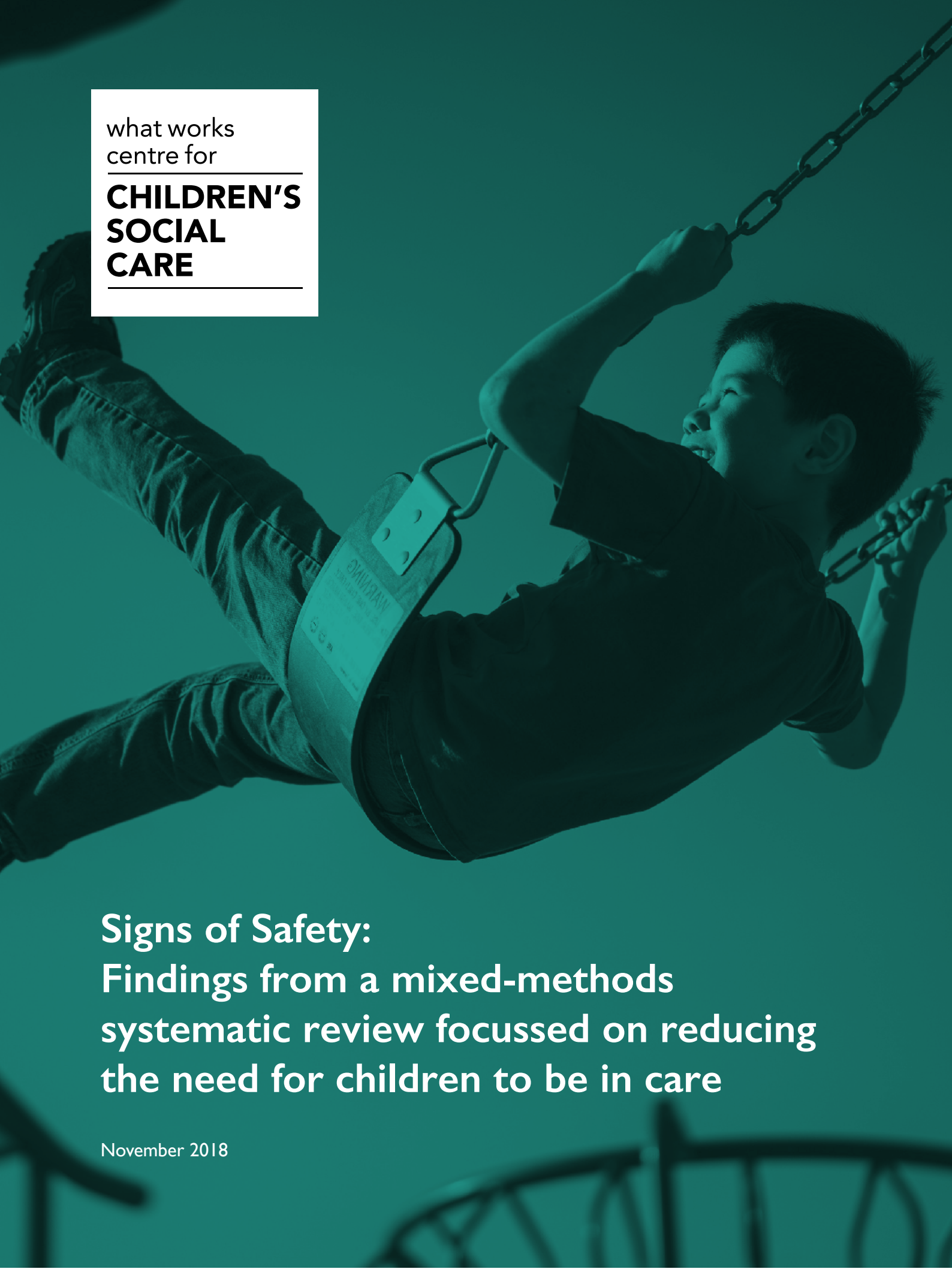

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CHILDREN'S SOCIAL CARE

Signs of Safety: Findings from a mixed-methods systematic review focussed on reducing the need for children to be in care

November 2018

Alliance for Useful Evidence · nesta · scie social care institute for excellence · Cardiff University School of Social Sciences Ysgol y Gwyddorau Cymdeithasol · FUTUREGOV · CASCADE · TRAVERSUM

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Acknowledgements

We thank Aimee Cummings and Lowri Stevens for their invaluable contribution in editing and formatting this report and additional programme theory and practice tables.

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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Review registration number: PROSPERO 2018: CRD42018107270. Available from http://www.crd.york.ac.uk/PROSPERO/

Keywords: Children; adolescents; child maltreatment, child protection, Signs of Safety; mixed methods, context-mechanism-outcome configurations (CMOCs), systematic review

Executive Summary

Aims

- To consider whether, how, for whom and under what conditions Signs of Safety works to safely reduce the number of children entering and re-entering care, and/or to increase the number of children re-unified with their family.

Methods

- A mixed-methods approach is used: a quantitative assessment (using traditional systematic review methods) of whether Signs of Safety works to reduce the number of children in care is combined with an exploration of the mechanisms associated with effective delivery, and the contexts under which those mechanisms may operate (a realist synthesis).
- The review uses the EMMIE framework, which considers Effect; Mechanisms; Moderators; Implementation; and Economics.

Findings

- **Effect** – There is little to no evidence to suggest that Signs of Safety is effective at reducing the need for children to be in care. This reflects a limited evidence base, with few studies and none of a high quality for drawing conclusions about the impact of Signs of Safety on this outcome. *Lack of evidence is not the same as evidence that Signs of Safety does not work to reduce care.* Nor does it establish that Signs of Safety does not have other possible positive outcomes.
- **Mechanisms** – Evidence suggests that Signs of Safety can lead to positive engagement with parents, children, wider family and external agencies. The most commonly assumed mechanism through which Signs of Safety improves child safety is the development of shared understanding of and responsibility for minimising risk to children, primarily through the development and use of safety plans and safety networks. A programme theory drawn from the literature outlines the mechanisms that enable and follow from this main mechanism to improve child safety.
- **Moderators** – Key moderators of the development of a shared understanding of and responsibility for improving child safety relate to the contexts that enable relationship building and collaboration between children, parents, and social worker. A key moderator emerging from the review is that parents need to trust and

collaborate with social workers if they are to develop a sense of shared responsibility for minimising risks to children.

- **Implementation** – Signs of Safety recognises the importance of whole organisation change to create a culture that supports social workers to practice with families. The review identifies key barriers and enablers of implementation. There is huge variation in how Signs of Safety is implemented and limited specification of how it is possible to be sure high quality Signs of Safety is being delivered. In part as a result of this, it is not possible to identify from the research evidenced examples of successful and sustainable implementation.
- **Economics** – The review found no evidence of sufficient quality to analyse for cost effectiveness.

The realist synthesis of mechanisms, moderators and implementation in the literature enabled the development of a programme theory outlining the central features of Signs of Safety when delivered well. Specific gaps were identified in the literature and therefore in the programme theory in relation to how Signs of Safety proposes to work, for instance how to mobilise the wider family.

We use the programme theory to develop practice-focussed summaries that are intended to help those involved in policy, practice or research to think about how to monitor the quality of Signs of Safety; specific behaviours in parents, children, families, and other workers that suggest whether Signs of Safety is 'working' and suggestions for how to troubleshoot when expected behaviour change is not observed.

Recommendations

- The evidence base for Signs of Safety urgently needs developing. The approach is currently widely used with little evidence of positive impact.
- A clear and practicable specification of what high quality Signs of Safety looks like in practice is a first priority. Without it, implementation and evaluation are difficult.
- Evaluations of the impact of high quality Signs of Safety compared to normal service or other models would then be possible – and given the substantial public money being spent on the approach such evaluations are a priority.
- Once evidence for the impact of high quality Signs of Safety is established research evaluating the implementation of the approach is crucial. Currently there is little

evidence about the contribution of different elements that purport to be necessary to deliver Signs of Safety well.

- Lack of evidence does not mean Signs of Safety does not work – but it does suggest that practitioners and service leaders need to think carefully about what they understand the model to involve, how they would know it was being delivered well and whether it is delivering the outcomes they seek to achieve.
- In this respect, our programme theory is intended to make a constructive contribution by describing in some detail what is thought to be necessary to allow Signs of Safety to be effective in working with families. Our Practice Guide and Implementation Briefing are intended to share the programme theory in ways that can support those seeking to practice, lead or evaluate services based on the principles of Signs of Safety.

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Abbreviations and Definitions

ACROBAT -NRSI:	A Cochrane Risk of Bias Assessment Tool for Non-Randomised Studies of Interventions
ASSIA:	Applied Social Sciences Index and Abstracts
BJZ	Bureau JeugdZorg, Youth Care Office in Dutch
CASCADE:	Children's Social Care Research and Development Centre
CAU:	Care as Usual
CEO:	Chief Executive Officer
CM:	Child Maltreatment
CMOCs:	Context-mechanism-outcome configurations
CP:	Child Protection
CPC:	Child Protection Conferences
CPR:	Child Protection Register
CPS:	Child Protection Service
DECIPHer:	A UKCRC Public Health Research Centre of Excellence
DCP:	Department for Child Protection
DR:	Difference Response
EMBASE:	A biomedical and pharmacological information database
EMMIE:	A framework that seeks to explore the Effect, Mechanism, Moderators, Implementation and Economic evaluation of an intervention
ERIC:	Education Resources Information Centre
FCPC:	Family case planning conference
FGC:	Family Group Conferencing
ICS:	Integrated Children's System
IPT:	Initial Programme Theory
MEDLINE:	National Library of Medicine's bibliographic database
MSW:	Masters in Social Work
NICE:	National Institute for Health and Care Excellence
NHS:	National Health Service
NHS EED:	NHS Economic Evaluation Database
NSPCC:	National Society for Prevention of Cruelty to Children (UK)
PRISMA:	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
PROSPERO:	International Prospective Register of Systematic Reviews
RePEc:	Research papers in Economics
RCT:	Randomised controlled trial
RoB:	Risk of Bias
SiP:	Safety in Partnership
SFBT:	Solution Focused Brief Therapy
SR:	Systematic Review
SoS:	Signs of Safety
SW:	Social Worker
UK:	United Kingdom
USA:	United States of America
WHSCT:	The Western Health and Social Care Trust

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1. Background

Over the past twenty years, the UK has seen an increase in rates of children removed from their parents care and becoming 'looked after' by local authorities (McGhee et al., 2007). In 2017 there were 72,670 children in care in England compared to 50,900 in 1997, an increase of 43% (Department for Education, 2017). Despite the overall upward trend in rates of children being looked after, there are considerable variations in rates across the UK. Differing legal and operational practices exist between the four UK countries and variations in policy and practice exist between local authorities in these countries (McGhee et al., 2017; Bywaters et al., 2018). Differences in rates may relate to levels of expenditure relative to demand which in turn appear to be influenced by patterns of deprivation (Bywaters et al., 2015; Bywaters et al., 2018). In addition differences in local approaches, models of practice, and cultures appear to influence the number of children in care (Wijedasa et al, forthcoming; Oliver et al., 2001). In the context of reducing public spending, there is increasing interest in the way that local organisational and professional practices can improve outcomes for children and young people, to enable them safely to remain within the care of their families, and to reduce the need for children to enter and remain in state care.

Studies comparing outcomes for children looked after with those for the general population show that in health (Scott and Hill, 2006; Melzer et al., 2003), education (Sebba et al., 2015; Evans et al., 2017) and life course outcomes (Viner and Taylor, 2005; Berlin, Vinnerljung and Hjern, 2011) children looked after have poorer outcomes. However, studies that have compared outcomes for children looked after with children in need who remain in the care of their parents, or children who return to the care of the parents, have tended to find that care entry can lead to better outcomes for children (Forrester and Harwin, 2008; Forrester et al., 2009; Sebba et al., 2015; Ward et al., 2012). Whilst care is the right option for some children, removing children from the care of their parents to alternative living arrangements has significant human and financial costs. Consequently, reducing the need for children to enter care and ensuring that parents have been offered opportunities to keep children safely at home are becoming key priorities for the UK Government.

In recent years, there has been a proliferation of models of practice aimed at reducing the need for children to enter care, such as Reclaiming Social Work; Restorative Approaches;

Systemic Practice; and Signs of Safety. Many of these claim to be "evidence based", yet the nature and quality of that evidence is often uncertain. The evidence base for these models should be defined and critically evaluated as they are developed and delivered across child protection settings. Systematic evaluation of these interventions is essential to ensure that they are effective, and to understand how, for whom and under what conditions they work in order to inform children's social care policy and practice for the future (Molloy et al., 2017).

This systematic review is one of a series that will be conducted by the What Works Centre for Children's Social Care. These systematic reviews will have the same outcome focus: what works to safely reduce the number of children entering and re-entering statutory care, and to safely increase the number of children and young people re-unified with their family following a period in out of home care. They will also consider how these interventions work, for whom and under what conditions?

1.1 Signs of Safety

The focus of this systematic review is on a social work practice intervention known as 'Signs of Safety' (SoS). SoS implicitly and explicitly aims to safely reduce the number of children in care, though, as we discuss below this is not the only benefit that SoS aims to achieve. SoS is a trade-marked framework for child protection practice that was developed in the 1990s in Western Australia by Andrew Turnell and Steve Edwards (see Turnell and Edwards, 1999). The instigators of SoS were dissatisfied with the policy and theory used to inform and explain practice, and were increasingly aware that families investigated for child abuse complained that they did not know what the statutory agency wanted of them (Turnell and Edwards, 1999). They advocated that the only way forward was to build partnerships with parents and children where child abuse was suspected or substantiated (Turnell and Edwards, 1999).

SoS was developed by practitioners, for practitioners, as a strengths-based, safety-organised approach to collaborative child protection casework and draws heavily on elements of Solution Focused Brief Therapy, working with family strengths and resources, finding exceptions, goal setting and scaling (De Shazer et al., 1986; Berg, 1994). The relationship between the social worker and parents is considered to be central to achieving lasting safety for children (Turnell and Edwards, 1999). More recently, Turnell (2018) claimed that introducing SoS across Ireland would "result in fewer children in care, social workers

spending more time with families, empowered parents and safer children – as it has in other jurisdictions".

Research suggests that parents and social workers view SoS practice positively. Parents experiencing SoS practice tend to report feeling respected and understood by the social worker, that the social worker is clear about their concerns, that they feel there is a shared agreement about future goals and plans, and that the social worker spends time with their children (Baginsky et al., 2017; Munro et al., 2016; Skrypek et al., 2012). Social workers echo these reports and suggest that SoS improves the quality of their assessments, improves communication and working relationships with parents, leads to greater involvement of children, and that safety planning (including mapping and scaling) help to identify and manage risk (Baginksy et al., 2017). That SoS practice is viewed positively by those who experience it is arguably a positive outcome in itself. However, positive experiences of the intervention do not necessarily equate to improvements in child safety or a reduction in care entry.

The primary aim of the methods and tools used in SoS is to involve children and families in effective safety planning to improve the everyday safety of children (Turnell, 2012; Baginsky et al., 2017). The founders of SoS are careful to caution against an overly simplistic application of the framework. They contend that there are disciplines that must be adhered to when using the SoS framework and in this sense, seek to guard against a tick box application of the framework by highlighting the importance of how it is practiced. SoS aims to move beyond narrow conceptions of risk and deficit focused practice and to enable practitioners to think through and analyse information critically, and to better navigate the tensions in managing risk and ensuring the safety of the children. It is based on three key principles:

1. Honest and respectful working relationships between the worker and families are fundamental to achieve a shared understanding of what needs to change and how this will be achieved
2. Taking a stance of critical inquiry to minimise error and create a culture of reflective practice, designed to support regular review of the balance of strengths and dangers so as to maintain objectivity and avoid an overly optimistic or pessimistic view of the family

3. 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

    a. (Turnell, 2012; Baginsky et al., 2017

As SoS has evolved different visual depictions of the same assessment have been developed and used. The SoS assessment is defined as 'mapping' and is set out in three, or sometimes four columns, detailing 'what we are worried about' (including past harm, danger statements and complicating factors); 'what is working well' (elements contributing to existing strength and safety); and 'what needs to happen' (the safety plan) (Baginsky et al., 2017). This assessment and the questioning processes and stance of critical inquiry that underpin it, are "designed to be the organising map for child protection intervention from case commencement to closure" (Turnell, 2012, p.26). The form is designed to encourage danger/harm and safety to be viewed as a continuum, and to provide clarity about social services goals and family goals. The form asks family members and professionals to rate the current safety of the children from 0-10 and explain their reasons for choosing that point on the scale. Ten means that everything that needs to happen for the child to be safe is happening and zero means circumstances are such that the child is no longer able to live at home. This is designed to encourage discussion and understanding of different positions about the relative safety of the children between professionals and family members.

There is variation in the terminology used to describe what SoS is, including a 'model', an 'approach', a 'framework', and an 'intervention'. Whilst SoS is not an intervention in the clinical sense, as it is not clearly articulated with validated fidelity measures, we consider it to be an intervention as it is a disruption to a complex system (Hawe et al., 2009). From this perspective, SoS can be seen as an intervention seeking to disrupt the system – create change - at the level of policy and practice, and in turn at the level of the family.

2. Objectives of this review

The SoS intervention has been widely adopted within child protection practice in Australia, Belgium, Canada, Denmark, Japan, New Zealand, Sweden, The Netherlands, the USA and in the UK. Recently, the English Innovation Programme (funded by the Department for Education) supported ten SoS pilots across England (see Baginsky et al., 2017). An initial search of the literature suggests that there remain gaps in empirical evidence of whether and how SoS works to safely reduce the need for child protection intervention and out of home care (Sebba et al., 2017; Rothe et al., 2013). Given the widespread interest in and rate of adoption of the framework of SoS, it is important that the body of evidence underpinning SoS is developed and is subject to review.

To date, there has been no published attempt to systematically review the evidence on SoS. This systematic review aims to investigate whether, how, for whom and under what conditions SoS works to safely reduce the number of children entering and re-entering care, and to increase the number of children re-unified with their family. To achieve this, we draw on EMMIE (Effect, Mechanism, Moderators, Implementation, and Economics) (Johnson et al., 2015) which offers a pragmatic framework to integrate multiple forms of evidence relating to whether and how SoS works (Johnson et al., 2015). The following questions are addressed:

- Is SoS effective at safely reducing the number of children in care?
- What are the economic costs and outcomes associated with implementing SoS?
- 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?

3. EMMIE and our approach to systematic review

The What Works Centre for Children's Social Care (WWCCSC) commissioned by the Department for Education aims to improve the quality and use of evidence in children's social care to make a "positive difference to practice and outcomes for children and their families' and to 'safely reduce the need for children to enter care" (CASCADE, 2018). To achieve this aim, we closely follow the approach to systematic reviews taken by University College London for the What Works Centre for Crime Reduction (Sidebottom et al., 2017;

2018). In doing so, we set out our position that providing reliable evidence on the statistical association between intervention and outcome (what works) can be made more meaningful if combined with an understanding of the causal mechanisms underpinning those relationships, and the contexts which influence whether those mechanisms may operate.

