone might, could, talk about a child's sense of depression and isolation and concerns of mental health. Well a protective factor could be that a child is going to afterschool club once a week and that will support them to be more outgoing. And that's got a shot at, having a small impact, [but] I wouldn't say that was an adequate thing (PWF2)

The second – and main – concern raised about SoS was how it was being operationalised by the local CSC team. Use of the framework was mandatory when practitioners wished to make a safeguarding referral to CSC. In this context, the framework became the source of a number of problems. A key issue identified by practitioners was the inconsistent use of SoS by different professionals. Practitioners noted there was variability in how different social workers used, and thus how they expected others to use, the framework:

I do still get confused about what counts as harm and what is a complicating factor and the same with the safety goals and what's going well..... Some [social workers] break it all down into individual sub sections, some people don't bother with that. Like [social worker] doesn't do danger statements, and so when I did it with [family] there wasn't any but when we did it for [another family] we did (PWF3)

Practitioners also noted a perceived professional superiority about how to use the SoS tools

and that they felt their skills and expertise in assessing and managing risk were dismissed by social workers. One practitioner commented:

I think there is a level of superiority about how to use SoS and the ability to use SoS...and when, without fail, you phone to discuss stepping up a case which you have [completed a risk assessment framework for] and you are capable of assessing, you are asked if you have mapped [assessed] with someone to help you and if you have really thought about it before you have phoned them (PWF2)

These inconsistencies in the use of SoS were part of a larger problem and the real issue appeared to be ongoing differences of professional opinion about what the threshold for a referral to CSC should be. One practitioner commented that there was considerable difference between professional agencies about what constituted a risk of harm to a child (PWM2).

Another noted that:

Lots of people, senior [social work] practitioners using the tools, wouldn't let any of those factors that I would consider to be worrying and harmful, wouldn't let any of them become danger statement. (PWF2)

Some practitioners felt that an incident of significant physical or sexual abuse needed to happen before the threshold for CSC involvement would be met. One practitioner gave an example of a child who they had tried to refer to CSC on several occasions. When sharing the risk assessment framework with the CSC team, the information was re-assessed by the social worker using the SoS tools:

The social worker really condensed it [the framework] down to a very immediate sense of risk...focusing on the direct and very immediate things and not taking into account less direct forms of harm like emotional harm or the effects of physical neglect. (PWF2)

The practitioner noted that none of the referrals were accepted until there was an incident of direct physical harm against the child:

I think the reason that case did not get stepped up until something pierced the threshold was because you can [assess] a case [using SoS] and I think that case was [assessed] in a way which gets it off the duty desk (PWF2)

It should be noted that this was not necessarily a criticism of SoS *per se*. Rather it was a reflection on the (perceived) high threshold for getting a referral accepted by CSC in the local area and how this was being operationalised via the SoS tools. In relation to high thresholds, one practitioner noted:

Children's social care are overwhelmed so someone, a legs got to be falling off, before they, I mean that figuratively, but I do mean that and I struggle with that, but they [CSC] have to wait until something significant happens, why don't you do something before the significant thing happens? (PWM1)

Discussion

This study explored the use of SoS in an EH service by interviewing 5 practitioners. The study also developed a profile of children (n= 98) and families (n=28) engaging with the service. The agency was working with children and families where there were multiple identified support needs including parental mental ill-health, domestic violence and abuse, poor housing conditions and financial concerns. The high proportion of children previously known to CSC services suggests that their 'needs' were not emerging – the intended focus of EH work (DfE 2018). Given the profile of families engaging with the service, it is reasonable to conclude that practitioners were undertaking complex work with families who were experiencing a high level of difficult issues. The complexity of the agency's work is relevant to highlight given the challenges that practitioners faced in making referrals to the local CSC team.

In answer to research question 1 (RQ1), the EH practitioners had integrated SoS into their day-to-day practice in the agency. Practitioners used the tools flexibly and to suit

individual children and families. The only situation where this was not the case was when practitioners wanted to make a referral to the local CSC team: in these instances, the use of the framework was mandated.

RQ2 aimed to explore practitioners' views on the strengths and weaknesses of SoS. Overall, practitioners were generally very positive about SoS: they felt the tools aided communication with children and adults, identified family strengths and promoted more transparency in their practice. All three of these factors have been identified as important in developing and maintaining ethically sound, positive working relationships between practitioners and children and their families. Clear and honest communication is critical in work with children and families (Koprowska 2014). Equally strengths-based approaches, which focus on the capacities and abilities of children and their families rather than their deficits, foster both positive working relationships and can enhance wellbeing (Pattoni 2012). The study's findings support and extend the conclusions of existing studies such as the large national evaluation by Baginsky et al. (2018) by indicating that – like social workers - EH practitioners consider SoS to promote and support positive practice with children and families.

Practitioners also reported that SoS supported critical reflection and risk assessment. Practitioners felt that the framework encouraged a more analytical approach to identifying risk of harm to a child, requiring them to evidence the concerns they may have. This helped practitioners to consider how certain issues may be impacting on the child and to interrogate their 'gut feelings' about situations. Similar findings are reported elsewhere with, for example, social workers indicating that SoS supports analysis and decision making in practice (Bunn 2013). Given that good analysis is critical to professional decision making (Platt & Turney 2019), it is a strength of SoS that practitioners feel that it supports them in

this task. However, it remains important to understand how this perceived improvement in analysis may impact on children and families.

