

Signs of Safety Briefing for scrutiny

Signs of Safety (SofS) is a framework for child protection practice consisting of principles based on conceptual and practice elements. It is a strengths-based, safety-organised, solution focussed approach to child protection casework. SofS is designed to integrate professional and family knowledge in the assessment of risk and any subsequent planning.

- Working relationships are fundamental – honest and respectful relationships between the worker and families and between all professionals involved to achieve a shared understanding of what needs to change and how this will be achieved within a culture where collaborative, appreciative inquiry methods are valued
- Stance of critical inquiry – critical thinking to create a culture of reflective practice, designed to minimise error, allow admission of errors, and support regular review of the balance of strengths and dangers to avoid drift, which may perpetuate an overly optimistic or pessimistic view of the family.
- Locating grand aspirations in everyday practice – where the experience of the child is at the centre and where families and front line professionals judge the effectiveness of practice.

The SofS assessment, defined as a mapping, records:

- Past harm – refers to harm that has actually occurred, not what professionals fear may occur.
- Future danger –based on past harm, family history and patterns of behaviour, and clearly sets out what children’s services are worried could happen if there were to be no change in the adult carers behaviour.
- Complicating factors – any circumstances that may be associated with risk to children and young people such as poor mental health, drug and alcohol abuse, and domestic violence. Attention is paid to the underlying issues that mean that the family find it difficult to move forward.
- Next steps – specific safety goals where Children’s Services clearly identify what they would want to see the family doing more of to ensure they keep their child/ren safe at all times.

All language is jargon free and understandable to everyone in the family.

The mapping is set out in 3 columns. The 3 columns define ‘what we are worried about’, encompassing the harm, danger statements and complicating factors; ‘what is working’, which includes elements contributing to existing strength and safety; and ‘what needs to happen’, which is the vision of what things will look like, and is key to creating the safety plan. In addition, scaling questions are used with professionals

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and family members, which allow a judgement to be made on the safety of the child(ren).

Implementation of the model Signs of Safety had been reported to be stronger than it really was at the outset; although intensive training for managers was undertaken in 2016, 2017 and 2018.

Possibly the biggest challenge to sustainability is the over-dependence on an individual who had been employed in the role of Signs of Safety Lead. The development of networks for practice leads, practice champions and committed managers across their authorities was seen as a way to counter this, as well as sustainability plans that covered areas such as training, leadership and alignment of practice and processes.

Cardiff had trained many of its staff in SofS over the previous 3 years but the approach has not yet embedded to the degree that is consistent. The plan is to train all staff in the SofS methods and encourage them to use it in their practice. High vacancy levels amongst social workers, and high caseloads, compelled the authority to employ a large number of agency (locum) workers. There was a core of skilled people who had been trained but after a little time it was seen that they were unable to support one another to the extent required, it subsequently proved more difficult to engage teams.

Signs of Safety implementation within Children's Services in Cardiff is an opportunity to introduce a consistent approach to social work practice and reconfigure Children's Services. All front line staff had been on the 2-day training, along with some staff from partner agencies, and a majority of the managers have been on the 5-day training. The commitment from the senior management team has continued; it is as the vehicle for embedding a unifying framework and consistent practice, which would help to transform Children's Services.

SofS is intended to give social workers the opportunity to create plans in collaboration with families and would both empower families to take responsibility and address low morale across the social work workforce. Many social workers reported that they were unable to do the work with families that they wanted to because of high caseloads and a drift away from direct work with families, the intention was to shift to a position that valued a high level of engagement with children and families, and placed them at the heart of the system.

Cardiff has now developed its own SofS training and briefings on all aspects of the model, which includes our multi agency colleagues. Most social workers had attended this training but, while some social workers used SofS, it is not embedded across Children's services although there are pockets of really good practice. The challenge for those committed to SofS was to be able to take the next step and use the opportunities provided to move it from an 'add on' to the practice framework at the centre of all social work with families. In the longer term, it is expected that a more consistent approach would contribute to a more stable workforce.

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Discussions with practitioners and managers highlighted some specific areas of confusion, in relation to terminology, plans and meetings. This has resulted in formulating and introducing a set of expectations for practitioners working within the signs of safety practice framework by service area. This tool brings together the values and principles that underpin the work in Cardiff, with questions that 'prompt' thinking and reflection on practice and tools that enable practitioners to carry out the work. It is anticipated that social workers and their managers will use this tool to reflect on casework individually or in individual or group supervision.