EMMIE provides a pragmatic framework to capture, analyse and disseminate the type of evidence that is essential to decision makers under the following dimensions (Johnson et al., 2015)

E the overall effect direction and size of the effect (alongside major unintended effects) of SoS and the confidence that should be placed on that estimate

M the mechanisms/mediators through which SoS works

M the moderators/contexts relevant to the production/non-production of intended and major unintended effects of different sizes

I the key sources of success and failure in implementing SoS

E the economic costs (and benefits) associated with the SoS

EMMIE informed systematic reviews were developed as part of University College London's work for the What Works Centre for Crime Reduction. The original purpose of EMMIE was as a coding framework to appraise systematic reviews of interventions in crime reduction by assessing them against the five EMMIE dimensions. EMMIE provides a pragmatic framework to optimise the quality and breadth of analysis within a systematic review concerned with the contextually contingent effects of interventions. In line with other EMMIE informed reviews, our motivation for utilizing EMMIE is the understanding that decision makers require evidence of whether interventions work to produce their intended effects, and, how and under what conditions they work.

We follow previous EMMIE systematic review methods (Sidebottom et al., 2017; 2018) by using traditional systematic review methods to explore the effect (E) and economic outcomes (E) of SoS; using realist synthesis to explore the mechanisms (M) and contexts that moderate (M) these mechanisms, and issues associated with implementation (I). Evidence synthesised using these distinct methodologies will be presented under the EMMIE headings to provide a structured account of the contextually contingent nature of SoS

intervention effects. This is the first attempt to use the EMMIE framework to review evidence in children's social care and it is our hope that it provides accessible information to support pragmatic decisions by policy makers and practitioners about whether and in what way to implement SoS for their local populations in their unique local settings.

4. Initial signs of safety programme theory

In order to develop our understanding of how SoS works to produce its outcomes, for whom, under which circumstances and in what way, we produced an initial programme theory of SoS. The initial programme theory is based on a results logic that was developed by researchers, leaders implementing SoS, and the developers of SoS (Bromfield et al., 2013). In consultation with two practitioner researchers, we adapted this to draw out the delivery mechanisms and moderators, and factors relating to implementation (MMI).

The SoS initial programme theory moves from input (implementation of SoS) to output (reduced care entry) via multiple levels of behaviour change. Pathways through multiple levels of behaviour change relate to the main groups of participants in the programme theory (social workers, parents, carers, children and young people, and external agencies) and lead to intermediate outcomes for each group. The initial programme theory represents iterative and interactive processes, despite its linearity. As this is an initial theory based on existing literature of how SoS works, there are notable gaps, for example, description of the mechanisms and moderators for carers. Testing and refining the initial programme theory through the review process leads to the development of a prioritised, elaborated and more clearly articulated SoS programme theory (Figure 1).

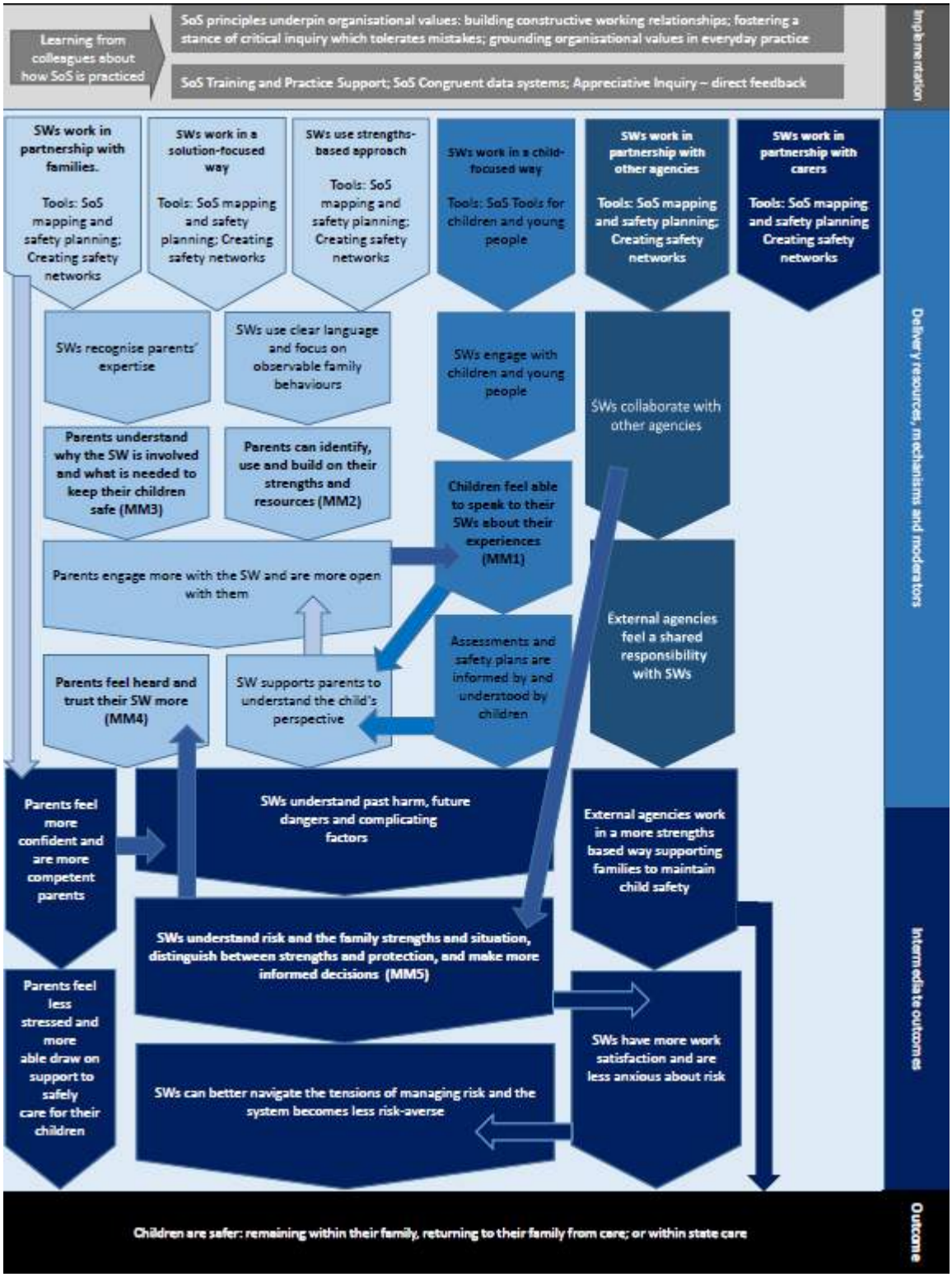


Figure 1: Initial programme theory (IPT) of how SoS proposes to safely reduce the number of children in care.

5. Overview of mixed methods approach

Figure 2 sets out our proposed approach to this systematic review. We conducted comprehensive systematic searches of electronic databases using predefined criteria and screened these studies based on our inclusion criteria. The inclusion criteria and approach to data extraction for questions relating to effect (E) and economics (E) were different to those relating to mechanisms (M), moderators (M) and implementation (I). Studies relating to the effectiveness (E) and economic outcomes (E) of SoS were examined using quantitative methods. For the realist synthesis element of the review, included studies were analysed to elicit explanatory accounts as to how SoS might safely reduce the need for children to enter care, the contexts that moderate this, and to provide useful information pertaining to implementation. We present the evidence synthesised using these distinct methodologies to provide a structured account of the contextually contingent nature of SoS intervention effects. We envisaged that the distinct elements of our review would work in symbiosis. For example, we anticipated that evidence extracted from the realist synthesis element of the study might be useful for testing explanations of the observed differences in the effect sizes across studies. In reality, although the data from the realist branch of the review identified sources of variation in outcome, the data for effect did not permit moderator analysis to test these hypotheses. We will elaborate on these methods in the sections that follow.

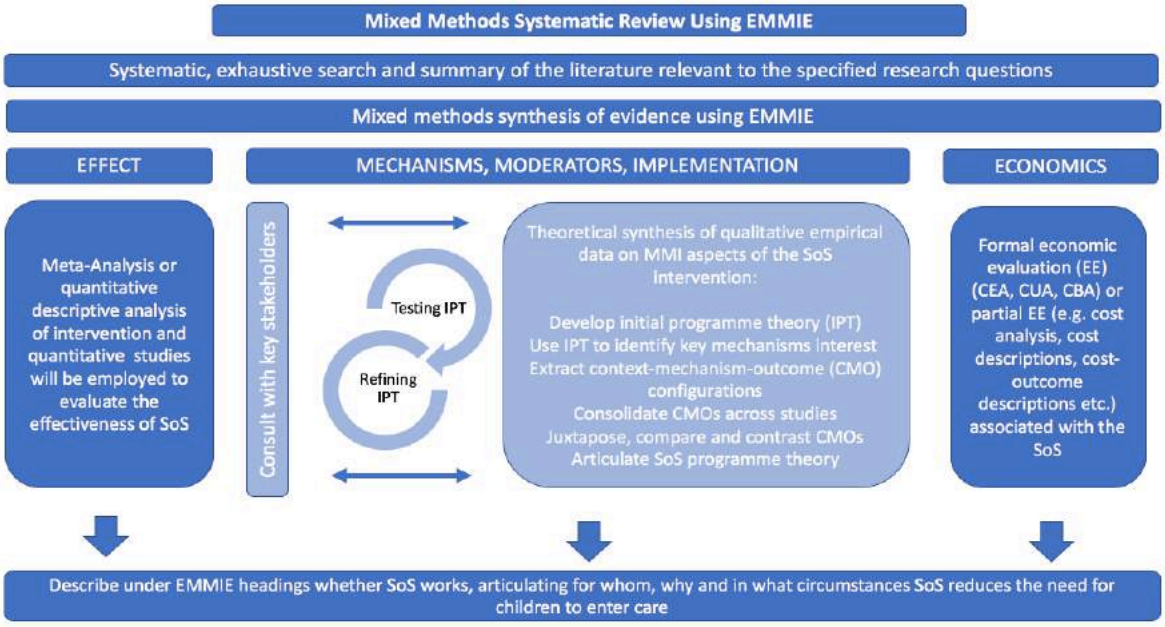


Figure 2: Overview of the mixed methodology applied to the Systematic Review of Signs of Safety as a social care model of practice to reduce the number of children in Care.

6. Methods

6.1 Eligibility criteria

The following inclusion criteria were applied to select eligible studies:

- The study reports on the SoS intervention in social work using original empirical data. Studies must report on SoS based interventions where workers have received SoS training or where elements of the SoS approach are used. Studies implemented by local authorities and government agencies were included.
- Interventions are defined as a disruption to the system (Hawe et al., 2009). They can operate across a single or multiple socio-ecological domain/s: intra-personal; inter-personal; organisational; community; and policy. SoS is an intervention seeking to disrupt the system at the level of policy and practice, and in turn at the level of the family.
- Where the same findings were reported in multiple publications, the study providing the most detail was included.

6.1.1 Effect and Economic Outcomes

To be included in the quantitative analysis of effect and economic outcomes, the study satisfied point (1) and the following criteria:

1. Report at least one quantitative measure relating to safely reducing care entry (primary outcome). This included the number of children and young people entering care; the number of children and young people re-entering care; and the number of children and young people re-unified with their families following a period in statutory care; and corollary outcomes that support these three outcome measures such as a reduction in re-referrals to children's social care, a reduction in the number of child protection plans, parental/family empowerment, service system empowerment etc.

   Care is defined as a child or young person being looked after by a local authority (or international equivalent), including those subject to care orders under Section 31 of the Children's Act 1989 (kinship care; foster care; residential care) and those looked after on a voluntary basis through an agreement with parents (Section 20). Care does not extend to include informal care arrangements that do not specify continued statutory involvement (e.g. wider family under no order, adoption); nor reason for entry into care is carer's illness/disability or socially unacceptable behaviour resulting in entry into the juvenile court system. (The Children Act 1989)
2. A study design that enables the quantification of an effect size (e.g. controlled trial, cross sectional, quasi-experimental design). Studies that did not report quantitative outcomes related to care entry (as listed above) were excluded.

Or,

3. Report the economic costs, cost-benefit or cost-effectiveness of SoS.

6.1.2 Mechanism, Moderators and Implementation

Realist synthesis allows for the inclusion of a broader range of evidence in the MMI element of the review. To be included, the study satisfied point (1) and reported on at least one of the following criteria:

1. Evidence related to the mechanisms through which SoS safely reduces care entry, and the contexts that moderate them.
2. Evidence relating to the implementation of SoS.

To ensure review results were relevant to the UK, inclusion is limited to research conducted in the following countries: United Kingdom, USA, Canada, Australia, New Zealand, France, Germany, Sweden, Finland, Norway, Denmark, Netherlands and Ireland. Whilst there are differences in the legal and social frameworks, research from these countries was deemed relevant.

6.1.3 Search strategy

The following searches were conducted to develop a comprehensive database of literature relating to SoS.

1. A key word search strategy searching the phrase "signs of safety" in the title and abstract fields was used for all international electronic databases. The rationale for this approach was justified by the lack of synonyms or alternative meanings of this phrase in health and social care. The following international electronic databases were searched from January 1990 till June 2018: ASSIA (Applied Social Sciences Index and Abstracts), British Education Index, Child Development & Adolescent Studies, CINAHL, Econlit, EMBASE, ERIC (Education Resources Information Centre), Google Scholar, MEDLINE, NHS Economic Evaluation Database (NHS EED), PsycINFO, Research papers in Economics (RePEc), Scopus, Social Policy & Practice, Social Services Abstracts, Sociological Abstracts, and Web of Science (Social Sciences Citation Index, Conference Proceedings Citation Index- Social Science & Humanities, Emerging Sources Citation Index).
2. Key academic journals were hand searched.
3. A key word search for grey literature from relevant agencies including: Action for Children, Barnardo's, Care Leavers' Association, Children's Commissioners' offices for four UK nations, Children's Society, Child Welfare Information Gateway, Department for Education, Early Intervention Foundation, Joseph Rowntree Foundation, National Institute for Health and Care Excellence (NICE), Open Grey, REES Centre, Samaritans, Thomas Coram Foundation. SRs that include grey literature have great potential to increase the relevance and impact in synthesising confidence in evidence.
4. Reference lists of included publications were checked, and citation tracking was undertaken
5. International experts were contacted, outlining the purpose of the review and requesting their support to identify any unpublished and ongoing studies.

Eligible publications were entered onto Endnote and de duplicated.

6.1.4 Screening and management of publications

Two researchers independently checked and screened titles and abstracts for potentially eligible publications. The full text of these were retrieved and independently assessed against the inclusion criteria by two reviewers. Any disagreements were resolved by discussion with a third researcher. For all included publications, information relating to the characteristics of the study (author, date, setting, study design) and contents relevant to the five EMMIE dimensions were extracted. This mapping quantified the spread of evidence and supported the identification of key evidence gaps.

6.1.5 Reporting on the Protocol

This mixed-methods review protocol was prepared using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocol (PRISMA-P) guidelines (Shamseer et al., 2015). We registered the protocol on International Prospective Register of Systematic Reviews (PROSPERO) (CRD42018107270).

6.2 Data extraction, analysis and synthesis

The mixed-methods element of this systematic review combines two distinct approaches to data extraction and evidence synthesis, as outlined in Figure 2.

6.2.1 Quantitative Analysis of Effect and Economic Outcomes

A high degree of heterogeneity between studies that precluded a Meta-Analysis of data and a descriptive numerical summary analysis was undertaken to consider the effect of SoS. It was hypothesised that the SoS intervention enables safety mapping and safety planning in partnership with parents, this leads to improved family functioning and overall satisfaction from children, family members and practitioners. In turn, child protection is improved and SoS practice has the potential to safely reduce the numbers of children entering, or re-entering care, and increasing the numbers of children reunified with their families. An assessment of how effective SoS is at safely reducing the need for children to enter care is based on these indicators of the primary outcome and corollary outcomes. As noted above, we were unable to conduct moderator analysis by sub-group, for example, child and parent characteristics, program characteristics, and study design characteristics.

Any studies making claims about the effect of SoS in reducing care entry underwent evidence appraisal, conducted independently by two researchers. We used the Cochrane Risk of Bias tool outlined in the Cochrane Handbook for Systematic Reviews of Interventions to assess the risk of bias for each study (Higgins and Green, 2011). A descriptive analysis is provided. A transparent international framework, the Grading of Recommendations, Assessment, Development and Evaluations (GRADE) was employed to judge the confidence in evidence from included intervention studies (GRADE Working Group).

We aimed to perform an analysis of the economic costs, and outcomes of SoS, based on partial or full economic evaluations e.g. cost-effectiveness analysis, of eligible studies using subgroup analysis, based on socio-economic status of clients. Economic analyses of related SoS interventions, can include formal economic evaluations from alternative perspectives, including the perspective of the health and social care systems (Drummond et al., 1997; Sefton, 2003). There were insufficient publications to draw upon for this type of analysis.

6.2.2 Testing and refining the programme theory: Mechanisms, Moderators and Implementation

Data relating to mechanisms, moderators and implementation (MMI) were brought together using a process of realist synthesis. Note that this is not a realist review; we have not conducted iterative theory-driven searches. The initial programme theory (see Figure 1) served as the theoretical framework/middle range theory identifying the proposed pathways from input to output that work to safely reduce the need for children to enter care. We tested and refined the initial programme theory by extracting and consolidating explanatory accounts (containing context- mechanism-outcome configurations (CMOCs)) from sources identified in systematic searches. In realist context-mechanism-outcome 'chains', outcomes of one mechanism can become the mechanism for the next outcome. Consequently, where possible, we expressed explanatory accounts in the form of 'if-then' statements, which hold specific detail relating to mechanisms and moderators. For example, IF social workers do not judge families and are honest and express care for the family, and parents are given a voice too, THEN parents feel that they have a good working relationship (EA 50, Appendix 11). Data relating to implementation often did not contain CMOC data and so evidence relating to implementation was extracted and thematically analysed, drawing on key themes developed from a comprehensive implementation paper on signs of safety (Salveron et al.,

2015a). This developed into a consideration of practice at different levels: individual practice, organisational practice and organisational culture.

Initially, 'if-then' statements were extracted relating to the six delivery resources, mechanisms and moderators MM1-6 in the initial programme theory, and factors relating to implementation (Appendix 8 and 9). These six delivery resources, mechanisms and moderators were prioritised in consultation with practitioner researchers as being important to safely reducing the number of children in care. The spread of evidence was mapped across the mechanism, moderator, (MM1-6) implementation dimensions within each included study (Appendix 8 and 9). The 'if, then' statements in these six groupings were consolidated through a process of juxtaposing, comparing and contrasting (see Pearson et al., 2015,). Through discussion, two researchers (LS and COD) consolidated the 'if-then' statements within each group, which were then further refined in consultation with a third reviewer (SLB). Figure 3 provides a visual explanation of how explanatory 'if-then' statements feed into consolidated explanatory accounts. The three reviewers then incorporated the consolidated explanatory accounts into the initial programme theory by using them to develop, add nuance, prioritise, and elaborate parts of the programme theory (Figure 1), alongside evidence relating to implementation. The programme theory was further refined in consultation with two SoS practitioners. Note that this is a theory of how SoS 'works' and the principal mechanisms and moderators outlined tend not to be attributable to particular studies. Rather, they have developed from piecing together information present in numerous studies (see Kastner et al., 2015).