While practitioners were broadly positive about SoS, a significant concern was raised about the way it was being used to operationalise high thresholds and gatekeep referrals from CSC. In answer to RQ3, practitioners felt that SoS was being ‘used’ as a tool to minimise their concerns by, for example, practitioners being told that they had assessed the case ‘wrong’ or that their danger statements were not correct. In these instances, practitioners felt that their experience and ability working with children and families was disregarded.

The experiences of practitioners are in sharp contrast to one of the core principles of SoS, which considers constructive working relationships to be the “heart and soul of effective practice” (Turnell & Murphy 2018: 5). The findings of this study indicate that when there were disagreements over questions of risk and safety in a child’s life between practitioners and social workers, these were not resolved satisfactorily. Practitioners felt that – rather than being respected - their professional judgement could be dismissed by social work practitioners. Similar findings were reported in a study by Salveron et al. (2015) who found problems relating to meaningful shared decision making between statutory and non-statutory agencies when using SoS. Taken together, these findings potentially suggest a wider issue with the operation of SoS between agencies.

Central to the concerns raised by practitioners was that thresholds to CSC services were too high and that their views on what constituted a risk of harm to a child were too often dismissed. The views of practitioners reported in the study are at odds with previous research, which has tended to conclude that SoS improves communication and shared understandings of risk between different agencies (Stanley et al. 2018). In fact, studies have reported that SoS improves other professional agencies understanding of thresholds (Bunn 2013, Stanley & Mills 2014) and may reduce “anxious referrals” to CSC (Stanley et al. 2018: 4). It is

necessary at this juncture to return to the profile of children and families the EH service was working with: the complexity of support needs experienced by families do not suggest that practitioners were making unnecessary referrals or being overly ‘anxious’. Rather the difference in findings is likely to reflect different professional perspectives of those interviewed: while social workers and social work managers may feel SoS supports multi-agency understanding about risk and thresholds, this is not necessarily a view shared by other professionals, in this instance EH practitioners.

The study’s finding suggest a disparity between the core principles of SoS and how SoS was actually being used in practice. For example, key principles of SoS reflect the importance of working relationships and of incorporating different viewpoints (see introduction), however this is not necessarily how EH practitioners experienced SoS when used alongside CSC colleagues. This potentially mirrors a wider issue which is that while the tools of a practice framework (such as SoS) may be used, full implementation requires organisations (and practitioners) to embed and adhere to the core values of the framework (Baginsky et al. 2020). As such, when considering matters of implementation there is a need – as this study has done – to look beyond the CSC system to other systems and practitioners (EH, health, education), to seek out their experiences and views of SoS. This is not only relevant in the UK, but internationally in countries such as Canada, North America and Australia where SoS is used across different agencies such as family support, counselling and mental health services.

However, it should be stressed that perfect ‘implementation’ or ‘fidelity’ to the SoS model is not – and will not be – a silver bullet. The problem facing EH practitioners in this study was the very high threshold for statutory CSC involvement and the burden on their agency to continue to work with families where there were – in their professional opinion – clear safeguarding concerns. The concerns raised by practitioners reflect wider issues

affecting CSC in England: a recent inquiry by the All Party Parliamentary Group for Children found that thresholds for social care intervention were rising and that children and families had to reach crisis point before they could get help (APPGC 2018). As SoS continues to be implemented into a social care landscape affected by cuts in government funding (Local Government Association 2019) and a depletion of support services (Smith et al. 2018), it is likely to reify and magnify challenges and difficulties that childcare practitioners already face.

Limitations and future research

The study has a number of limitations which are important to note. Firstly, this is a small-scale study and cannot claim to be broadly generalizable to other contexts. The interviews were conducted in 2015 and therefore the use of SoS in the local authority in question may have changed. Furthermore, the study only presents the views of EH practitioners in one local area: other practitioners or social workers may have had a different perspective on the use of SoS between agencies. Finally, due to the nature of the project the qualitative data was only coded and analysed by one researcher (the author): it is acknowledged the study would have been more robust with a second coder.

However, and as noted earlier, this was an independent study and the author has no connection with SoS. This independence is a strength because much research about SoS is undertaken by individuals or groups who have an affiliation with the model (see, for example, Salveron et al. 2015, Turnell and Edwards 1999). There remains a significant need to grow the independent research evidence base for SoS, to adequately reflect its widespread use nationally and internationally. There are many potential avenues for future research, including increased focus on the experiences of children and families as well as exploring longer term outcomes and implementation. However, what this study has shown is that it is

critical that research explores the experience of non-social work professionals in using SoS, particularly alongside statutory social work agencies.

Conclusion

Given that there is very little research about the views of non-social work practitioners using SoS, this study offers new and original findings which are important to consider. Overall, the study found that the application of SoS in an EH service is promising: practitioners were broadly positive about SoS particularly in relation to aiding communication, identifying family strengths and supporting critical reflection. However, there were some marked difficulties around how SoS was being operationalised in practice. Some of the findings of this study stand in sharp contrast to the assumptions made by social work practitioners and managers about the views of other childcare practitioners on SoS. It is important that future research considers the use, implementation and perceptions of SoS in non-statutory contexts such as EH, education and health care services. Furthermore, there is a need to consider the context in which SoS is being introduced: as this study has shown, SoS has the potential to magnify – rather than resolve – existing systemic problems.

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