Whatever practice framework is in place, practitioners and their managers also work within the framework of The Children Act 1989 and the Social Services and Wellbeing (Wales) Act 2014 and must adhere to any associated statutory guidance.

Cardiff are overwhelmingly positive about the benefits of SofS as a practice framework. The implementation challenges included recruitment and retention of social workers, However there is optimism maintaining SofS that would, in the long term, help to address this challenge and strengthen the service that is provided to families.

There is evidence that SofS is being more widely applied, The greatest progress is the embedding of an organisational commitment to SofS by:

- using plain language that could be readily understood by families (and other professionals)
- using tools to engage children and young people – for example, My Three Houses; Fairy/Wizard tool
- mapping cases, both by individual social workers and in teams
- encouraging families to hold their own Network Meetings to create safety plans
- using mapping across initial and review child protection conferences, and in all related groups
- no longer using dictatorial Written Agreements and Contracts of Expectation in favour of collaborative working together.

The weakest areas of change were in relation to:

- relationships between some of the professionals and family members
- spending the necessary direct contact time with children and their families
- confidence that the service was intervening at the right time
- creating a culture where it is permissible to admit mistakes
- support for social workers with administrative tasks

Getting stronger within SofS

- a reasonably high level of confidence in using SofS as a framework as well as in using the associated tools
- increased use of safety planning and mapping, using the Three Houses tool with nearly all their families but Words and Pictures to a lesser extent

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- that the quality of their assessments had improved since the adoption of the SofS framework
- that safety planning, including mapping and scaling, helped to identify and manage risk
- that SofS helped to achieve better communication with families, and greater inclusion of children and young people.
- recruiting high-quality staff those who had most recently adopted SofS were more likely to rate themselves as having made most progress in their understanding and integration of the model compared with those who had more experience.

There are also comments from social workers that they did not have the time to apply the approach as thoroughly as they would wish, but recognise that:

- SofS supported a more focused approach to goals and how they could be achieved
- families had been involved in goal planning, they were more likely to report that their goals had been achieved,

Areas that require attention.

- social workers not given clear enough information about the criteria by which social workers would assess their progress, which indicates an area where improvement is required.

A substantial amount of training has occurred, and we have recognised the need to provide a continuous training cycle, despite the costs associated with both provision and attendance. A great deal of management time is required to support implementation.

Early Help Services in Cardiff have now adopted the model, – this is hoped to lead to reductions in the demands on children’s services and other agencies.

Offering training in SofS to partner agencies is starting to improve communication, particularly over referrals made to children’s social care

Despite an overall commitment to ongoing training, there had been different opinions on what was needed. Some regarded the 5-day training as essential for every social worker, even if they could not afford to put that into practice. An insufficient number of practice leads were attending briefing sessions, said to be the result of their workloads. As a result, social workers had failed to prioritise attendance, which, in turn, meant that consistency in SofS use and practice has not been achieved across their services. This is a very practical problem.

Changing the culture of Cardiff also remains a significant challenge for many. They share a belief that leadership at all levels is the key to giving staff the confidence, not just in their own skills, but in an organisation's willingness to support them to work in ways which may be different from how they had worked previously. For example, the safest option in the short term might be to remove a child, but this was not necessarily the best long-term outcome for the child. By placing SofS at the centre of

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their practice, staff were considered to be more likely to take decisions that balance the child's welfare and possible risks more frequently. This is a crucial issue. If social workers are to take these steps, they need assurance that not only will their thinking and recommendations be supported but, that having satisfied supervisors about their judgements, they will subsequently have strong managerial support.

All staff, however new to the authority and however temporary, need to understand the basic principles. But many remain frustrated that the limitations of their IT systems meant staff were still not able to easily upload the work done with families on their computers, and the rigidity of the system tends to conflict with SofS principles. The problem lays in the fact that IT systems had been set up to service existing statutory guidance. Once the recording processes are aligned to any extent with SofS this issue would be resolved.

A good IT system is linked with continuing to develop social workers' skills to undertake work with children. Adopting practice that was based on the principles of SofS had exposed a skill deficit that had often been disguised when a more procedural approach to social work practice had been in place. They also identified social workers who opposed SofS as well as those who were 'cherry picking' the parts of SofS that they thought would work with families, and then going on to select the families with whom they used SofS.