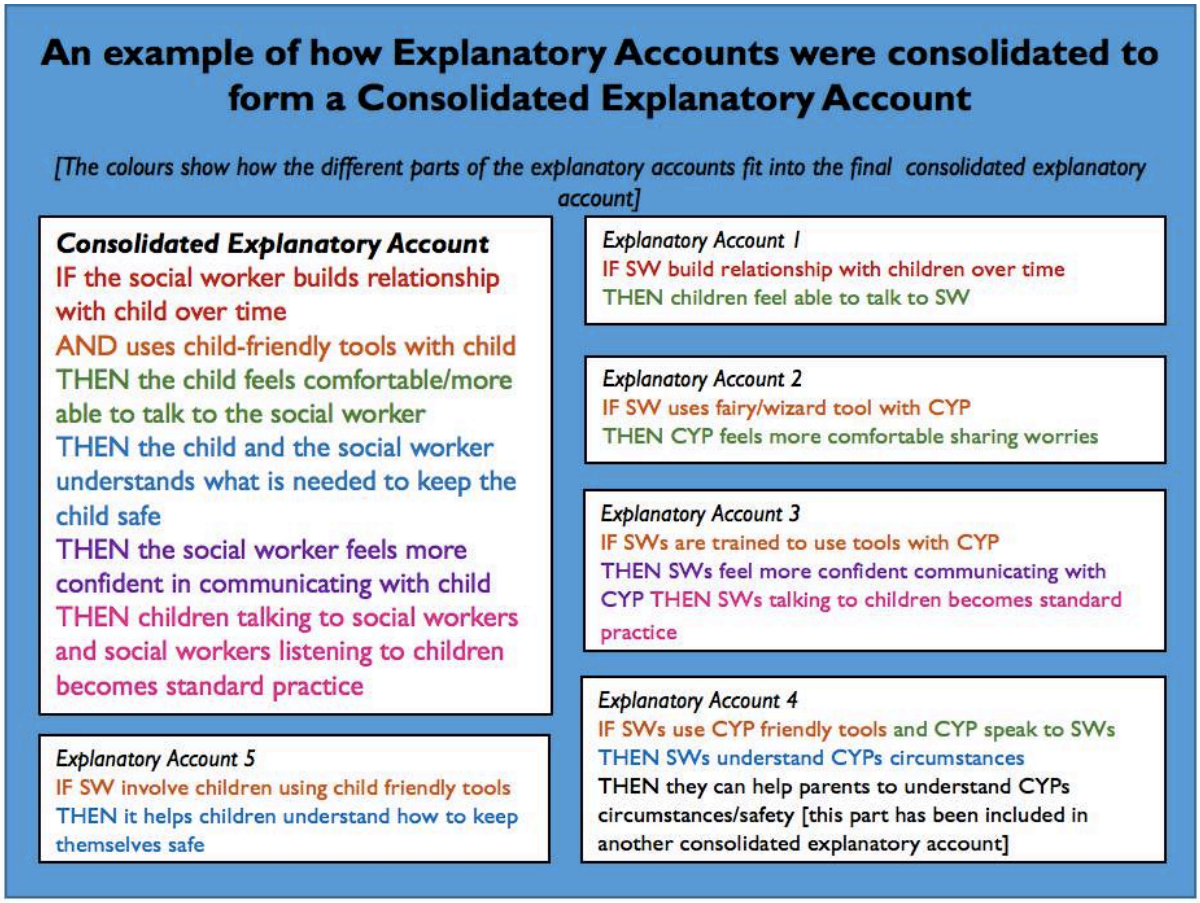


Figure 3: Moving from explanatory accounts to consolidated explanatory accounts.

4. Results

This section presents the results of our systematic review. We begin by outlining our search results and the characteristics of included studies. We organise the remainder of our results section by the EMMIE framework. First, we present findings of the effectiveness of SoS at safely reducing the need for children to enter care. Second, we depart from previous EMMIE systematic reviews by presenting our results on the mechanisms through which SoS is expected to safely reduce the need for children to enter care, alongside the contexts that moderate these mechanisms. Third, we report on what the literature says about the key barriers and enablers to implementing SoS. In the final section, we present the cost-effectiveness evidence for SoS.

4.1 Search results and screening

The literature search and screening of publications is summarised in the PRISMA flow diagram (Figure 4). In total, 38 publications were included. Of these, five were intervention studies which comprised three controlled trials (Lwin et al., 2014; Holmgard Sorensen, 2009; Vink et al., 2017), one quasi-experimental evaluation study (Rijbroek et al., 2017) and one mixed methods design (Reekers et al., 2018). Three of these studies (Lwin et al., 2014; Rijbroek et al., 2017; Reekers et al., 2018) were published in peer-reviewed journals and two studies (Holmgard Sorensen, 2009; Vink et al., 2017) were from grey literature. Two of the studies were foreign language publications that were machine translated (Holmgard Sorensen, 2009; Vink et al., 2017).

There were 11 published qualitative studies (Gibson, 2014; Keddell, 2011a; Keddell, 2011b; Lohrbach and Sawyer, 2004; Nelson-Dusek et al., 2017; Roberts et al., 2018; Salveron et al., 2015a; Sorensen, 2018; Stanley and Mills, 2014; Stanley et al., 2018; Turnell et al., 2007). Two published qualitative studies were from Australia (Salveron et al., 2015a; Turnell et al., 2007), one from Denmark (Sorensen, 2018), two from the New Zealand (Keddell, 2011a; Keddell, 2011b), three from the UK (Gibson, 2014; Stanley and Mills, 2014; Stanley et al., 2018), two from the USA (Lohrbach and Sawyer, 2004; Nelson-Dusek et al., 2017) and one study included teams from both Canada and the USA (Roberts et al., 2018).

There were 22 grey literature papers that included embedded qualitative primary studies (Baginsky, 2017; Beattie, n.d; Brent Council's Report, 2017; Bunn, 2013; Caslor, 2011; City and County of Swansea Report, 2014; DCP Annual report, 2010; DCP Annual Report, 2011; DCP Annual Report, 2012; Gardner, 2008; Hayes et al., 2012; Hayes et al., 2014; Holmgard Sorensen, 2009; Holmgard Sorensen, 2013; Keddell, 2013; Munro et al., 2016; Nelson-Dusek and Rothe, 2015; Roberts et al., 2016; Rodger et al., 2017; Rothe et al., 2013; Skrypek et al., 2012; Turnell et al., 2008; Westbrook, 2006).

Four grey literature papers were from Australia (DCP Annual report, 2010; DCP Annual Report, 2011; DCP Annual Report, 2012; Turnell, Lohrbach & Curran, 2008), one from Canada (Caslor, 2011), two from Denmark (Holmgard Sorensen, 2009; Holmgard Sorensen, 2013), one from the Netherlands (Vink et al., 2017), the majority of grey literature papers were from the UK (Baginsky, 2017; Beattie, 2013 ; Brent Council's Report, 2017; Bunn, 2013; City and County of Swansea Report, 2014; Gardner, 2008; Hayes, Pinkerton & Devaney, 2012; Hayes et al., 2014; Munro, Turnell & Murphy, 2016; Rodger et al., 2017),

four studies from the USA (Nelson-Dusek & Skrypek, 2013; Rothe, Nelson-Dusek & Skrypek, 2013; Skrypek, Idzelis & Pecora, 2012; Westbrock, 2006), and one study was an international (Roberts et al., 2016).

4.2 Effects of Signs of Safety

We identified four studies that included quantitative data, two of them published as mixed methods studies in peer-reviewed journals (Lwin et al., 2014; Reekers et al., 2018) and two were embedded within evaluation reports (Holmgard Sorensen, 2009; Vink et al., 2017). Two of the studies were foreign language publications that were translated (Holmgard Sorensen, 2009; Vink et al., 2017). The characteristics of included studies are summarised in Appendix 3. The methodological quality of these studies are reported in Appendix 4 and show that three of the studies had a moderate risk of bias (Lwin et al., 2014; Reekers et al., 2018; Vink et al., 2017), and one a high risk of bias (Holmgard Sorensen, 2009).

We employed the five GRADE considerations (study limitations, consistency of effect, imprecision, indirectness, and publication bias) to assess the certainty of our findings from these studies (Lwin et al., 2014; Reekers et al., 2018; Holmgard Sorensen et al., 2009; Vink et al., 2017). We created summary of findings (SOF) tables based on GRADE assessment (Appendix 5). Overall assessment of the outcomes using the GRADE approach demonstrates the evidence related to the primary outcomes to be of "very low" and to the corollary outcomes to be of "low" certainty.

Lwin et al. (2014)

Lwin et al. (2014) conducted a controlled study of the use of an SoS informed 'mapping conference' prior to child protection investigations. This study was based within a child welfare agency in Canada which utilised a "Differential Response" approach. This method of service delivery is described as 'where child welfare workers, using clear standards and guidelines, determined the kind of support and service needed to keep children safe and families stable in situations involving child maltreatment' (p.83). It seemed to involve decisions about the level of service or assessment required for different referrals. Staff were trained in SoS, but SoS was described as not fully implemented. The mapping conference was based on the SoS map and used a strengths-based approach to case mapping, which examined: danger and harm, strengths and safety factors, goals and next steps. These conferences did not take place with families, but with case workers and other professionals

involved. The caseworkers completed the mapping, developed the risk statements, the goals and next steps.

Mapping conferences were held where child protection cases that had been previously opened four or more times to child welfare agencies were evaluated and discussed. The aim was to ensure child safety, reduce the number of cases being re-opened, improve the understanding of cases that had been opened repeatedly and improve engagement with internal, external supports, and clinical services.

Case data were collected from mapping conferences of the intervention group (treatment group n=86) and were compared with the control group (control group data = 60), of randomly selected case files where mapping conferences had not taken place but where there was a history of at least four child welfare investigations. The main outcomes were the number of re-openings of cases, transfers to ongoing services, and substantiation of child maltreatment at the end of the investigative process.

Quantitative analysis demonstrated significant differences between the intervention and the control group in the number of previous openings. The cases in the intervention group had significantly higher rates of previous recurrence, suggesting a greater degree of severity than the controls however the reasons for investigation were the same in the two groups. This factor must be considered when assessing the outcomes of this study.

A one-way analysis of variance showed a reduction in re-openings when mapping conferences were used. Only 6% of the mapped cases were re-opened after a 12-month period the remaining 94% of brought to a mapping conference were closed after the investigation completion and remained closed one year after the mapping conference date. Group status and allegation substantiation, were dependent upon one another, $\chi 2$ (1) =37.40, $p < 0.0005$, namely that mapped cases were more likely to have substantiated allegations than non-mapped cases. Examination of the transfers to ongoing child welfare service suggested that mapped cases were significantly more likely to be transferred to ongoing services than the controls (56% (n=48) of the mapped cases vs. 21% (n=13) controls $p< 0.05$).

Reekers et al. (2018)

A pilot quasi-experimental study conducted by Reekers et al. (2018) evaluated the effectiveness of the SoS approach three months after a care plan had been made in a Child Welfare Agency in Amsterdam. The SoS approach was implemented in the welfare agency by practitioners with an average of seven years' experience with the use of SoS.

Propensity score matching was used to successfully identify two similar groups of 20 families and their social workers receiving SoS intervention and 20 receiving care as usual. Care as usual involved a supervision and case management method, based on Functional Family Parole Services (Alexander and Robbins, 2010)

Items and subscales from validated instruments and inventories were used to measure outcomes. Quantitative data demonstrated no significant differences between the intervention and control groups. Both approaches were equally effective in reducing the risk of child maltreatment and there was no significant difference in increasing parental empowerment between the two groups.

Holmgard Sorensen et al. (2009)

A three-year comparative study of SoS based counselling was conducted in Denmark by Holmgard Sorensen et al. (2009). The intervention was called FamilieFokus, though what the intervention looks like in practice is unclear. It appears to be a very complex whole system change of which SoS was a relatively small part. An intervention group (FamilieFokus) included 143 families with 34 children between 3-10 years of age. Overall 22% of the families children had previously been removed from their parent's care: 17% were volunteer placements, and 5% were compulsory placements. Twenty of the referral children (15%) were registered as victims of crime. The counsellors (i.e. members of social centre's teams) delivered the intervention. The comparison group consisted of only 29 families from the same source due to a difficulty in finding enough families within the same target group. Demographic data for families and children in the control group was not provided. The parents filled in a Strengths and Difficulties (SDQ) form about the children at the beginning and at the end of the three-year study.

Descriptive analysis of quantitative data was combined with follow-up qualitative semi-structured interviews with children, young people, parents, care providers, healthcare

providers and project managers. Overall, the intervention group - FamilieFokus showed improvements in wellbeing of children and parents, and three out of four families achieved their aims with counselling, either completely or partially. The results were best in 2006 and declined through the project period. Based on counsellors' assessment, FamilieFokus families achieved significantly greater improvements in most of areas of wellbeing of children and their families compared to the control group.

The effect assessment indicates that the SoS-based intervention resulted in fewer placements and reduced costs (expenses) as compared to the control group families in the municipality. Specifically, removing children from the care of their parents was avoided in 83% of the FamilieFokus families compared to only 47% in families of the reference group; and fewer expenses were paid from the municipality to 47% of the FamilieFokus families, but only to 4% of those in the reference group.

Vink et al. (2017)

A research team led by Vink et al. (2017) conducted another controlled trial from the Netherlands, the findings from which were embedded within a larger report. A natural experiment included an SoS-based experimental group of families at BJZ Drenthe (n=35) and a control group (usual care without SoS) (n=30) of families at BJZ Groningen. Recruitment to the study was difficult, study numbers were fewer than expected and results for missing data were imputed. Both the control group and the experimental group received social work support based on the Delta method (Van Montfoort and PI research, 2009), an approach to social work case management used in The Netherlands with some similarities with SoS. Workers in the experimental group used the Delta methods plus SoS. The main outcomes were measured using recognised scales and subscale tools and included parents' empowerment (competence, competency experience exploitation, social support, self-management, critical awareness, involvement of parents, cooperation with professional etc.) and personal empowerment.

The results demonstrated no statistically significant effects of SoS between experimental and control groups on the level of insight into problems over time, empowerment of parents, parental involvement, parent education, the safety in the family and for the child as perceived by the parent or employee, the cooperation with the supervisor. Parents in the

experimental group (SoS) had significantly higher expectations of the SoS and indicated that the purpose of SoS was constructive/positive. Parents' feedback on the social worker and the support was more positive in the experimental group than in the control group. Worker's self-assessment of fidelity with SoS was higher in the experimental group compared with the control group. Neither of these latter two measures reached statistical significance.

Moderator analysis

There were studies from grey literature that included some quantifiable basic descriptive statistics (e.g. percentages, proportions, response rates etc.). These studies did not meet the criteria for inclusion due to with limited description of the origin of data. Overall, we were unable to use this data for moderator analysis by subgroup, due to heterogeneity of included studies, the variation in study designs, methodological issues, diversity in outcome measures, and variance in the how SoS was adopted and implemented.

Overall, our systematic review finds little or no evidence that SoS is effective at safety reducing the need for children to enter care, equally, we have not found evidence to suggest that SoS is not effective at achieving this outcome.

7.3 Mechanism and Moderators

We found little or no empirical evidence that SoS is effective at safely reducing the number of children entering care. In spite of this, SoS is widely utilised in the UK and internationally and continues to be rolled out across unique settings. The MM section of the EMMIE review intends to elaborate and prioritise the underlying theory for SoS. Theorising how SoS might best work in this review is intended to provide the sector with information about the best way to implement, deliver and evaluate SoS and ultimately improve outcomes for children, their families, and the SoS workers who work with them. The results of our realist analysis of the sources identified in the searches describe the mechanisms through which SoS can safely reduce the need for children to enter care, and the contexts that moderate these mechanisms.

Mechanism is defined as how the SoS intervention resource (e.g. what social workers do with parents, the SoS tools that they use, and so on) interact with how individuals think and feel (e.g. social workers, parents, families, children) to change their behaviour (outcome). The term moderator refers to the contextual factors that enable or inhibit these mechanisms. We focus on prioritising and elaborating only the most important mechanisms (and their moderators) that emerged from the synthesis. Unlike previous systematic reviews using EMMIE, we present evidence of mechanisms and moderators together, as the activation of mechanisms is contextually contingent. The results that follow are intended to provide accessible information to support pragmatic decisions by policy makers and practitioners about whether and how to implement SoS.

7.2.1 SoS programme theory

Due to the complexity of SoS, its programme theory is presented for clarity in two layers: the overarching SoS mechanisms and outcome (Level 1), and the key mechanisms and moderators that underpin this overarching theory (Level 2).

Overarching SoS programme theory (Level 1)

At the top level of the SoS programme are the two overarching mechanisms through which SoS can achieve its main (distal) outcome (Figure 4).

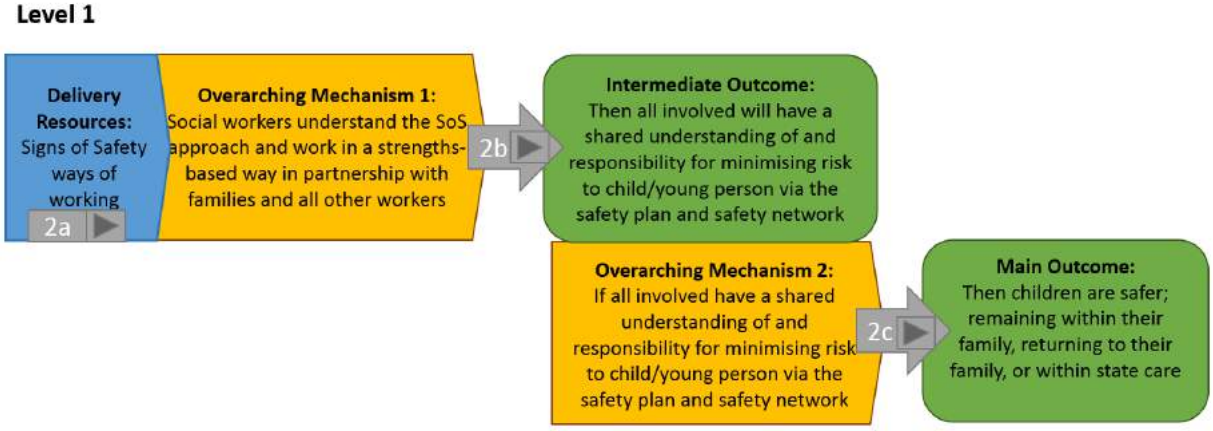
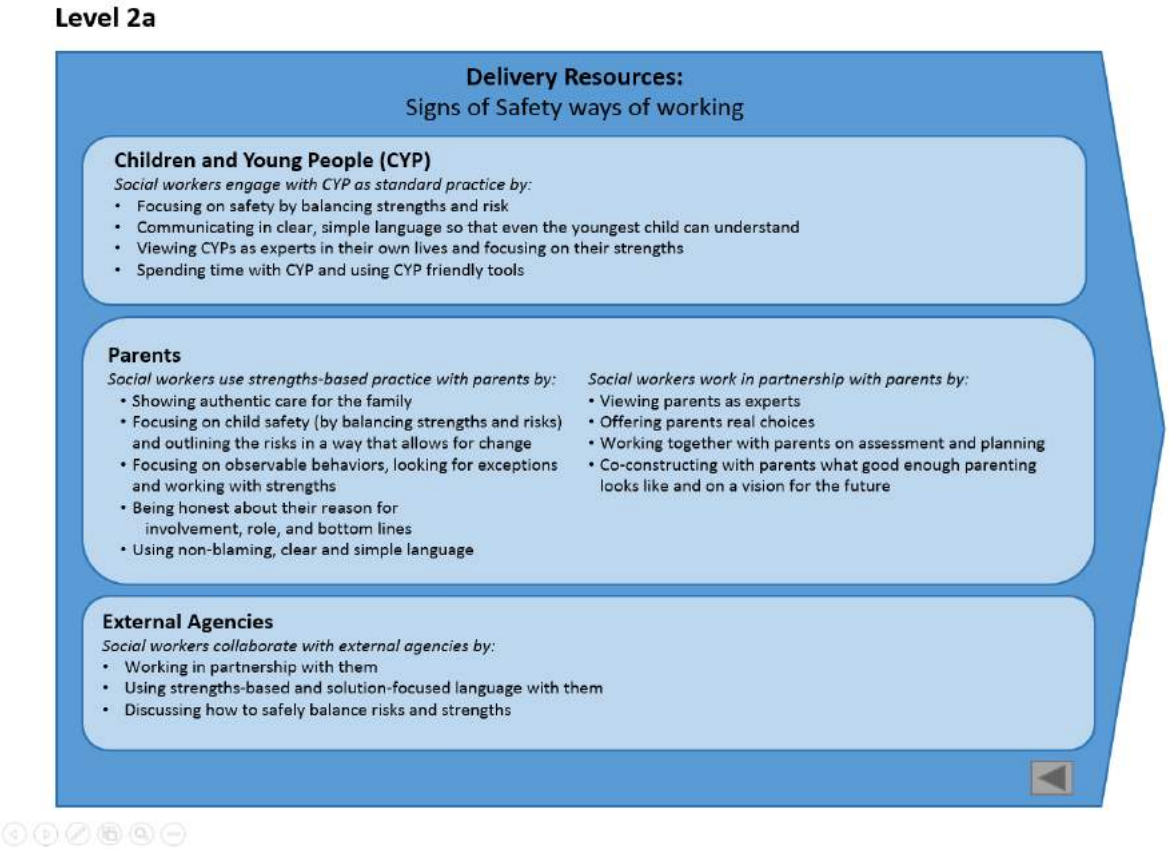


Figure 4: The two overarching mechanisms through which SoS achieves its main outcome

The SoS approach (the main components of SoS delivery, Figure 5), and the SoS tools that social workers use (see Appendix 14) interact with social workers thoughts and feelings by building their knowledge and understanding of the SoS approach (mechanism). This then aims to change their behaviour so that in partnership, they will develop a shared understanding of and shared responsibility for minimising risk to children (intermediate

outcome). This intermediate outcome becomes the second overarching mechanism: a shared understanding and responsibility for minimising risks to children then produces



improved child safety and reduced care entry (distal outcome).

Figure 5: The main components of SoS delivery; the way social workers work with children, parents and external agencies

It is notable that while there is evidence of specific ways to engage parents, children and external agencies, little was found in relation to how social workers engage wider family, foster carers and kinship carers (Figure 5). In the results logic developed with SoS creators, SoS is described as intending to engage these groups (Bromfield et al., 2013). This is a significant gap in the programme theory.

7.2.2 Mechanisms and moderators underpinning the overarching SoS programme theory (Level 2)

Underpinning these two overarching SoS mechanisms are a lower level of mechanisms and moderators across multiple actors that explain how, for whom, and under which circumstances these two overarching mechanisms produce their outcomes.

SoS Overarching Mechanism 1: The mechanisms and moderators that underpin SoS overarching mechanism 1 (Figure 6)

In SoS delivery, social workers bring about distributed change in the thinking, feeling and behaviours of other groups of actors by behaving in ways that enable mechanisms for each group (Figure 6). 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. These mechanisms, including their key moderators, are described in turn.

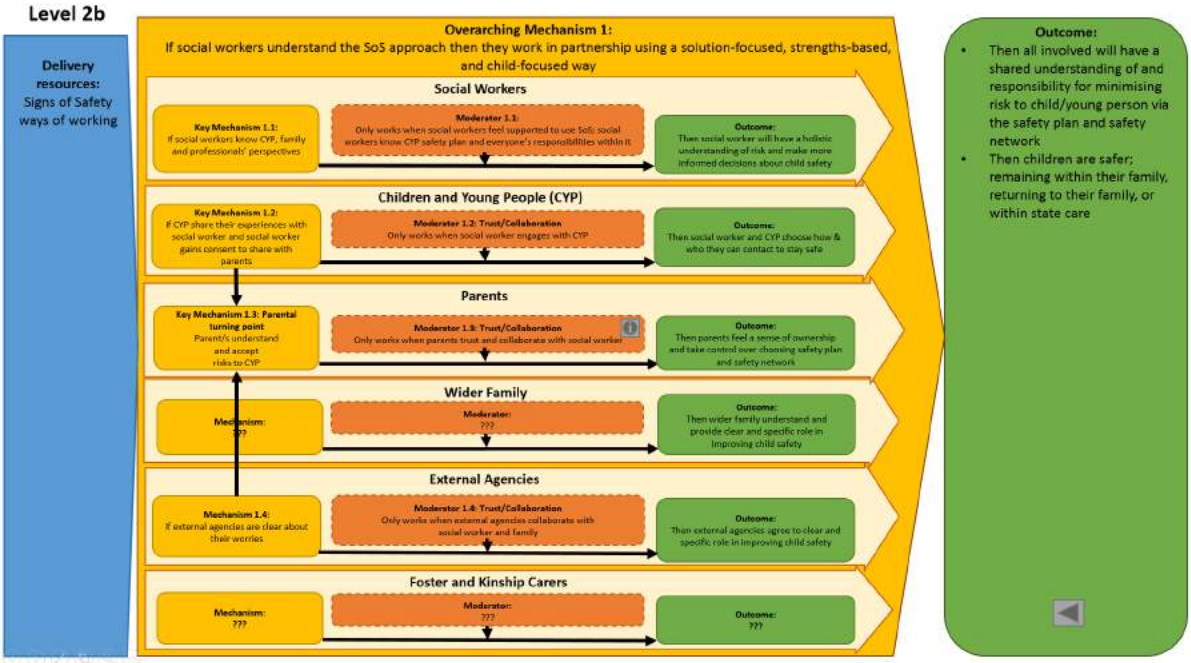


Figure 6: The mechanisms and moderators that underpin SoS overarching mechanism 1

Social workers: To improve child safety, the main role of the social worker is to facilitate shared understanding of and responsibility for minimising risk to children (Figure 6: Outcome). Social workers achieve this through the engagement of and partnership working between actors in the development of a safety plan and safety network, and by monitoring the effectiveness of the plan and network. Social workers seek the perspectives of all of the actors involved, and begin to develop relationships with the key people in children's lives and gain a holistic understanding of risk. Working in a strengths-based way in partnership with all actors enables the development of a shared understanding of and responsibility for minimising risks to children between all actors. The partnership can then understand and

agree specific roles and responsibilities for managing risk between all relevant actors, anchored around the families suggested solutions for improving safety.

Children and young people share their experiences: If children are supported to play an active role and share their experiences with their social worker they can shape the shared understanding and improve the likelihood of it effectively minimising risk for that child. Children sharing their experiences activates two processes that support development of a shared understanding and shared responsibility for minimising risks. First, the social worker, with the child's consent, shares the child's experiences with their parents. Second, the child, with the social worker, chooses how best to stay safe and who they can call on for support. A key context that moderates this mechanism is that children need to trust their social worker to feel comfortable communicating with them. To gain trust, a social worker needs to make a child feel that they see their strengths and view them as expert in their own lives, and offer them choices. For specific ways of engaging children, see Figure 5.

Parents experience a 'turning point': The 'turning point' for parents is an essential element of the programme theory (see Figure 7). Social workers enable this turning point through their behaviour with parents (see Figure 5) and other actors. This builds parental motivation, a key ingredient in how SoS 'works'. Parental motivation is critical for to developing a shared understanding of and shared responsibility for minimizing risk. When social workers share the child's experiences with the parents, parents hear the impact that their behaviour or current circumstances have had or are having on their child. This helps parents to understand and accept that there are risks. An awareness of the risks to their child allows parents to feel motivated to improve the safety of their child. Using the child's own words about their experiences is important for parents to reach this critical turning point. Importantly, this mechanism offers an opportunity for the social worker to support parents to develop goals and solutions to improving child safety (Figure 7).

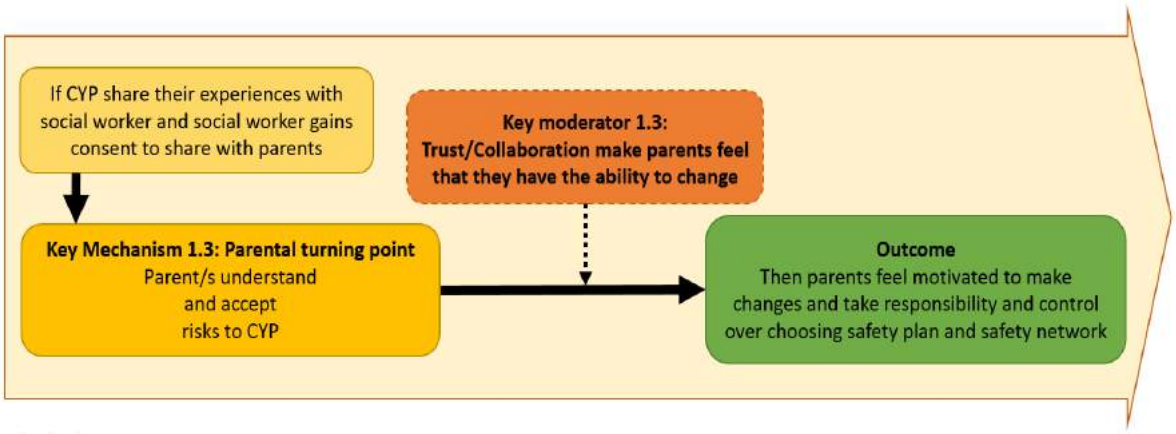


Figure 7: Parental turning point mechanism and how trust and collaboration are essential for the turning point to produce a sense of parental ownership and autonomy in relation to their child's safety

Critically, the parental turning point will only happen when there is trust and collaboration between social workers and parents that produces a feeling in the parent/s that they have the ability to change. This is a key moderator of the turning point mechanism (Figure 8). The parental turning point helps parents develop motivation to change, a sense of responsibility for understanding, identifying, and acting on ways to improve the safety of their child. The turning point will only produce this outcome if collaborating with the social worker has enhanced parental belief that they are able to change (autonomy).

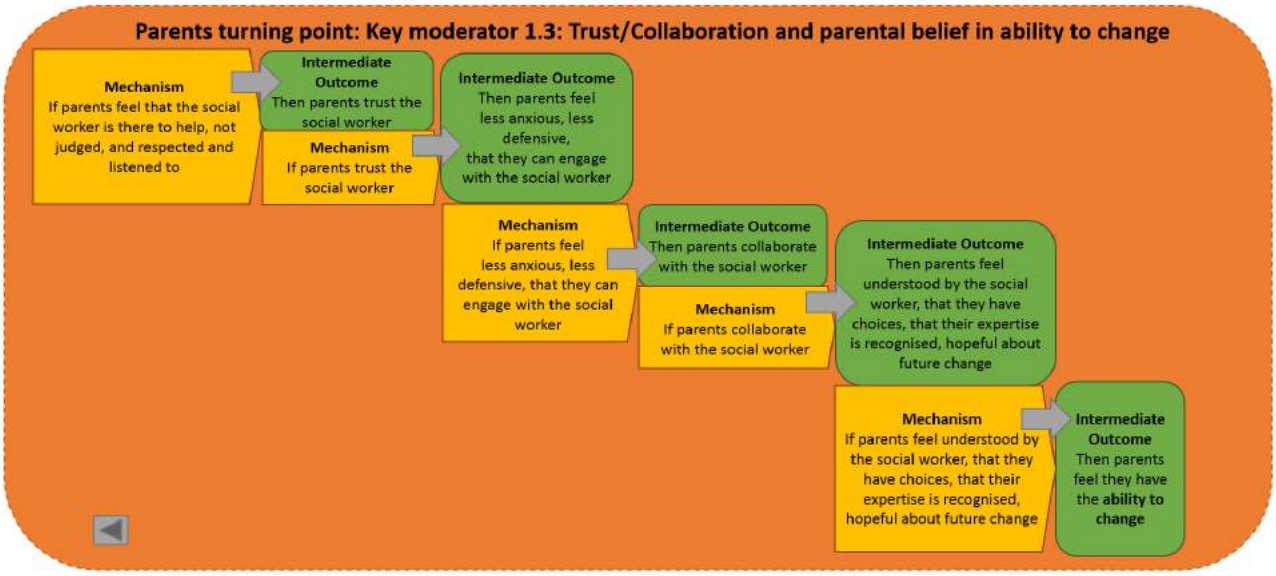


Figure 8: Key moderator 1.3: Trust and collaboration produce a parental belief in their ability to change, which is critical for key mechanism 1.3 to operate (see Figure 7)

Wider family understand risks and offer support: The wider family are enabled to understand risks and offer support through engagement in SoS safety plans and SoS safety networks. There are two main ways through which this safety plan/network engagement of wider family happens in SoS. First, when parents are motivated to change and take responsibility for choosing the safety plan and network (Figure 4: Outcome), they involve wider family to provide support. Second, Social workers identify and work in partnership with the wider family in developing and monitoring the safety plan. When parents identify people in their wider family who can support them, the wider family are able to understand and agree to provide a specific role in improving child safety, leading to a shared understanding of and responsibility for minimising risk. We identified three contexts that can prevent this (moderators): if parents have no wider family, if parents feel embarrassed about sharing their child safety worries with their wider family, or if a parent is a victim of domestic abuse and does not want their wider family to know of their experience. There was no evidence from identified literature regarding how social workers talk to wider family, and how this impacts upon their engagement and partnership working. This represents a gap in the programme theory.

External agencies are clear about their worries and offer support: Collaboration requires firstly that external agencies trust that SoS practice can effectively address and manage risk (Figure 5), and that external agencies can clearly articulate their worries about child safety, however there is limited evidence detailing what this looks like in practice. The enables

external to agencies agree, with parents and the social worker, to specific roles and responsibilities for improving child safety. Collaboration creates a shared language between external agencies and social workers, and thus supports the shared understanding of risk. There is some evidence to suggest that the development of a shared understanding and responsibility for minimising risk reduces the level of anxiety that external agencies feel about maintaining child safety within the home, which may lead to a reduction the number of referrals made to children's services by external agencies.

Kinship and foster carers, a gap in the theory: The SoS initial programme theory that informed this EMMIE review highlighted a gap in our understanding relating to how social workers work in partnership with foster carers and kinship carers and how this safely reduces the need for children to enter care. Despite looking specifically for evidence to fill this gap in understanding, there was no evidence as to how social workers use SoS to work with carers to improve child safety to develop the programme theory. Evidence relating to carers is perhaps more likely to be found in practice or guidance documents that do not include effectiveness evidence and thus would not have been included in this review.

SoS Overarching Mechanism 2: Key mechanisms and moderators underpinning SoS overarching mechanism 2 (Figure 4)

The key feedback loops through which a shared understanding of risk improves child safety are (Figure 9):

1. The expression of shared understanding and responsibility for minimising risk in the safety plan and network supports social workers to be less anxious and make more informed decisions which supports the safety plan and network.
2. Using the safety plan and network makes parents more confident and competent and more able to care for and involve the wider family in the care of their child, which supports the safety plan and network.

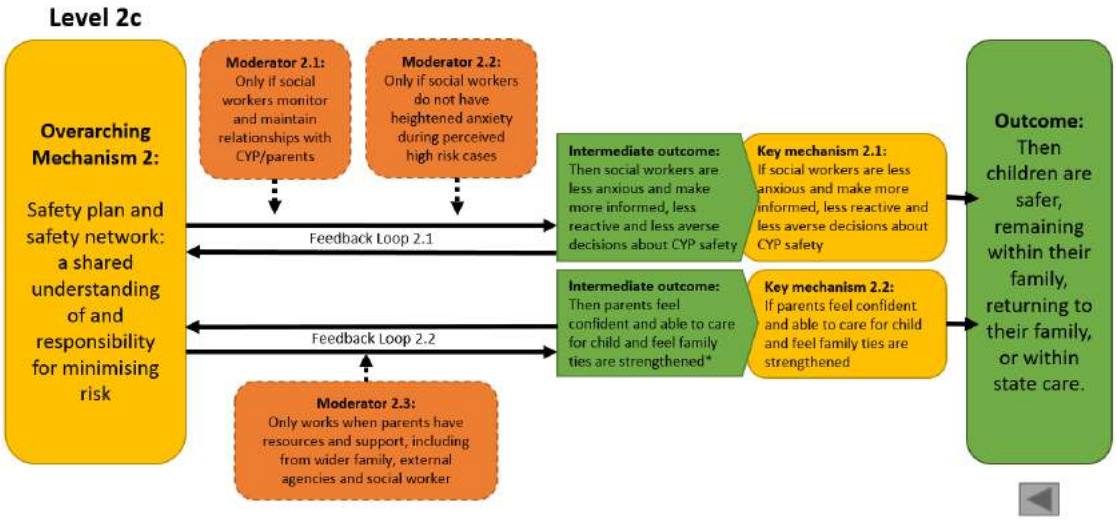


Figure 9: Key moderators, intermediate outcomes, and key mechanisms underpinning overarching mechanism 2

Feedback loop 2.1: Social workers do not feel solely responsible for ensuring the safety of the child if there is shared responsibility for minimising risk. Social workers therefore feel less anxious about keeping children safe within their family. Less anxious social workers are likely to make less reactive decisions. Through monitoring the safety plan and network, they ground their decisions in their assessment of the success of the safety plan and network. During monitoring, if social workers spend time with families and work to maintain their relationships with families, they enhance the sustainability of the safety plan and network by ensuring it is relevant and working for the family. This, in turn, reduces social workers' anxiety about child safety as they can make informed decisions about the families' capacity to keep the child safe and respond to their needs. Certain contexts moderate the reduction in the anxiety of social workers leading to less reactive, more informed decisions. For example, the evidence suggests that social workers feel particularly anxious during reunification, or in cases where there has been sexual abuse or parental substance misuse. These and other issues may require therapeutic input, including support from professionals in external agencies. This highlights a gap in the programme theory relating to the core knowledge and competencies that social workers need to identify and work with specific types of child abuse, parental behaviours and circumstances.

Feedback loop 2.2: Safety planning involves all of the significant people in a child's life working together towards the creation of a safety plan, supported by a network of wider family, peers and professionals. The safety plan describes the day-to-day arrangements that a

family and their safety network have agreed to put into place to ensure that the child/young person is safe. Through using their safety network and safety plan, parents feel more able to seek support from their safety network, they develop a stronger relationship with the family who support them, and develop a sense of competence and confidence in their parenting as they are increasingly able to manage crises and keep their children safe. Importantly, parents with or without strong connections to wider family found that the process of planning and using their safety plan and network formalised and strengthened their relationships, and enabled them to ask for help more easily.

The use of safety networks varies in practice, with some organisations using them primarily as peer support networks, and others using external agencies to form part of the network. Key contexts that moderate whether parents use their safety plan and network leads them to feel competent and confident in their parenting is how parents experience the support they are receiving, and capacity of those providing support (Figure 9, moderator 2.3). For example, if parents experience the support of family members as intrusive and as leading to a loss of autonomy, this negatively impacts upon the development of their parenting confidence. In terms of resources, social workers need to have time to monitor and review the safety plan and maintain a positive relationship with parents if parents are to feel confident. The capacity and willingness of wider family to offer support, and the quality of support offered also moderates whether the use of the safety plan and network leads to improved parenting capacity. The capacity of wider family to offer support is lessened if the careers of family members are negatively affected by their participation in the safety network, they are less able to provide support long term. The willingness of wider family to offer support is reduced if family feel that their support is being drawn upon in lieu of support from external agencies as a cost saving exercise. The quality of support offered is reduced if there are issues relating to loyalty, such as family members taking sides in divorce cases, or grandparents feeling conflicted as to whether their primary loyalty and responsibility is towards their child or their grandchild; and if wider family members condone unsafe parental behaviour. These contexts inhibit the sustainability and success of safety networks in improving parenting capacity and confidence, and can act as an alert to social workers of issues to remain aware of during safety planning and monitoring.

Interestingly, if, through the development of a safety plan and safety network there is a shared understanding of responsibility for minimising risk, yet parents are unable to keep their child safe, there is some evidence to suggest they are more likely to understand the

reasons why and are more likely to accept the need for care entry (see Figure 9 Asterix). This, in turn, creates a less traumatic experience of care entry for the child. One organisation developed strengths-based, solution focused pre-proceedings meetings to further support parental understanding and acceptance of the reasons for care entry (see Lohrbach and Sawyer, 2004). However, the adversarial nature of the court process can moderate this, for example, if judges override decisions made collaboratively between social workers and families, parents may be less accepting of the outcome. This draws attention to the role of the wider system in which SoS operates.

7.4 Implementation

One possible explanation for the lack of evidence that SoS reduces care, and limited evidence it achieves other outcomes, may be that it is not clear whether it has been implemented well. This section considers what studies have found in relation to implementing SoS well.

7.4.1 Issues with Measuring SoS Implementation

One included study, by the developers of SoS, notes that "much implementation science thinking focuses on simpler, more linear reforms… usually framed and focused on the installation of an intervention with demonstrated fidelity", and that such concepts need adapting to align with the complexity of children's social care (Munro et al., 2016, p.10). Perhaps this complexity challenge explains why few included studies had the aim of evaluating the implementation process (n = 7), resulting in limited evidence on the extent to which SoS was implemented. Of the studies that did describe implementation, the methods used to explore implementation were: observations (Salveron et al., 2015a), interviews (Salveron et al., 2015a; Baginsky, 2017), and self-profiling instruments (Rijbroek et al., 2017; Baginsky et al., 2017). No validated fidelity assessments of SoS have been developed, however there has been a recent attempt to develop a supervisor fidelity assessment for SoS (Roberts et al., 2018) which presents an initial attempt to measure SoS practice.

7.4.2 Variations in SoS Implementation

Munro and colleagues (2016) argue that fidelity for SoS should focus on the principles and disciplines of SoS rather than solely on the tools or processes, and it should be apparent

throughout the organisation as opposed to just the practice of front line staff (Munro et al., 2016). In spite of these recommendations, few studies explored implementation at both system and frontline levels (Rothe et al., 2013; Hayes et al., 2014; Lwin et al., 2014; Baginsky et al., 2017). One study reported the adoption of the toolkit but less of the philosophical underpinnings (Stanley and Mills, 2014), whereas another referenced whole system change, yet highlighted that achieving consistency remained problematic due to the 'pick and mix' usage alongside the dominant practices and procedures (Baginsky et al., 2017). A further study stated that only 20% of professionals were using the SoS-informed framework (Safe Together Step by Step), suggesting that implementation was still in its early stages (Rijbroek et al., 2017).

7.4.3 Barriers and Enablers of SoS

Despite a lack of clarity within the included studies as to what SoS is and whether it has been successfully implemented, there was evidence regarding the barriers and enablers of implementation of SoS. Rijbroek and colleagues (2017) suggest that implementation of SoS requires a complex array of activities across multiple levels of determinants (professional, team, organisational, and contextual; Rijbroek et al., 2017). The themes of barriers and facilitators identified in the included studies were:

- Individual practice
- Organisational practice
- Organisational culture, and a temporal dimension,
- Change over time

Individual practice

Facilitators: The main facilitator of individual practice change in SoS is training. The developers of SoS offer a 2-day and a 5-day training for social workers and managers, relevant statutory staff and partner agencies (Baginsky et al., 2017). Training staff was found to be essential to underpin and embed cultural change (Baginsky et al., 2017), and vital for increasing workforce confidence, skills to embed the new ways of working, and the full range of tools within SoS (Rodger et al., 2017). Staff having the knowledge necessary, through training, for the delivery of SoS was the largest contributor to the use of a SoS-informed framework in the Netherlands (Rijbroek et al., 2018).

Although training is a necessary condition, alone it does not transform delivery and needs to be combined with leadership, organisational culture and meaningful measurement processes

(Roberts et al., 2018). For example, social workers who attended the training at an early stage reported frustration over the delay in establishing the structure and supervision to support it, and found it difficult to practice the skills they had learnt when they were trained ahead of their managers (Baginsky et al., 2017). Where managers were also trained in a parallel with social workers, social workers were reported to be more likely to develop and sustain strengths-based approaches with confidence and creativity (Bunn, 2013). Continually training and supporting staff is argued to be necessary to prevent social workers reverting to old habits (Rothe et al., 2013). Some social workers also highlighted the need for full training, suggesting that the 2-day training did not provide adequate preparation and wanting to do the 5-day training (Baginsky et al., 2017). However, this was not always feasible or affordable (Baginsky et al., 2017).

Barriers: A main barrier to creating change at the level of individual practice is staff turnover, which is identified as a barrier to SoS implementation (Salveron et al., 2015a; Robert et al., 2018). High staff turnover can be addressed through quality training, supervisory coaching and an understanding practice culture, all of which are argued to be needed to support SoS implementation (Roberts et al., 2018).

The licensing of SoS and the associated costs of bringing in SoS accredited consultants for training present a barrier to implementation, though they also provide quality control in relation to the nature of the training delivered (Bunn, 2013). Within the UK context, leaders and managers of some organisations reported concerns that they had failed to secure enough funding to be able to provide and maintain commitment to providing the necessary training (Baginsky et al., 2017). Some organisations also reported concerns over the availability of SoS trainers, since accredited training can only be carried out by accredited SoS trainers due to an intellectual property agreement (Baginsky, et al., 2017; Brent, 2017; Hayes et al., 2014). A notable strategy used by organisations to overcome licencing issues was the development of their own approach to practice that draws heavily on SoS (Hayes et al., 2012, 2014; Rijbroek et al. 2017). These developments lead to difficulties when seeking to understand what SoS is and what it is not.

Organisational Practice

Facilitators: Ongoing organisational processes and supervision are needed to support and embed new training and practices (Turnell, 2012). For example, the mechanisms outlined in the programme theory are only triggered if social workers are supported and enabled to

practice in a strengths-based and solution-focused way in partnership with children, families and other professionals. Supervisors have a profound impact on the practice of child welfare workers (Roberts et al., 2018). Social workers report feeling supported in practicing SoS when managers model strengths-based practice, for example through using strengths-based and solution-focused language in supervision and case discussions (Hayes et al., 2012). Where managers were not committed to SoS, social workers felt resistant to the change associated with implementation (Baginsky et al., 2017). This highlights the importance of creating a working environment in which social workers feel supported to use SoS. Social workers feeling able to talk about the difficulties of practice without the fear of being judged or blamed, alongside the acknowledgement of good practice, is considered to contribute to positive morale, and the development of the skills and confidence needed to shift towards open and transparent practice (Salveron et al., 2015a). However, it is important to note that the evidence also indicates that there can be instability and tension if staff move into new roles and new ways of working (DCP, 2011; Baginsky et al., 2017), further highlighting the need for organisations to create a safe environment where staff feel supported through the anxiety and crises that can often occur.

One of the aims of SoS is to create a culture of inquiry around frontline practice, representing a significant shift away from a risk averse culture of blame and fear that child protection practice is most commonly associated with (Roberts et al., 2018). Part of the implementation process requires creating an organisational learning culture, which encourages practitioners to share decision-making and to learn from each other through offering honest and open feedback (Salveron et al., 2015a). This is part of the iterative learning process that deepens whole agency understanding of the model which, alongside organisation processes, is considered to be required to enable full use of the approach (Roberts et al., 2018). The opportunity to observe others and to learn from each other are also proposed as a key part of this learning process (Turnell et al., 2007; Bunn, 2013; Roberts et al., 2015; Salveron et al., 2015a). This collegial level learning forms part of a wider continuous organisational learning, as described within Munro's and colleagues' (2016) organisational theory of change. To achieve a learning organisation, Munro and colleagues (2016) state that 'attention needs to be given to how the new way of working interacts with existing parts of the system, and how the system in turns aligns with the intervention' rather than the more common static framing of implementation which involves 'installing a new intervention into a fixed system' (Munro et al., 2016, p.10). In this respect, they proposed a

SoS Quality Assurance system that was based on organisational and practice theories of change comprising of: i) case auditing to reflect SoS theories of change, ii) staff and family surveys on organisational fit and leadership, and iii) national core data for monitoring trends and outcomes. Utilising all three components is "recommended for adoption or adaptation in order to best deliver measurement that is meaningful for the organisation's implementation of Signs of Safety practice" (Munro et al., 2016, p.33).

Sharing practice across as well as within organisations is a crucial driver for developing a consensus about what good practice looks like (Munro et al., 2016). Part of the SoS approach is working in partnership with external agencies and it has been noted that social workers find it easier to adopt SoS if professionals from external agencies understand and work within the same approach (De Wolff & Vink, 2012, cited in Rijbroek et al., 2017). However, engaging these professionals in the change process can be challenging (Salveron et al., 2015a) due to a concern that too much emphasis placed on family maintenance could compromise children's safety (Rothe et al., 2013). Ways of developing and engaging external agencies to use SoS include: shared learning and orientation strategies, shared skill development workshops and joint learning activities (Salveron et al., 2015a). This supports further suggestions that additional education and training on SoS for external agencies facilitates the implementation process and delivery (Rothe et al., 2013; Munro et al., 2016). For example, in organisations using a SoS approach, legal teams and judges may benefit from SoS training to ensure adversarial legal processes do not undermine the collaboration developed with families through SoS practice (Lohrbach and Sawyer, 2004). Where there is willingness from professionals in external agencies to implement SoS, social workers and those professionals reported the benefits of using a shared language when working with families (Munro et al., 2016; Stanley et al., 2018).

Barriers: An element of organisational practice often identified as creating a barrier in implementing SoS is the computerised systems for recording practice. The information systems used within organisations for recording data often change more slowly than practice itself which presented a barrier to practice, and thus full implementation of SoS (Barbee et al., 2011 cited in Salveron et al., 2015a; Munro et al., 2014). As a result, many social workers felt frustrated that the case management system was not congruent with SoS as it did not enable them to upload their work with families, or record the more flexible

approach to working that the organisation had adopted. Within the English context, Munro and colleagues (2016) noted that work was being undertaken to develop information recording systems that are compatible with SoS.

Organisational Culture

Facilitators: For individual and organisational practice to be changed, engagement and commitment from the whole organisation is necessary (Caslor, 2011; Roberts et al., 2018). Munro and colleagues (2016) imply that reforms are unlikely to be successful if organisations only focus on improving practitioners' skills without focusing on whole system organisational change. For SoS to become normal practice it needs to be organisation-led, so that the core principles of SoS are embedded within the organisation's culture and practices (Salveron et al., 2015a). Organisational culture refers to the organisation's values, philosophies, ethics, policies, procedures and decision-making. The values and core principles underpinning SoS mean that implementing SoS within a child protection agency requires practitioners to work against the dominant blame culture that describes much of social work practice in the UK (Munro et al., 2016). Such changes at the organisational level can bring about and support changes in practitioner's behaviour and actions, and thus their interactions with children and families - a fundamental mechanism within SoS (see section 7.2) (Salveron et al., 2015a). This, however, requires multi-level organisational change (Munro et al. 2016), which has been noted as slowing down the implementation of SoS (Baginsky et al., 2017). Within the reorganisation process, the active support of leadership and management is key (Bunn, 2013; Salveron et al., 2015a; Munro et al., 2016; Baginsky et al., 2017; Rijbroek et al., 2017; Stanley et al., 2018), in that they are required to understand and drive implementation, rather than delegating the associated responsibilities and activities (Munro et al., 2016). For example, in Western Australia the Director General was noted as leading by example through guiding, communicating and providing direction across the whole organisation, remaining focused on SoS principles (Salveron et al., 2015a).

In order to transform delivery, Munro and colleagues (2016) state that senior leadership also need to remain close to practice and understand the approach from the experiences of families and frontline staff. By recognising that learning is an ongoing process for both practitioner and organisational leaders, managers can make a commitment to establishing learning processes and structures which create the opportunity for change (Bunn, 2013; Salveron et al., 2015a, Munro et al., 2016). An indication of how this is done is through the development of practice leads. These are people within the organisation who act as leaders

for the rest of the organisation, often mentored by SoS approved trainers (Bunn, 2013). In the studies reviewed, they are usually those who have completed the 5-day training and agreed to be 'SoS champions' (Hayes et al., 2012; Baginsky et al., 2017; Brent, 2017) or have been identified by supervisors who completed a fidelity assessment tool on practitioner's practice (Roberts et al., 2018). In Western Australia, 'case practice director' roles were created to influence practitioners' motivations, but did not necessarily have to be in leadership positions to assume this role (Salveron et al., 2015a). Practice leads or practice champions who have attended SoS training, are also permitted to deliver free in-house training to cascade SoS throughout the organisation (Salveron et al., 2015a; Rodger et al., 2017), which offers the opportunity to reduce training costs in the long-term. However, an issue associated with practice leaders was lack of time, resulting in them struggling to attend specific training sessions or being less willing to take on the role in the first place (Baginsky et al., 2017).

7.4.4 Change Over Time

The discussion of implementation to date has been structured around the different levels at which implementation activities can be focused. In addition, there is a temporal dimension to change. Launching change, embedding it into everyday practice and sustaining it in the long-term holds different challenges. In general, it has been suggested that changing the culture of an organisation takes time (Rothe et al., 2013) and it is proposed that whole system change to enable SoS congruent practice takes approximately five years to accomplish (Beattie, n,d; Roberts et al., 2015), with the first two years based on intense activity (Munro et al., 2016). Even if strong SoS fidelity measures are developed, organisations may not see significant changes until two to three years following implementation (Roberts et al., 2018). Several characteristics, such as the organisation, its teams and professionals, seem to influence the implementation process (Rijbroek et al., 2017). However, there appears to be little or no evidence of increased effectiveness over time. Furthermore, sustaining change is often an area of innovation with challenges as substantial as those involved in creating initial changes.

7.5 Economic Analysis

Only three of the 38 included studies refer to any form of cost information in their analysis. However, none of these carried out a full economic evaluation where the costs and

outcomes of both the intervention and a suitable comparator are measured, valued and compared. Two reports relate to two UK government Innovation Programme projects evaluating the 'Creating Stronger Communities' (CSC; Rodger et al., 2017) and 'Signs of Safety in 10 pilots' (Baginsky et al., 2017). The third report, the DCP Annual Report (2011), describes the activities and analyses the performance of the Department for Child Protection in Australia over the 2010 – 2011 financial year.

Of the three studies, the CSC evaluation (Rodger et al., 2017) carried out the most extensive economic analysis when compared to the other two, albeit that it was far-off meeting the criteria for a full economic evaluation. There were four strands to the CSC project, one of which was SoS in addition to Family Group Conferencing (FGC), outcomes based accountability and restorative practice. FGC was the only strand of the project where the authors completed what they refer to as a cost-benefit analysis as part of the intervention's evaluation; however, this is not relevant to the systematic review question. No such analysis was carried out for SoS or the other strands of the project. However, the evaluation report contained within its appendices case study analyses for five families where an effort was made to value the costs and benefits of the intervention.

For several reasons, no meaningful conclusions on economic analysis of SoS can be made from this study alone. Firstly, there was no comparator group of families who had not been exposed to the intervention against which the results could be compared. Secondly, the costs and outcomes were not described in sufficient detail, and finally, the SoS framework has not been evaluated appropriately. The FGC and SoS strands have not been considered independently in the analysis, they were implemented in parallel, with FGC being the main intervention supplemented by the use of the SoS framework. It is also not clear if these families were exposed to restorative practice and outcomes based accountability during their case management. The CSC project was classed as a complex intervention where a group of activities were implemented simultaneously and were each necessary to meet the project objectives. The five case study analyses do not address the review's question on the economic cost of SoS or the cost-effectiveness of the CSC project as a whole. Therefore, no conclusions can be drawn from the study by Rodger et al. (2017) relating to the cost-effectiveness of SoS.

The SoS project evaluation in 10 pilots (Baginsky et al., 2017) only included an outcomes description. The authors described the key findings observed during the implementation of

SoS; these included changes in social worker time use, number and duration of child assessments and number of children coming under protection plans. Even though there was no cost analysis, as part of the evaluation the authors illustrated ratios of expenditure on fostering and residential care to total expenditure on children's services over a four-year period, comparing these two ratios across the pilots to all non-pilots and to their statistically significant neighbours. However, the authors concluded that no significant effect as a result of SoS was detected.

Finally, the DCP Annual Report (2011) did not meet the requirements of an economic evaluation, even partially. The report details the activities carried out and the performance of the Australia department for child protection over a financial year. Within its 'protecting children and young people from abuse and harms' service, there was a SoS framework detailing the tasks carried out to implement SoS across the department. A brief narrative overview of the outcomes seen with SoS is given with no attempt to formally identify and value these. The indicators of effectiveness and the costs described are not specific to SoS but to the department. Since this report is an audit and financial summary of the department's activities there is no attempt to associated outcomes observed to specific department interventions such as SoS. This is not an economic evaluation that can be used in the analysis of the effectiveness of SoS since that was not the purpose of the publication.

The systematic review results on economics reflect the absence of cost-effectiveness data to support the SoS framework's use in children's social care.

5. Discussion

This is the first systematic review of the evidence base for Signs of Safety. It is also the first systematic review in children's social care to draw on the EMMIE framework (Johnson et al., 2015) and the mixed methods approach used in previous EMMIE systematic reviews (Sidebottom et al., 2018). We sought to review the evidence under the EMMIE headings to provide useful information to support policy makers and practitioners to consider whether and how to implement SoS in their unique settings. Here we draw together our key findings, limitations, and conclusions.

8.1 Effect

This systematic review did not find evidence to support the claim that SoS is effective at reducing the number of children in care. It is important to note that little or no evidence of effect does not equate to evidence that SoS is ineffective. There is a lack of published studies that set out to measure the effects of SoS, issues with the quality of studies measuring effect, and contradictory evidence provided by an unpublished study on effect. We conclude that the published studies on the effects of SoS are insufficient to confidently measure its effect in practice.

Two studies looked at a variety of outcome measures and concluded that there were no differences between SoS and usual care (Vink et al., 2017, Reekers et al., 2018). One study of mapping conferences suggested that they reduced the number of case re-openings, increased the substantiation of child abuse allegations and increased the rate of transfer. However, the characteristics of the intervention and comparison groups were very different and the authors of the study acknowledged that the variance may have been due to factors unrelated to the SoS informed mapping conference. Only one included study directly addressed the primary outcome measure of this systematic review (Holmgard Sorensen, 2009) and showed that the rate of children entering care was significantly less in the intervention group than in the group receiving usual care. However, considerable caution is needed in attributing this finding to SoS, as SoS was only part of a long and complicated set of changes within a whole system. It is also difficult to be sure that the comparison group is genuinely comparable.

This finding by Holmgard Sorensen (2009) contradicts that of a currently unpublished study from the Australian Child Protection Centre presented at BASCPAN 2015 conference. This study was not identified in our searches, as it is not published, however there is sufficient information in the conference slides to present key findings. Salveron et al. (2015b) used administrative data in Western Australia from three years before SoS (2005-7) and three years post-SoS (2011-2013) to test the hypotheses that substantiations and entry into care should decrease after SoS. This data seems particularly important given that in a separate study Salveron et al. (2015b) identified Western Australia as having a particularly thorough implementation of SoS. The study found that these hypotheses were not upheld; there was a significant increase in children going into department care post SoS at a population level (pre-SoS; 2.06 per 1000 vs post-SoS 3.89 per 10000) but a significant reduction in the

proportion of children who were 'first notified' to social services, subsequently going into care (pre-SoS 12.1% (367/3011) vs. post-SoS 8.5% (647/7562)). The authors cautioned that the best outcomes of SoS may not be answered using administrative data and highlighted the fact that over the time period there was a dramatic increase in the number of children coming in contact with the department. This factor may shape the overall numbers and make the specific impact of SoS difficult to disaggregate.

Overall then there does not seem to be evidence to support the hypothesis that SoS reduces the need for children to be in care. There are a number of possible explanations for a lack of evidence for effect:

- SoS is effective but has been poorly evaluated thus far;
- SoS is not being delivered well, and it is therefore difficult to know whether it work;
- SoS does in fact have no impact.

The first possibility is plausible given the lack of specificity about what SoS is. In this scenario, a study in which SoS is delivered to a high standard and compared to service as usual is a high priority for establishing whether, in principle, SoS makes a difference. In the absence of such research, any conclusions we come to must be tentative and hedged with caveats. The second possibility is also plausible due to the complex nature of the factors proposed to allow SoS to be implemented. Again, this requires the development of an evidence base to clearly specify the contribution that SoS intervention makes and what enables it to be delivered well. The third possibility is troubling because elements of SoS are similar to broader literature relating to good social work practice. It is strengths based, relationship focused and strives to work in partnership with families. It is possible that other factors in family life, such as deprivation or mental health issues, limit the ability of skilled workers using strengths based approaches to make a difference. Whilst we do not currently know what difference good practice makes, and cannot rule out the possibility it has limited impact on outcomes, there is not evidence to support this from the SoS literature. Rather what is needed is a robust evaluation of a well implemented instance of SoS.

8.2 Mechanisms, Moderators, and Implementation Issues

In spite of the lack of empirical evidence that SoS reduces care entry, it is widely used in child and family social work services in many countries, including the UK. The SoS programme theory elaborated and refined in this EMMIE review is intended to inform

practice to improve the implementation, delivery, and evaluation of SoS. The SoS programme theory describes the theory underpinning SoS, specifying the core mechanisms and moderators and key feedback loops through which SoS safely reduces the need for children to enter care. The programme theory provides a starting point from which social workers and policy makers can consider where to direct resources to support social work practice, to support parents to develop motivation and opportunities for change, and to support all actors to work towards keeping children safe.

The programme theory suggests that there are two overarching mechanisms through which SoS improves child safety:

1. Social workers understand the SoS approach and work in a strengths based way in partnership with families and professionals (mechanism), enabling the development of a shared understanding of and shared responsibility for minimising risk to children (intermediate outcome).
2. This intermediate outcome becomes the second overarching mechanism: a shared understanding and responsibility for minimising risks to children, which produces improved child safety and reduced care entry (distal outcome).

Underpinning the overarching mechanisms is a lower level of mechanisms and moderators that work across multiple actors. For Overarching Mechanism 1 these are: parental turning point, trust and collaboration, social workers know all perspectives and develop shared understanding, children and young people share their experiences. For Overarching Mechanism 2 these are: a reduction in social worker anxiety leading to less risk averse decisions about child safety, and an increase in parents' confidence in their parenting capacity alongside strengthened family ties.

8.2.1 Overarching Mechanism 1

Trust and collaboration: One of the key mechanisms for SoS is building trust and collaboration (underpinning Overarching Mechanism 1). Social workers need to be able to collaborate with all actors involved in order to gain a holistic understanding of risk. The programme theory outlines how social workers might achieve this in relation to parents, children and young people, and to a lesser extent, external agencies. To enable parents to engage and collaborate with them, social workers need, for example, to be honest, show authentic care for the family, focus on the safety of the child by balancing strengths and risks, and co-construct what good enough parenting looks like and a vision for the future.

The elaboration in the programme theory of the specific ways that social workers practice SoS (Figure 2) that enables parents to trust and collaborate with them, and moderate the activation of the 'turning point' (Figure 5), are similar to those described in a body of research relating to effective communication skills in child protection practice, where workers combine therapeutic skills with the use of good authority (Spratt and Callan 2004; Platt 2008; Forrester et al., forthcoming). 'Good authority' skills are evident as social workers are purposeful as they focus on the safety of the child, balancing strengths and risks whilst allowing for behaviour change; and are clear about their concerns as they are open about the reason for their involvement, their role, and about "bottom lines" (Forrester et al., forthcoming). This highlights the similarities between elements of the SoS approach to communicating and engaging with parents, and effective social work communication skills more broadly.

For practitioners delivering SoS, the programme theory highlights key ways of working that lead to improved child safety. The description of SoS delivery resources has many of the features we associate with good practice in children's social care. There is evidence that for SoS to achieve its outcomes, children and young people, and parents, must be able to trust and engage with the social worker. Whilst this is an important outcome in children's social care generally, critically, the SoS programme theory describes the specific ways in which SoS practitioners work to engage different groups in different circumstances.

Parental turning point: One of the key underpinning mechanisms supporting the operation of Overarching Mechanism 1 is the parental 'turning point'. Parents experience a 'turning point' as they understand the impact of their behaviour or circumstances on their child. This turning point presents an opportunity for social workers to support parents to develop a vision for the future and identify achievable goals for improving child safety. Importantly, this only works when parents trust and collaborate with the social worker (moderator).

Parallels can be drawn between the 'turning point' in the programme theory, and the behaviour change literature. In particular, the notion that when an individual's behaviours or circumstances are inconsistent with how they want to be (for example, being the best parent they can be to their child), the discomfort they feel motivates them to change (Miller and Rollnick, 2002; Draycott and Dabbs, 1998). Importantly, this is unlikely to work in all circumstances and particular behaviours about which parents feel ambivalent. For example,

being aware of the impact that their alcohol misuse is having on their child, whilst also viewing drinking as a method to reduce negative feelings about themselves, are likely to require long-term work and specialist support in relation to behaviour change (Forrester, Westlake and Glynn, 2012). Understanding whether this is an important context to facilitate helping relationships in the child protection practice generally is an important area for future research.

Children and young people share their experiences: One of the key mechanisms underpinning Overarching Mechanisms 1 and the parental turning point is children and young people sharing their experiences. Children and young people share their experiences with their social worker, enabling them to identify key people and strategies to keep themselves safe. This only works when children can trust and collaborate with their social worker (moderator). Children talking to their social workers also facilitates the activation of the parental 'turning point'.

Social workers know all perspectives and develop shared understanding: One of the key mechanisms underpinning Overarching Mechanism 1 is the role of the social worker in building relationships with all actors and developing a holistic understanding of risk. Social workers achieve this through building trust and collaborating with children and young people, parents and external agencies. Unfortunately, no evidence within the review considered how social workers achieve this with wider family, or foster carers and kinship carers and this remains a gap in the programme theory. Social workers play a key role in achieving a shared understanding of and responsibility for minimising risk by developing knowledge of the perspectives of all actors involved, and developing thereby a "holistic" understanding of risk. Importantly, this only works when social workers feel supported to use SoS; and to understand each actor's responsibility for improving child safety (moderator).

8.2.2 Overarching Mechanism 2

The activation of a shared understanding and responsibility for minimising risk via the development of a safety plan and safety network, lead to improved child safety: children are more likely to remain with their family, return to their family, or enter into state care (distal outcome). The two lower level mechanisms most commonly assumed to lead to improved child safety are represented as feedback loops (underpinning Overarching Mechanism 2):

1. The expression of shared understanding and responsibility for minimising risk in the safety plan and network supports social workers to feel less anxious and make more informed decisions, which supports the safety plan and network
2. Using the safety plan and network makes parents more confident and competent and more able to care for, and involve the wider family in the care of, their child, which supports the use of the safety plan and network

These feedback loops offer the potential to produce and sustain less risk averse practice, and the development of parent's understanding, confidence and competence in maintaining child safety. They can therefore be viewed as priorities for social work practitioners using SoS.

8.2.3 Gaps in the Programme Theory

Gaps in the programme theory were identified through the realist synthesis and consultation with practitioners, and include the development of children's support networks, and the specification of how to work with particular instances of abuse:

- In consultation with SoS practitioners, a missed opportunity is identified in the SoS programme theory. Safety networks are developed primarily to support parents to keep children safe, and to ensure children know what to do to keep themselves safe during a crisis. However, there is little or no emphasis in the SoS programme theory on building children's networks to enable them to develop connections, in order to develop their independence and resilience in the long term. The same practitioners identified 'Family Finding' as a model that is congruent with SoS and potentially fills this gap as it seeks to build connections for children and young people. The founders of SoS and Family Finding have themselves identified Family Finding as helping to ensure that children's networks are also developed within SoS. They describe SoS and Family Finding as complementary approaches (Turnell, 2017; Campbell, 2017).
- There is a gap in the SoS programme theory relating to the core knowledge and competencies that social workers need to identify and work with specific types of child abuse, parental behaviours and circumstances. For example, how social workers can work with cases of sexual abuse, domestic abuse, substance misuse, and child sexual exploitation, and be able to identify when a family needs to be referred for specialist support.

- Furthermore, SoS is primarily a psychosocial intervention and to ensure that it is practiced in a manner that does not reinforce existing inequality, the wider social, political, and economic contexts within which the families exist should be explicitly recognised and addressed in practice (Featherstone et al. 2018).

Clarity from SoS developers relating to what the safety network should entail, the areas of specialist knowledge that the SoS approach does not cover and the integration of wider social risk factors into SoS practice, could ensure that adequate training and practice support is provided to social workers, and therefore, suitable support is provided to families. Some of these areas would also benefit from further development of the SoS evidence base.

8.3 Implementation

Evidence relating to implementation, primarily from evaluations, grey literature, and qualitative research, demonstrates the complexities of putting SoS into practice for an organisation. SoS is not a clearly defined intervention and this leads to difficulties in assessing the relative success of implementation. Nonetheless, our review highlights enablers and barriers to implementation at the individual and organisational levels present in the included studies.

Few attempts have been made to evaluate whether SoS has successfully been implemented, using a variety of methods to measure it, such as questionnaires, interviews and observations. This may reflect the lack of a clear SoS implementation protocol (Bartelink, 2010), issues relating to the fluid nature of SoS and/or significant variations in practice (Salveron et al., 2015a). Additional studies of implementation fidelity are needed (Roberts et al., 2018). According to Roberts et al. (2018) there are fidelity measures being developed for SoS (a parent report, leader self-assessment and an organisational culture assessment), though this appears to have come before the publication of a clear attempt to outline what the SoS intervention is and what it is not. This may reflect the SoS commitment to appreciative inquiry and practice-based learning, meaning that SoS is continually evolving, and that one clearly defined version committed to paper may quickly become obsolete. Appreciative inquiry has enabled the development and refinement of SoS. Yet, given the substantial amounts of public money being devoted to delivering SoS, it surprising that there has not been more of an emphasis on robust independent evaluation.

Despite a lack of clarity about what SoS is, evidence relating to the barriers and enablers of implementation from the broad range of SoS practice within the included studies contributes to understanding the complex nature of SoS in practice. SoS implementation involves a complex array of activities aimed at individual practice, organisational practice and organisational culture. This includes, but is not limited to, varying degrees of training, changing assessment processes, finding SoS champions, and creating a culture of learning. The complex nature of these implementation activities reflect the fact that the SoS approach actively seeks to change the culture of child protection practice, specifically, risk and blame culture (Munro et al., 2016). Arguably, this is such a wide array of conditions for delivery and substantial challenges that need to be overcome that it can legitimately be asked how we could know whether SoS is being successfully implemented and delivered.

Time is identified as an important consideration for the implementation of SoS, with the suggested length of time needed for implementation being five years (Beattie, n,d; Roberts et al., 2015). Given the complexity of moving to a SoS approach, it is not surprising that it may take some time to embed. Yet there is no evidence to suggest that the impact of SoS increases over time. In a study, which did not form part of our search criteria, the impact of SoS seemed to reduce over time (Salveron 2015b). This raises questions about what is known about progressing from launching to full implementation, and in particular the degree to which the principles and practices of SoS can be effectively sustained once they are the everyday practice of the organisation.

8.4 Practice-focused Summary

Practice-focused summary: what does the SoS programme theory mean for SoS delivery, implementation and evaluation?

The programme theory presented in this review describes evidence about how SoS works, for whom, and under which circumstances. It is intended to support the implementation and delivery of SoS. SoS is a complex intervention seeking to affect behaviour change at multiple levels, with multiple actors. As a consequence, the programme theory, which presents the mechanisms through which SoS elicits change, and the contexts that moderate these, is complex. To support pragmatic decisions by practitioners and policy makers, we present the programme theory in an accessible practice-focused format (Tables 1 and 2), as well as

three separate short summaries on what SoS is, a guide for practitioners and one relating to implementation. We outline the aims a social worker delivering SoS is seeking to achieve for different actors. For each of these aims, we make suggestions about how to monitor success in achieving each aim, and illustrate likely challenges and the steps a social worker can take to overcome them. The practice-focused information is divided into how to achieve the intermediate and distal outcome of SoS in the programme theory (see Figure 4): 1. Creating a shared understanding of and responsibility for minimising risk (Table 1) and 2. Sustaining improvements in child safety (Table 2). Links from this practice-focused summary to key mechanisms and moderators in the programme theory, and to SoS tools (see Appendix 14) are highlighted. For practitioners, supervisors and implementers of SoS, this practice-focused summary provides a framework for delivering SoS in a way that is informed by an understanding of how SoS works to improve the ability of practitioners to work in ways that are most likely to bring about parental change, and positive outcomes for children.

Table 1: Social workers develop a shared understanding and responsibility for minimising risk: How to achieve it, monitoring and identifying signs of success, and steps to overcome the main challenges you are likely to face.

What are you aiming to achieve?		Signs of success	Overcoming challenges: What to do if the signs of success are not there
1	You (social worker) have a holistic understanding of risk so you are able to make informed decisions (Outcome of key mechanism 1.1, Figure 6).	• You know the child's/young person's, parent's, wider family's and professionals' perspectives. • A safety plan is in place and you know everyone's responsibilities within it. • You feel supported to seek the perspectives of people in the child and family's network. (Moderator 1.1, Figure 6)	If you are missing a perspective and contribution to the safety plan and network of a relevant person, go back and, with the family, consider how to engage them. We found evidence that learning from your colleagues and supervisors can help you feel supported. If you could benefit from support, take this to your supervisor or manager.
2	With your support, the child/young person identifies strategies for staying safe, and chooses who can help them to stay safe (Outcome of key mechanism 1.2, Figure 6).	• The child/young person openly shares their experiences with you (Moderator 1.2, Figure 6). • The child/young person works with you to identify strategies to keep themselves safe • With your support, the child/young person chooses who amongst their network can help them to stay safe	If the child/young person is of an age where they can engage with you, but is not, check that: • You balance strengths and risks when discussing worries, and you do not blame parents. • You treat children and young people as experts in their own lives, and you focus on their understanding and their strengths. • You use clear, simple language, and child friendly tools (for example, words and pictures, fairy/wizard, three houses). • You spend enough time with the child/young person to build a relationship.

			(See, Signs of Safety delivery resources for children and young people, Figure 5)
3	Parents develop the safety plan and identify people in their support network (Outcome of key mechanism 1.3, Figure 6).	• Parents feel understood by you. • Parents feel that their expertise is recognised. • Parents feel that they have real choices. • Parents feel hopeful about the future. • Parents trust you and collaborate with you. (Moderator 1.3, Figure 6)	If these signs are not there, check if: • Parents feel able to collaborate with you. If not, see aim 5. • Parents trust you. If not, see aim 4. • Parents have experienced a turning point in relation to their behaviour or circumstances. If not, see aim 6.
4	Parents trust you (Figure 8).	• Parents feel that you are there to help. • Parents do not feel judged. • Parents feel respected and listened to. (Mechanism underpinning Moderator 1.3, Figure 6)	If parents do not trust you, check that you spend time with them to develop a relationship and work with them in a way that enables them to trust you. Ensure that you: • Show genuine care for the family. • Focus on child safety by balancing strengths and risks. • Focus on observable behaviours, look for exceptions and work with parent's strengths. • Are honest about your role, the reason for your involvement and bottom lines (ensure parents understand what will happen if there is no change). • Use non-blaming, clear, simple language. (See Signs of Safety delivery resources for using strengths based practice with parents, Figure 5)

5	Parents collaborate with you (Figure 8).	• Parents do not appear continually anxious and defensive when working with you. • Parents are open with you. (Mechanism underpinning Moderator 1.3, Figure 6)	If parents do not collaborate with you, check that you spend time with them to develop a relationship and work with them in ways that enable them to collaborate. Ensure that you: • View parents as experts in their own lives. • Offer parents real choices. • Work together with parents on assessment and planning. • Co-construct with parents what good enough parenting looks like. (See Signs of Safety delivery resources for working in partnership with parents, Figure 5)
6	Parents reach a 'turning point', and accept that there are risks to their child (Figure 7).	• Parents understand the child's experiences and the impact of parental behaviour or circumstances on the child. • Parents understand the worries held by external agencies.	If parents have not experienced a 'turning point' (Figure 7), check that: • You know the child/young person's experiences and perspective well enough, and you can use the child's own words to convey this to the parents. (Figure 7). • You know the worries held by external agencies and can support external agencies to convey this to the parents. • You support parents to explore inconsistencies between their behaviour/circumstances and their vision for the future. • You engage with parents in a way that enables them to trust you and collaborate with you (see aims 4 and 5). Can you use scaling to enable a discussion of different opinions about the safety of the child? (see tools table, Appendix 14)
7	Wider family have clear responsibilities	Wider family understand child safety and have clear roles and responsibilities	There is no information to suggest how best to engage wider family. However, key tools to improve understanding and

	within the safety plan	within the safety plan.	engagement of wider family include mapping the safety of the child and scaling (see tools table, appendix 14).
8	External agencies have a clear role in improving child safety (Outcome of key mechanism 1.4, Figure 6).	External agencies are clear with you and with the parents about their worries and about the support they can offer.	If external agencies struggle to be clear about their worries and offer support, check if: • You use strengths based, solution focused language in your interactions with them. • You work in partnership and openly discuss how to safely balance risks and strengths. (See Signs of Safety delivery resources for collaborating with external agencies, Figure 5) Can you use scaling as a tool to encourage external agencies to be clear about and take ownership of their worries about child safety? (see tools table, Appendix 14).

Table 2: Social workers improve child safety: How to achieve it, monitoring and identifying signs of success, and steps to overcome the main challenges you are likely to face

What are you aiming to achieve?		Signs of success	Overcoming challenges: What to do if the signs of success are not there
9	Parents feel confident and able to care for their	• A safety plan and safety network are in place. • The safety plan and safety network	If there is not an established safety plan and safety network, see table 1.

	child (Intermediate Outcome, Figure 9)	reflect a shared understanding of and responsibility for minimising risk. • You maintain positive working relationships with children, parents and the wider family when monitoring the safety plan and safety network.	If the safety plan and safety network are not working to improve child safety, check if: • Parents experience the support of family members as intrusive and as leading to a loss of autonomy. • Parents feel you have time to monitor the success of the safety plan and able to ask you for support. • Parents are getting the support they need from external agencies. • Wider family members are condoning unsafe parental behaviour. (Moderator 2.3, Figure 9) In light of these points, review the safety plan and network to ensure it enables parents to develop confidence and improve child safety in the long term.
10	Parents feel family ties are strengthened (Intermediate Outcome, Figure 9).	• Parents use their safety plan and safety network. • Parents report finding it easier to draw on support within the safety network.	If wider family are not able to offer the support they agreed to provide, check if work can be completed to overcome these potential barriers cited in the evidence. Ensure that: • The careers of family members are not negatively affected by their participation in the safety network. • Responsibilities are shared between wider family, parents and professionals so wider family do not feel that their support is being drawn upon in lieu of support from external agencies as a cost saving exercise. • Questions of loyalty are considered with wider family. For example, family members taking sides in divorce cases, or, grandparents feeling conflicted as to whether

			their primary loyalty and responsibility is towards their child or their grandchild.
11	You (social workers) monitor the safety plan and network and maintain positive working relationships with the family (Moderator 2.1, Figure 9).	• You spend enough time with the family. • The family feel able to call on you for support when needed.	No information as to how best to achieve this was available.
12	You (social workers) make more informed, less reactive and less risk averse decisions about child safety (Intermediate Outcome, Figure 9).	• You spend enough time with the family to monitor the safety plan and keep it relevant. • You ground your worries about child safety in observable behaviours relating to the use of the safety plan, safety network and emerging risks.	Reunification, parental substance misuse and sexual abuse can heighten anxiety. If you feel particularly worried, reflect on your levels of anxiety about the safety of the child/young person and discuss this with your supervisor. Check if: • The safety plan and safety network is working to address emerging and changing risks, and update with the family. • The family require input form specialist external agencies. • Your worries are based on observable behaviours.

Practice-focused summary: how it supports social workers and supervisors to deliver SoS, as well as managers and evaluators to monitor delivery and evaluate SoS

A concise framework is presented that we hope can support social work practice and supervision, the monitoring of implementation of SoS by managers, and the evaluation of SoS (Tables 1 and 2). Importantly, this table is designed to be used to support reflection on and the development of practice, rather than as a tick list. For practitioners, we offer an overview of the main ways in which SoS can be delivered, listing the 12 main aims they need to achieve to ensure they are delivering SoS according to the programme theory we present. We outline signs of success in achieving each aim to enable progress to be monitored, and outline how the SoS programme theory suggests challenges should be overcome. Practitioners can use this framework to check they are meeting the key aims of SoS, to understand the key issues to monitor in practice, and as a prompt to reflect upon and overcome potential challenges.

For supervisors, the tables provide information to enable them to support social workers to deliver SoS according to the programme theory. For each aim, supervisors can monitor progress and support social workers to reflect upon and overcome challenges they experience when working with families. This can help supervisors think about what is working well for the family in terms of SoS practice and where things might be improved, and about what is working well for the social worker in their practice and where they could benefit from support.

SoS implementers can use these tables to check the delivery of SoS against the aims it is seeking to achieve. This will enable implementers to measure how SoS is working, the quality of delivery and what resources might support better delivery (see also Appendix 15: facilitators and barriers to implementation). Delivering SoS in a way that is informed by an understanding of how SoS works should improve the support provided to practitioners to enable them to work in ways that are most likely to bring about positive outcomes for children. For example, Aim 12 (Table 2) relates to feedback loop 2.1 (Figure 9) which we identify as an opportunity to sustain improvements in practice. If those implementing SoS identify, through consultation with social workers or supervisors, that social workers are feeling anxious because their worries are not grounded in observable behaviours, they can provide resources, such as exploring the reasons for social workers' anxiety, provide training in relation to mapping and safety planning (see tools table, Appendix 14) or increase

opportunities for peer support, to overcome this. Implementers can use these tables alongside information relating to the barriers and facilitators of implementation presented below (Table 3).

For evaluators of SoS, these tables can be used as a framework to monitor the quality of delivery by monitoring the key aims SoS seeks to achieve (column 1, Tables 1 and 2) and whether they are being met in practice (by seeking feedback from the key actors outlined in column 2, Tables 1 and 2). Evaluators can build data collection around the main deliverables to ensure that SoS is evaluated according to the programme theory. The intention is that this will support research that is grounded in the processes that underpin SoS.

8.5 Limitations

There are limitations in the quantitative analysis of the effect of SoS. There were only four studies with small sample sizes or pilot study design, that were compromised due to recruiting problems and missing data that required multiple imputation techniques for missing data. In some cases, there were significant differences between intervention and control groups at the outset of the study (Lwin et al., 2014). These studies all set out to measure the effects of SoS, yet perhaps surprisingly, given the intended outcomes of SoS, only one of the studies considered care entry as an outcome. It is possible that our tight inclusion criteria for effect – focusing on the impact on care - resulted in us excluding studies in which other outcomes were achieved. We anticipated being able to consider variation in SoS outcomes by conducting moderator analysis however, the quality of the evidence did not permit this, which unfortunately means the review does not provide decision makers with important information about who SoS does and does not work for.

Limitations in the realist synthesis of mechanisms and moderators rest on the nature of included studies, lack of capacity for iterative searches, and lack of consultation with families experiencing a SoS intervention. Few studies included in the review described or evaluated how SoS works, for whom, and under which circumstances. We drew on a broad range of primary research relating to SoS, including studies conducted by the developers of SoS which has the potential to produce a programme theory which reflects the intentions of SoS. The review would have been improved with consultation with families and iterative searches. Consultation with families with experience of SoS and conducting iterative searches relating to the evidence base that SoS draws upon, particularly strengths based

practice, solution focused brief therapy, and communication skills in child protection more generally could have generated important information relating to gaps in the programme theory.

The nature of the evidence base presented the main limitation to the analysis of implementation and economic outcomes. The fluid nature of SoS, the many forms it takes in practice and the limited number of studies considering implementation contributed to difficulty in assessing implementation. Similarly, it was not possible to determine the cost-effectiveness of SoS as there are no published full economic evaluations. This evidence base could develop if SoS developers or others provided clarity about what SoS is and what it is not, and how those implementing it or evaluating implementation can know how well it is being delivered. The guidance for the evaluation of complex interventions outlines one such process for intervention development (MRC, forthcoming). It involves creation of an approach, then testing whether it makes a difference when delivered to a high standard, followed by exploring the challenges and possibilities of implementing it across other sites. If a similar approach had been taken to the development of SoS, we would have a better developed evidence base relating to whether SoS works, and how it works across different sites and whether the costs of implementation are justified.

6. Conclusion

This review finds a lack of evidence that Signs of Safety works to safely reduce care entry or the number of children in care. Robust evaluations based on a clearly specified intervention theory are needed to adequately assess whether SoS can achieve its outcomes when delivered well.

SoS has been extensively rolled out across the UK and elsewhere without a comprehensive evidence base about whether it works, whether it is cost effective, and how to implement it. The SoS programme theory we present in this review attempts to add value to the literature by offering a prioritised and elaborated programme theory of what the main components of SoS are, and how they work for different groups (social workers, families, parents, children, and other workers). This programme theory and the related practice-focused summary aims to help implementers of SoS to understand when SoS will and will not work, to prioritise resource in rolling out SoS, and to understand further implementation needs by monitoring delivery of SoS against a theory of what it should look

like when delivered well. For those delivering services, these resources highlight key elements of SoS delivery that work toward improving child safety, as well as feedback loops that sustain changes in practice and improved child safety. The practice-focused summary draws on the programme theory to outline what should be observable to the social worker in the behaviour of parents, children, families, and other workers, if SoS is being delivered well. The SoS practice-focused summary offers a template of what good delivery of SoS looks like and thus we hope it can be used to inform future implementation, delivery and evaluation of SoS.

The lack of evidence of effectiveness of SoS found in this review raises important questions for policy makers and practitioners. Our SoS programme theory and practice-focused summary makes an initial contribution toward answering these important questions:

- What is high quality Signs of Safety? How can a practitioner or a service be sure it is being delivered well?

  The practice-focused summary offers a framework of SoS practice for practitioners and policy makers to use to compare and monitor their delivery against, ensure quality, to check they are delivering the main components of SoS, and to check that the intermediate outcomes for parents, children, other workers, and families that are required to achieve a safe reduction in care entry are being achieved.

- What is high quality implementation?

  The practice-focused summary offers a framework to develop evaluations that measure not only the distal outcome, but also the mechanisms and intermediate outcomes that are important in SoS. Understanding key enablers and barriers to implementation can support more informed implementation.

As the evidence base develops in line with these two key questions, two further questions relating to effect and economics, and not answered by this review, must urgently be answered:

- When delivered well, what effect does SoS have?
- If SoS does make a positive difference, are the costs of implementation justified?

It is concerning that as a sector we cannot currently answer such questions. There is substantial investment in SoS, and it is being used as a way of working with many children and families. We do not at present have evidence that it works in general, nor do we have a more fine-grained understanding of which families it may be more or less appropriate for,

nor the ways in which it needs to be adapted to address specific family issues. There is also remarkably little information about how services can know whether they are delivering SoS well, and therefore comparatively little strong evidence about how to implement SoS.

The lack of basic evidence in relation to SoS does not mean we should conclude it does not work. It certainly does not suggest that services should stop using SoS. In fact, we do not have evidence to suggest that it does or does not work. However, this lack of evidence suggests that as a sector a focus on understanding and evaluating the ways in which we work in Children's Services is an urgent priority. Such a focus would allow us to have more confidence that we know what the service we are offering is, how best to implement it and, most importantly, that in general the approach we are using is likely to be effective. It is likely that SoS is not the only approach for which there is not such evidence. A priority for Children's Services is to address these fundamental questions to deliver the services that the children and families we work with deserve.

References

Alexander, J. F., AND Robbins, M. S. (2010). Functional family therapy: A phase-based and multi-component approach to change. In R. C. Murrihy, A. D. Kidman, and T. H. Ollendick (Eds.). Clinical handbook of assessing and treating conduct problems in youth. New York: Springer.

Baginsky, M., Moriarty, J., Manthorpe, J., Beecham, J., and Hickman, B. (2017). Evaluation of signs of safety in 10 pilots: Research report. London, Great Britain. Department for Education. Available from: www.gov.uk/government/publications

Bartelink, C. (2010). Signs of Safety. Utrecht: Nederlands Jeugdinstituut. Retrieved from http://www.nji.nl/nl/Download-NJi/SignsOfSafety.pdf.

Beattie, A. The Use of the Signs of Safety Approach in Child Protection Case Conferences: A practitioner research project to look at participants' views of the Signs of Safety approach to Child Protection Case Conferences. East Lothian Council. n.d. Email: abeattie@eastlothian.gov.uk

Berg, IK. (1994). Family based service: A solution-focused approach. New York, Norton.

Berlin, M., Vinnerljung, B., and Hjern, A. (2011). School performance in primary school and psychosocial problems in young adulthood among care leavers from long term foster care. Children and Youth Services Review, 33, 2489–2497.

Brent Council's Community and Wellbeing Scrutiny Committee. (2017). Implementing Signs of Safety in Brent: A Scrutiny Task Group Report. Community and Wellbeing Scrutiny Committee.

Bromfield, L., Salveron, M., Turnell, A., Simmons, J., and Lee, A. (2013). Why do I need a theory of change? The signs of safety child protection practice framework. Presentation at the Family Relationships Australia National Conference, Canberra 5-7.

Bunn, A. (2013). Signs of Safety in England: An NSPCC commissioned report on the Signs of Safety model in child protection. London, NSPCC. Available from: www.nspcc.org.uk

Bywaters, P., Bunting, L., Davidson, G., Hanratty, J., Mason, W., McCartan, C. and Steils, N., (2016). The relationship between poverty, child abuse and neglect: an evidence review. Joseph Rowntree Foundation, York, United Kingdom.

Bywaters, P., Scourfield, J., Jones, C., Sparks, T., Elliott, M., Hooper, J., McCartan, C., Shapira, M., Bunting, L., and Daniel, B. (2018). Child Welfare Inequalities in the Four Nations of the UK. The Journal of Social Work, 0, 1-23.

Campbell, K. (2017). Kevin Campbell talks about Family Finding and Signs of Safety as sister approaches. [Online video]. Available from: https://www.youtube.com/watch?v=6zqPjHJJ380

CASCADE. (2018). What Works Centre for Children's Social Care. Available from: http://sites.cardiff.ac.uk/cascade/what-works-centre/

Caslor, M. (2011). The Metis DR/FE project evaluation. Manitoba, Canada: Building Capacity Consulting Services. Available from: http://www.metisauthority.com/publications.php

Children Act 1989. Available from: https://www.legislation.gov.uk/ukpga/1989/41

City and County of Swansea. (2014). Review of Implementing Signs of Safety: Solution and Safety Orientation Approach to Child Protection Case Work: "Our Journey So Far". Available from: https://docplayer.net/6113751-City-and-county-of-swansea-review-of-implementing-signs-of-safety-solution-and-safety-orientation-approach-to-child-protection-case-work.html

De Shazer, S., Berg, I.K., Lipchik, E.V.E., Nunnally, E., Molnar, A., Gingerich, W., and Weiner-Davis, M. (1986). Brief therapy: Focused Solution Development. Family process, 25(2), 207-221.

Department for Child Protection (DCP). (2010). Annual Report 2010 – 2011. Perth, Western Australia: Department for Child Protection. Available from: http://www.signsofsafety.net/westernaustralia

Department for Child Protection (DCP). (2011). Final report: Pilot of Signs of Safety lawyer-assisted Signs of Safety conferences and meetings. Perth, Western Australia: Department for Child Protection. Available from: http://www.signsofsafety.net/westernaustralia

Department for Child Protection (DCP). (2012). Signs of Safety survey results report. Perth, Western Australia: Department for Child Protection. Available from: http://www.signsofsafety.net/westernaustralia

Draycott, S., and Dabbs, A. (1998). Cognitive dissonance 2: A theoretical grounding of motivational interviewing. British Journal of Clinical Psychology, 37, 355-36-L

Drummond, M.F., O'Brien, B.J., Stoddart, G.L., and Torrance, G. (1997). Methods for the Economic Evaluation of Health Care Programmes. Oxford University Press, Oxford.

Drummond, M.F., O'Brien, B.J., Stoddart, G.L., and Torrance, G. (1997). Methods for the Economic Evaluation of Health Care Programmes. Oxford University Press, Oxford.

Evans, R., Brown, R., Rees, G., and Smith, P. (2017). Systematic review of educational interventions for looked-after children and young people: Recommendations for intervention development and evaluation. British Educational Research Journal, 43(1), 68-94.

Featherstone, B., Gupta, A., Morris, K. and Warner, J. (2018). Let's stop feeding the risk monster: towards a social model of 'child protection'. Families, Relationships and Societies, 7(1), 7-22.

Fletcher, A., Jamal, F., Moore, G., Evans, R. E., Murphy, S., and Bonell, C. (2016). Realist complex intervention science: applying realist principles across all phases of the Medical Research Council framework for developing and evaluating complex interventions. Evaluation, 22(3), 286-303.

Forrester, D., Goodman, K., Cocker, C., Binnie, C., and Jensch, G. (2009). What is the impact of public care on children's welfare? A review of research findings from England and Wales and their policy implications. Journal of Social Policy, 38(3), 439–456.

Forrester, D. and Harwin, J. (2008). Parental substance misuse and child welfare: Outcomes for children two years after referral. The British Journal of Social Work, 38(8), 1518–1535.

Forrester, D., Westlake D. and Glynn, G. (2012). Parental resistance and social worker skills: Towards a theory of motivational social work. Child & Family Social Work, 17 (2), 118-129

Forrester, D., Killian, M., Westlake, D. and Sheehan, L. (forthcoming). Patterns of practice: an exploratory factor analysis of child and family social worker skills. Child & Family Social Work.

Gardner, R. (2008). Developing an Effective Response to Neglect and Emotional Harm to Children. Norwich: UEA/NSPCC. Available from: http://www.nspcc.org.uk/Inform/research/nspccresearch/completedresearch/DevelopingAnEffectiveResponseToNeglectPDF_wdf56700.pdf

Gibson, M. (2014). Narrative practice and the signs of safety approach: Engaging adolescents in building rigorous safety plans. Child Care in Practice, 20(1), 64-80.

GRADE Working Group. (2004). Grading quality of evidence and strength of recommendations. Available from: https://www.bmj.com 328, 1490.

Hawe, P., Shiell, A. and Riley, T. (2009). Theorising interventions as events in systems. American journal of community psychology, 43(3-4), 267-276.

Hayes, D., McGuigan, K., Pinkerton, J., and Devaney, J. (2014). Evaluation of Safety in Partnership: Phase Two Report - Perspectives on Practice. Queens University Belfast. Available from: http://www.qub.ac.uk/schools/SchoolofSociologySocialPolicySocialWork/Staff/AcademicStaff/DavidHayes/

Hayes, D., Pinkerton, J., and Devaney, J. (2012). Safety in Partnership Evaluation. Evaluation of Safety in Partnership: Phase One Report – First Impressions. School of Sociology, Social Policy and Social Work, Queen's University Belfast. Available from: http://www.qub.ac.uk/schools/SchoolofSociologySocialPolicySocialWork/Staff/AcademicStaff/DavidHayes/

Higgins, J.P.T., AND Green, S. (Eds). (2011). Cochrane Handbook for SRs of Interventions 5.1.0 [updated March 2011]. The Cochrane Collaboration. Available from: http://handbook.cochrane.org.

Holmgard Sorensen, T. (2009). Familien I Centrum, Socialcentrenes Implementering af Losningsfokuserede Metoder, Malog Rammekontoret for Born og Familier (The Family in Focus, Social service centre for implementation of Solution-focused methodologies, gol orientations of the office for children and families). P. Socialforvaltningen (Social

Services Department), Kobenhavns Kommune Copenhagen, Denmark. Available from: https://www.kk.dk/indhold/publikationer-1

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

Idzelis Rothe, M., Nelson-Dusek, S., and Skrypek, M. (2013). Innovations in Child Protection Services in Minnesota – Research Chronicle of Carver and Olmsted Counties. St. Paul, MN: Wilder Research.

Johnson, S.D., Tilley, N., and Bowers, K.J. (2015). Introducing EMMIE: An evidence rating scale to encourage mixed-method crime prevention synthesis reviews. Journal of Experimental Criminology, 11(3), 459-473.

Keddell, E. (2011a). Going home: managing 'risk' through relationship in returning children from foster care to their families of origin. Qualitative Social Work, 11(6), 604-620.

Keddell, E. (2011b). Reasoning processes in child protection decision making: negotiating moral minefields and risky relationships. British Journal of Social Work, 41, 1251–1270.

Keddell, E. (2013). Beyond care versus control: decision-making discourses and their functions in child protection social work. (Thesis, Doctor of Philosophy). University of Otago.

Lohrbach, S., and Sawyer, R. (2004). Creating a Constructive Practice: Family and Professional Partnership in High-risk Child Protection Case Conferences. Protecting Children, 19(2), 26-35.

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

McGhee, J., Bunting, L., McCartan, C., Elliott, M., Bywaters, P., and Featherstone, B. (2017). Looking after children in the UK—convergence or divergence? The British Journal of Social Work, 0, 1-23.

Medical Research Council (forthcoming). Developing and evaluating complex interventions: Following considerable development in the field since 2006, MRC and NIHR have jointly commissioned an update of this guidance to be published in 2019. Available from: https://mrc.ukri.org/documents/pdf/complex-interventions-guidance/

Melzer, H., Corbin, T., Gatward, R., Goodman, R., and Ford, T. (2003). The mental health of young people looked after by local authorities in England. London, The Stationery Office.

Miller, W. R., and Rollnick, S. (2002). Motivational Interviewing: Preparing People for Change (2nd ed.). New York: Guilford Press.

Molloy, D., Barton, S., and Brims, L. (2017). Improving the effectiveness of the children protection system: Overview. Local Government Association. Early Intervention Foundation.

Munro, E., Turnell, A., and Murphy, T. (2016). 'You Can't Grow Roses in Concrete': Organisational reform to support high quality Signs of Safety practice. Munro, Turnell and Murphy Child Protection Consultancy. Available from: www.munroturnellmurphy.com

Nelson-Dusek, S., and Idzelis Rothe, M. (2015). Does safety planning endure after case closure? A pilot study on the effectiveness of signs of safety across four Minnesota counties. Available from: http://www.wilder.org/Wilder-Research/Publications/Studies/Signs%20of%20Safety/Does%20Safety%20Planning%20Endure%20After%20Case%20Closure%20-%20A%20Pilot%20Study%20on%20the%20Effectiveness%20of%20Signs%20of%20Safety%20in%20Four%20MN%20Counties.pdf

Nelson-Dusek, S., Rothe, M.I., Roberts, Y.H., and Pecora, PJ. (2017). Assessing the value of family safety networks in child protective services: early findings from Minnesota. Child and Family Social Work, 22(4), 1365-1373.

Oliver, C., Owen, C., Statham, J. and Moss, P. (2001). Figures and facts: Local authority variance on indicators concerning child protection and children looked after. London, UK: Thomas Coram Research Unit, Institute of Education, University of London. Retrieved from http://discovery.ucl.ac.uk/1482310/1/Oliver2001figuresandfacts.pdf

Pearson, M., Brand, S.L., Quinn, C., Shaw, J., Maguire, M., Michie, S., and Byng, R. (2015). Using realist review to inform intervention development: methodological illustration and conceptual platform for collaborative care in offender mental health. Implementation Science, 10(1), 134.

PI Research, and Montfoort, A. Van. (2009). Handboek Deltamethode Gezinsvoogdij: De nieuwe methode voor de uitvoering van de ondertoezichtstelling. Duivendrecht/Woerden: PI Research/Van Montfoort.

Platt, D., (2008). Care or control? The effects of investigations and initial assessments on the social worker–parent relationship. Journal of social work practice, 22(3), 301-315.

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

Rijbroek, B., Strating, M.M.H., and Huijsman, R. (2017). Implementation of a solution based approach for child protection: A professionals' perspective. Children and Youth Services Review. 82, 337-346.

Roberts, Y., Caslor, M., Turnell, A., Pecora, P., and Pearson, K. (2016). Supervisor Practice Fidelity Assessment. Field Test and Evaluation Report. Seattle, WA: Casey Family Programs.

Roberts, Y., Caslor, M., Turnell, A., Pearson, K., and Pecora, PJ. (2018). An International Effort to Develop a Fidelity Measure for Signs of Safety. Research on Social Work Practice, 1-10.

Rodger, J., Woolger, A., Cutmore, M., and Wilkinson, L. (2017). Creating strong communities in North East Lincolnshire. London, Great Britain, UK, Department for Education. Available from: www.education.gov.uk

Rothe, M., Nelson-Dusek, S., and Skrypek, M. (2013). Innovations in Child Protection Services in Minnesota: Research Chronicle of Carver and Olmsted Counties. St. Paul, Minnesota: Wilder Research. Available from: https://www.wilder.org/Wilder-Research/Publications/Studies/Signs%20of%20Safety/Innovations%20in%20Child%20Protection%20Services%20in%20Minnesota%20-%20Research%20Chronicle%20of%20Carver%20and%20Olmsted%20Counties,%20Full%20Report.pdf

Salveron, M., Bromfield, L., Kirika, C., Simmons, J., Murphy, T., and Turnell, A. (2015a). Changing the way we do child protection': The implementation of Signs of Safety within the Western Australia Department for Child Protection and Family Support. Children and Youth Services Review, 48, 126-139.

Salveron, M., Bromfield, L. and Arney, F. (2015b). Understanding the Signs of Safety Theory of Change and comparing outcomes for children pre and post Signs of Safety. British Association for the Prevention and Study of Child Abuse and Neglect (BASPCAN). 12-15th April 2015. University of Edinburgh.

Scott, J. and Hill M. (2006). The health and Looked After and accommodated children and young people in Scotland. Messages from research. Available from: www.scotland.gov.uk/Publications/2006/06/07103730/0

Sebba, J., Berridge, D., Luke, N., Fletcher, J., Bell, K., Strand, S., Thomas, S., Sinclair, I., and O'Higgins, A. (2015). The educational progress of looked after children in England: Linking care and educational data. Oxford, Rees Centre for Research in Fostering and Education and University of Bristol.

Sebba, J., Luke, N., McNeish, D., and Rees, A. (2017). Children's Social Care Innovation Programme: final evaluation report. Children's Social Care Innovation Programme Evaluation Report 58. DfE.

Sefton, T.A.J. (2003). Economic evaluation in the social welfare field: making ends meet. Evaluation, 9, 73–91.

Shamseer, L., Moher, D., Clarke, M., Ghersi, D., Liberati, A., Petticrew M., Shekelle, P., Stewart L. and PRISMA-P Group. (2015). Preferred reporting items for SR and Meta-Analysis protocols (PRISMA-P) 2015: elaboration and explanation. BMJ. 349, g7647.

Sidebottom, A., Thornton, A., Tompson, L., Belur, J., Tilley, N. and Bowers, K. (2017). A systematic review of tagging as a method to reduce theft in retail environments. Crime Science, 6(1), 7.

Sidebottom, A., Tompson, L., Thornton, A., Bullock, K., Tilley, N., Bowers, K. and Johnson, S.D. (2018). Gating alleys to reduce crime: A Meta-Analysis and realist synthesis. Justice Quarterly, 35(1), 55-86.

Skrypek, M., Idzelis, M., and Pecora, P. (2012). Signs of Safety in Minnesota: Parent Perceptions of a Signs of Safety Child Protection Experience. St. Paul, Minnesota: Wilder Research. Available from: www.wilderresearch.org

Sorensen, K, M. (2018). A Comparative Study of the Use of Different Risk-Assessment Models in Danish Municipalities. British Journal of Social Work, 48(1), 195-214.

Spratt, T. and Callan, J. 2004. Parents' views on social work interventions in child welfare cases. British Journal of Social Work, 34, 199–224.

Stanley, T., Keenan, K., Roberts, D., and Moore R. (2018). Helping Birmingham families early: the "Signs of Safety and Well-being" practice framework. Child Care in Practice, 24(1), 3-14.

Stanley, T. and Mills, R. (2014). 'Signs of safety' practice at the health and children's social care interface. Practice: Social Work in Action, 26(1), 23-36.

Turnell (2017). Social workers 'retrained' to manage risk instead of remove it, in the Irish Times. Available from: https://www.irishtimes.com/news/social-affairs/social-workers-retrained-to-manage-risk-instead-of-remove-it-1.3133103

Turnell, A. (2012). The Signs of Safety Comprehensive Briefing Paper. Available from: http://www.aascf.com/pdf/Signs%20of%20Safety%20Breifing%20paper%20April%202012.pdf

Turnell, A. (2017). Andrew Turnell talks about Signs of Safety and Family Finding as sister approaches. [Online video]. Available at: https://www.youtube.com/watch?v=2KPXDoELxiA

Turnell, A., and Edwards, S. (1997). Aspiring to Partnership. The Signs of Safety approach to child protection. Child Abuse Review, 6,179-190.

Turnell, A., and Edwards, S. (1999). Signs of Safety: A safety and solution oriented approach to child protection casework. New York, WW Norton.

Turnell, A., Elliott, S., and Hogg, V. (2007). Compassionate, Safe and Rigorous Child Protection Practice with Biological Parents of Adopted Children. Child Abuse Review, 16(2), 108-119.

Turnell, A., Lohrbach, S., and Curran, S. (2008). Working with the 'involuntary client' in child protection: Lessons from successful practice. In M. Calder (Ed.), The carrot or the stick? Towards effective practice with involuntary clients. London: Russell House Publishing.

Viner, R.M., and Taylor, B. (2015) Adult health and social outcomes of children who have been in public care: Population-based study. Paediatrics, 115, 894–899.

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

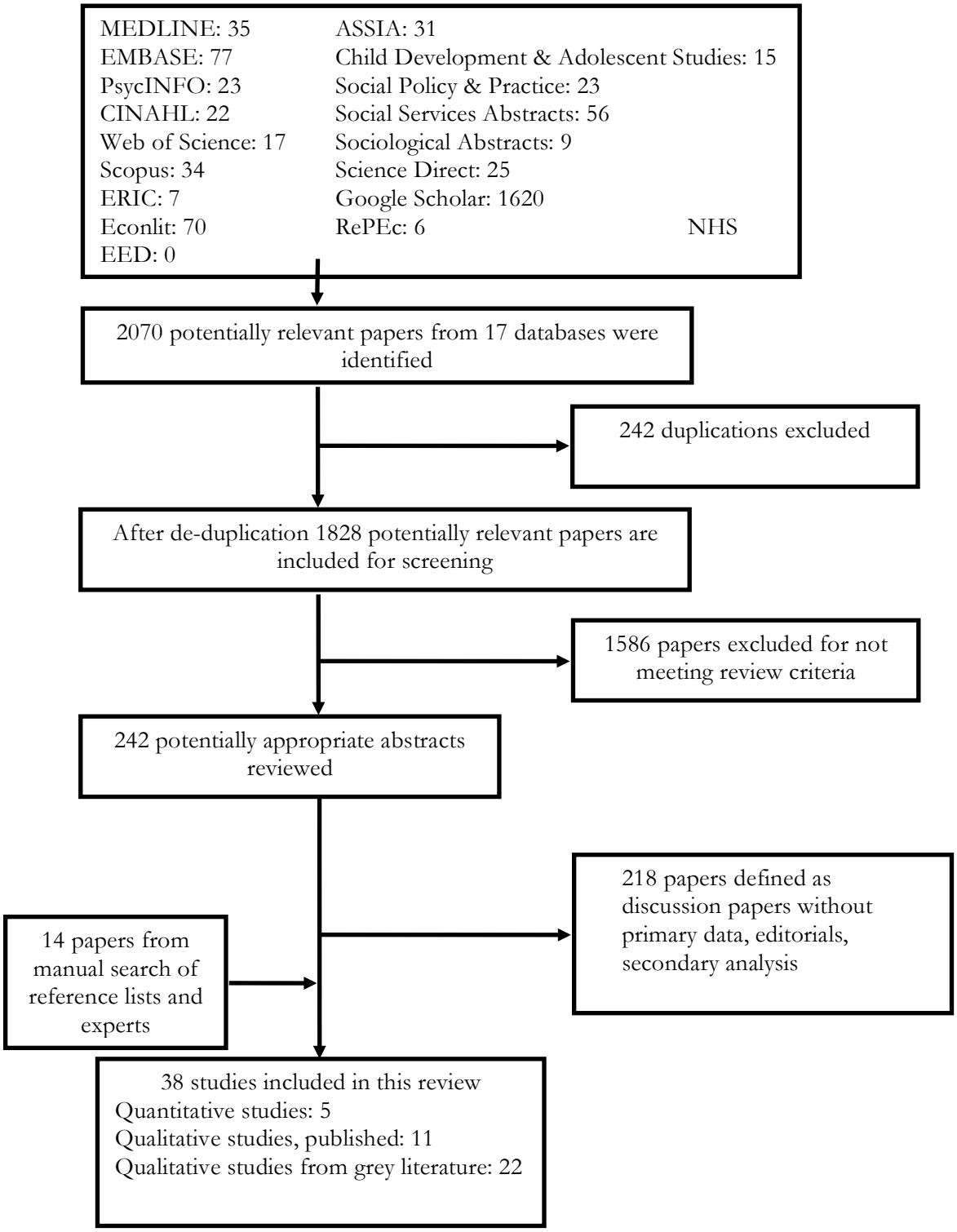
Westbrock, S. (2006). Utilizing the Signs of Safety framework to create effective relationships with child protection service recipients. MSW Clinical Research Paper. College of St. Catherine and University of St. Thomas, St. Paul Minnesota.

Wijedasa, D., Warner, N., and Scourfield, J. (forthcoming). Exploratory analyses of the rates of children looked after in English local authorities 2012-2017. What Works Centre for Children's Social Care.

Winter, K., Cree, V., Hallett, S., Hadfield, M., Ruch, G., Morrison, F. and Holland, S. (2016). Exploring communication between social workers, children and young people. British Journal of Social Work, 47(5), 1427-1444.

Appendices

Appendix 1: PRISMA flow diagram



Appendix 2: List of included studies

1. Baginsky, M., Moriarty, J., Manthorpe, J., Beecham, J., and Hickman, B. (2017). Evaluation of signs of safety in 10 pilots: Research report. London, Great Britain. Department for Education. Available from: www.gov.uk/government/publications

2. Beattie, A. The Use of the Signs of Safety Approach in Child Protection Case Conferences: A practitioner research project to look at participants' views of the Signs of Safety approach to Child Protection Case Conferences. East Lothian Council. n.d. Email: abeattie@eastlothian.gov.uk

3. Brent Council's Community and Wellbeing Scrutiny Committee. (2017). Implementing Signs of Safety in Brent: A Scrutiny Task Group Report. Community and Wellbeing Scrutiny Committee.

4. Bunn, A. (2013). Signs of Safety in England: An NSPCC commissioned report on the Signs of Safety model in child protection. London, NSPCC. Available from: www.nspcc.org.uk

5. Caslor, M. (2011). The Metis DR/FE project evaluation. Manitoba, Canada: Building Capacity Consulting Services. Available from: http://www.metisauthority.com/publications.php

6. City and County of Swansea. (2014). Review of Implementing Signs of Safety: Solution and Safety Orientation Approach to Child Protection Case Work: "Our Journey So Far". Available from: https://docplayer.net/6113751-City-and-county-of-swansea-review-of-implementing-signs-of-safety-solution-and-safety-orientation-approach-to-child-protection-case-work.html

7. Department for Child Protection (DCP). (2010). Annual Report 2010 – 2011. Perth, Western Australia: Department for Child Protection. Available from: http://www.signsofsafety.net/westernaustralia

8. Department for Child Protection (DCP). (2011). Final report: Pilot of Signs of Safety lawyer-assisted Signs of Safety conferences and meetings. Perth, Western Australia: Department for Child Protection. Available from: http://www.signsofsafety.net/westernaustralia

9. Department for Child Protection (DCP). (2012). Signs of Safety survey results report. Perth, Western Australia: Department for Child Protection. Available from: http://www.signsofsafety.net/westernaustralia

10. Gardner, R. (2008). Developing an Effective Response to Neglect and Emotional Harm to Children. Norwich: UEA/NSPCC. Available from: http://www.nspcc.org.uk/Inform/research/nspccresearch/completedresearch/DevelopingAnEffectiveResponseToNeglectPDF_wdf56700.pdf

11. Gibson, M. (2014). Narrative practice and the signs of safety approach: Engaging adolescents in building rigorous safety plans. Child Care in Practice, 20(1), 64-80.

12. Hayes, D., McGuigan, K., Pinkerton, J., and Devaney, J. (2014). Evaluation of Safety in Partnership: Phase Two Report - Perspectives on Practice. Queens University Belfast. Available from: http://www.qub.ac.uk/schools/SchoolofSociologySocialPolicySocialWork/Staff/AcademicStaff/DavidHayes/

13. Hayes, D., Pinkerton, J., and Devaney, J. (2012). Safety in Partnership Evaluation. Evaluation of Safety in Partnership: Phase One Report – First Impressions. School of Sociology, