Signs of Safety

Summary of the Practice Approach, Evidence and Implementation

Part of the Signs of Safety Implementation Documents
– 2nd edition, March 2017

The development of Signs of Safety began in the 1990's drawing on solution-focused therapy and the direct experience of effective practice by child protection workers and the experiences of families. It is now being implemented in well over 100 jurisdictions in 18 countries around the world. The Signs of Safety continues to evolve reflecting innovation by child protection workers in the international Signs of Safety community, the experiences of families and adaption in varying jurisdictions. Jurisdiction wide implementations have highlighted the centrality of Signs of Safety in organizational transformation as policy, learning, leadership and measurement align to support the front line practice with children and families.

THE SIGNS OF SAFETY PRACTICE APPROACH

Signs of Safety is an integrated framework for how to do child intervention work – the *principles* for practice; a range of *tools* for assessment and planning, decision making and engaging children and families; the *disciplines* for practitioners' application of the approach; and *processes* through which the work is undertaken with families and children, and partner agencies. Signs of Safety practice enables child welfare intervention to be the catalyst for behavior change by families and empowers them to make these changes.

Principles – underpinning the approach

Working relationships are fundamental, with families and other professionals
Relationships must be forged and maintained in the face of the coercive nature of child protection intervention, biases towards pre-judgment of families and different perspectives of professionals.

Stance of critical inquiry – always being prepared to admit you may have it wrong
As Munro (2009) observes, "the major source of error in child protection is not being prepared to admit you may have it wrong". Child protection investigations need to take a questioning approach and remain open minded. They cannot be the formulation of a hypothesis and fitting the evidence to support that hypothesis.

Landing grand aspirations in everyday practice
Families and front line practitioners are the arbiters of whether practice works. This "practice led evidence" has informed the development of Signs of Safety and continues to drive of learning for practitioners and innovation of the approach.

Practice Tools

The *assessment and planning framework* is used for "mapping" the worries, strengths and steps to safety, all expressed in plain language. The map encompasses the four domains for enquiry:

The *"three columns"*:
- What we are worried about (past harm, future danger, complicating factors)
- What is working well (existing strengths and existing safety)

• What needs to happen (family and child protection authority safety goals and next steps for future safety)

And the *scaling question* to make judgments about how safe the child is, from the perspective of the child protection authorities, the family, their network and other professionals, to bring the case to judgment, develop understanding between the parties and to drive change.

Within these domains of enquiry are the risk assessment analysis categories that involve defining the harm, defining the danger, identifying existing safety and developing safety goals to address the danger, all expressed in succinct plain language.

The Signs of Safety map, setting out the four domains of enquiry and the seven analysis categories is set out below.

Signs of Safety® Assessment and Planning Framework

What are we Worried About?	What's Working Well?	What Needs to Happen?
HARM: Past hurt, injury or abuse to the child (likely) caused by adults. Also includes risk-taking behaviour by children/teens that indicates harm and/or is harmful to them.	**Existing Strengths:** People, plans and actions that contribute to a child's well-being and plans about how a child will be made safe when danger is present.	**SAFETY GOALS:** The behaviours and actions the child protection agency needs to see to be satisfied the child will be safe enough to close the case.
DANGER STATEMENTS: The harm or hurt that is believed likely to happen to the child(ren) if nothing in the family's situation changes.	**EXISTING SAFETY:** Actions taken by parents, caring adults and children to make sure the child is safe when the danger is present.	**Next Steps:** The immediate next actions that will be taken to build future safety.
Complicating Factors: Actions and behaviours in and around the family, the child and by professionals that make it more difficult to solve danger of future abuse.		

On a scale of 0–10 where 10 means everyone knows the children are safe enough for the child protection authorities to close the case and zero means things are so bad for the children that they can't live at home, where do we rate this situation? *Locate different people's judgments spatially on the two-way arrow.*

0 ◄——————————————————————————————————► 10

Tools for *engaging children* bring the child's voice into the assessment, and most critically as a catalyst for change, to the family. *My Three Houses* (of good things, bad things and dreams) is a child's version of the three columns to capture their experience.

Words and pictures is used first, for explanations for parents to explain what has happened and what is happening for the children. As such it is also a catalyst for change for families and a prelude to the safety plan. Second, words and pictures is used to set out the safety plan.

There are variations and additions based on these core tools that have been developed by practitioners to suit specific needs and cultural settings.

Moreover, Signs of Safety assessment and planning is adaptable across the continuum of services, from more prevention and family support oriented services (early help) through youth at risk to children in care (looked after children, LAC). The table below sets out how the adjustment of the analysis categories of harm, danger, existing safety and safety goals, enable the framework and the methodology to be applied in all service settings as Signs of Wellbeing and Signs of Success.

Assessment Type	What Are We Worried About?			What's Working Well?		What Needs To Happen?	
	Past	Future	Complicating Factors	Existing Strengths	Existing Solutions	Goals	Next Steps
Signs of Safety *Child Protection*	Harm	Danger	Complicating Factors	Existing Strengths	Existing Safety	Safety Goals	Next Steps
Signs of Wellbeing *Family Support*	Wellbeing Concerns (past)	Critical Worries (future)	Complicating Factors	Existing Strengths	Existing Wellbeing	Wellbeing Goals	Next Steps
Signs of Success *Children in Care*	Worrying Behaviour (past)	Critical Worries (future)	Complicating Factors	Existing Strengths	Existing Success	Success Goals	Next Steps

Disciplines – guiding workers' behavior and application of the approach

- *Clear distinction between past harm, future danger, and complicating factors* as outlined in the framework diagram above.
- *Clear distinction between strengths and protection* (existing safety) as outlined in the framework diagram above.
- *Plain language* that can be readily understood by families, in all verbal and written communication.
- *Statements focusing on specific observable behaviors*, avoiding meaning laden, imprecise and poorly understood labels and diagnostic descriptors.
- *Skillful use of authority*, using the statutory authority of child protection but giving families choices about how to work with authorities and finding ways that work for them.
- *Assessment is always a work in progress*, although this cannot preclude taking action.

Practice processes

The Signs of Safety practice processes involve interacting and iterative cycles of assessment and analysis and action. Assessment and analysis involves the following minimum steps:

- The intake professional inquiring and sorting information from the referral into the Signs of Safety map under the What's Working, Worrying and Needed headings.
- The intake professional continuing inquiry in a risk-intelligent way, gathering needed additional information. The information is then analysed. Initial danger statements and safety goals are formulated and matched with aligned safety scales (establishing the case specific judgement criteria). This stage usually involves work with other key professionals and court proceedings may be initiated.
- Intake professionals undertake initial mapping (assessment) work with children (My Three Houses or similar), parents and extended family while simultaneously finding and involving all possible naturally connected support people, be they next door or around the world. See *www.familyfinding.org.*
- Once the children, parents and support network understand the professional concerns about harm and danger (even if they don't agree), and the shared goals and aligned safety scales are agreed and finalised, this establishes the key parameters of the assessment map for the particular case.
- The final stage of this first iteration involves formulating a safety planning trajectory, including critical steps and timeline. Once agreed by all, the Signs of Safety map and trajectory provide the focus for the working relationships between family and professionals.

The action cycle focuses on building the family and network's capacity to act to ensure the child's safety when circumstances could, or do, become dangerous. The action cycle involves the following minimum steps:

- Listening to, informing, and involving the children through the whole action cycle.
- Finding support people and establishing them as a permanent, naturally connected support network around the immediate family.
- Professionals leading the parents, support people and children in developing an everyday safety plan to ensure the children will always be safe when family life could, or does, become dangerous.
- Parents, support people and children demonstrating they can, and will, always use the safety plan.
- Naturally connected support people providing a watchful eye and all support necessary to ensure the safety plan will be permanent.
- Professionals leading the parents, support people and children in continually thinking though their current assessment of safety.

The iterative action – assessment and analysis – cycles continue until everyone judges the safety to be high enough and permanent (usually everyone scoring 7 or above on the safety scale). When this occurs the case is closed.

RESEARCH EVIDENCE AND STUDIES

Qualitative and quantitative evaluation and research, and administrative data from implementing jurisdictions around the world, consistently indicate the following outcomes where the practice is applied:

- Families feel more empowered and are more able to understand and address the concerns and requirements of child protection authorities.
- Other things being equal, the number of children removed from families reduces relative to the number of families with whom authorities work more intensively to build safety around the children.
- Practitioners report greater job satisfaction due to the clarity of the approach, the usefulness of the tools and the impact for the children and families.

The evidence and theory base for Signs of Safety has developed substantially within action research, collaborative and appreciative inquiry, or broadly "practice based evidence", and means the approach is built from what is probably the strongest single knowledge base of what works in actual child protection practice (see for example: Christianson, and Maloney, 2006; Teoh et. al., 2003; Turnell 2004; 2006; 2007; Turnell and Edwards, 1997; 1999; Turnell, Elliott and Hogg 2007; Turnell and Essex, 2006; 2013; Turnell, Lohrbach and Curran 2008; Turnell, Vesterhauge-Petersen and Vesterhauge-Petersen, 2013). The Signs of Safety community has also begun to publish on effective leadership and implementation (see Turnell, Munro and Murphy, 2013; Salveron, Bromfield, Kirika, Simmons, Murphy and Turnell 2015, Munro, Turnell and Murphy 2016).

Significant quantitative practice data sets and research undertaken or underway since the 2000s include:

- Minnesota, USA outcomes - Casey Family Services and the Wilder Foundation
  http://www.wilder.org/Search/Pages/Results.aspx?k=signs%20of%20safety
- Ontario, Canada - The use of mapping in child welfare investigations: A strength-based hybrid intervention (Versanov, Child Care in Practice, 2014)
- The United Kingdom Ntional Society for the Prevention of Cruelty ot Children (NSPCC) studies (DSCF 2009; Gardner, 2008) summarized in Turnell 2012 and NSPCC 2013
- The England innovation Project (2014-2016 working with ten local authorities) action research report (Munro, Turnell and Murphy 2016) and the external evaluation form Kings College (Baginsky et al 2017 in press)
- Netherlands – outcomes study by TNO and ZonMw – more information at
  http://www.signsofsafety.net/signs-of-safety-research/

IMPLEMENTATION OF SIGNS OF SAFETY

'Social interventions are complex systems thrust into complex systems' (Pawson 2016).

The challenges of implementation are substantial. Agencies are invariably mature organisations with multiple interlocked systems established over a long time, strongly ingrained cultures and implicit values, some that will support the new practice approach and others that will be an impediment to its adoption.

The dynamic nature of implementation is reflected in the Signs of Safety implementation framework and its illustration of how implementation is a continuous learning and development cycle with the practice approach at the centre.

Signs of Safety Organisational Implementation

The infinity loop also implies organisational action learning processes and the agility and responsiveness required to lead and drive change in complex organisations. The domains for action within the implementation framework are:

- **Learning** – following core training with a drive for continuous learning in the workplace grounded on what is happening in practice and across the organisation.
- **Leadership** – development that builds congruence between how the organisation is led and managed and how the work is expected to occur with families.
- **Organisational alignment** – so processes and systems enable rather than impede practice
- **Meaningful measurement** encompassing participatory quality assurance, matched to the results logics of the practice, and information technology to provide case recording that is consistent with the practice.