While Cardiff invests heavily in their newly qualified social workers, who, it was said, usually adapted to the model well, a greater challenge was presented when more experienced social workers resisted change: This is about moving to collaborative practice and co-production and about doing your practice with people, not to them. It's a whole mindset shift and we're not there on that, because some people still like the comfort in a nice form and a tickbox. It is about changing hearts and minds, and organisational culture, which you do not get from training.

The situation where managers who had either not attended any SofS training or, if they had, failed to apply it, are responsible for colleagues who were critics of SofS, this can be described as 'the lethal combination' for implementation. Although reported to be the minority, most resistance to SofS comes from some of the most experienced social workers. Their opposition was linked to perceived confusion about the role of 'past harm' and a belief that it was downplayed in SofS practice. The counter argument that, while past acts should not dominate judgements about the present situation, recording harm that has occurred in the past is integral to SofS mapping, had proved difficult to make with this group of workers.

Work continues to be needed to make sure that parents, social workers and IRO and Conference chairs are prepared, in an attempt to improve continuity and consistency Cardiff is having success with the introduction of Family Network Meetings (FNMs), which draw family members into decision-making on how to keep children safe and develop plans to do so. Families are coming up with plans to stop proceedings being initiated, but at times were then not accepted by social workers on the grounds that they were not sufficiently safe: There was a real feeling that, certainly on a number of occasions during family group meetings, workers were giving away some power, and that was quite, unsettling in some ways, because it doesn't come naturally.

Higher staff turnover and higher proportions of agency staff.

It is easier now that Cardiff are able to deliver their own 2-day training; this has been positive, both about the opportunities staff have to attend training and/ workshops, and the ways in which they had been able to develop their practice. For some, this came through the chance to be able to reflect on their own practice and take appropriate action to enhance or address deficits; for others, it provided a holistic framework for their work with families, which they reported had previously been absent: “The two-day training changed my practice...and with support and enthusiasm I think it just works very well for families”.

Social workers’ experiences of supervision and support is an important factor, both in relation to developing assessments and writing reports. Colleagues’ supporting Social workers pointed to the importance of practice leads, usually colleagues, who had completed the 5-day training and who had agreed to be ‘SofS champions’.

We have two workshops, surgeries twice a week, coaching sessions and other development sessions. Many said they were mapping cases with colleagues and finding it extremely helpful. Collating the data is complex and much data is collected manually, which can make it very time consuming.

Although social workers identified a great many positives, they were also frustrated with processes and procedures, especially poor recording systems, as well as the limited time they could spend with families. Many social workers said that the need to balance workloads, and by too often settling for what they regarded to be ‘good enough’ practice, they were contributing to inconsistencies in practice. While this is a problem it is not a criticism of the approach. At best, this was seen as part of the process of embedding a different way of working where obstacles needed to be constantly monitored and addressed. At worst, it was viewed as a hazard that could tip the balance too far, if too many social workers were not supported to change how they practised. Perhaps an even bigger challenge identified was maintaining the momentum of the framework with insufficient capacity to meet the demands that were made. As a result, practice leaders reported difficulties in attending sessions designed for them, as well as those they led for colleagues. Some social workers admitted that they had ignored requests from management to take on a role as a champion of SofS, or had been unable to find the additional time to provide oversight and supervision of SofS activities. One of the strengths of SofS was seen to be its ability to be a holistic framework that was flexible and evolving; part of a dynamic, challenging and evolving way of working with families.

Training is an important means for ensuring the wider adoption of innovations across organisations, but this needs to be accompanied by other types of ongoing learning – for example, through practice briefings and team meetings. As the skills and confidence of social workers in using SofS improves, so does their belief it makes a difference to their practice and to the lives of children and families.

Next Steps

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- Implement an IT system that is conducive to the Signs of Safety framework, that will enable the workforce to continue to develop skills to undertake work with children.
- To make it mandatory for the SofS champions to attend monthly meetings and support their team in making sure SofS practice is implemented. For this to take place their caseloads need reflect this.
- SofS champions to be required to engage with training and briefings,
- All team managers to be required to complete the 2 day training and attend briefings so that they are able to guide and encourage staff to work within all aspects of the SofS framework.
- For all the workforce to follow the SofS expectations, not to work in this way would be taken as a performance issue.
- The Practice Lead to host training and briefings in other locations across the council to maximise attendance and awareness raising.
- Liaise with other LAs who have adopted the model; for them to share their learning.
- Identify “ Champions” across other agencies and work together on implementing the model.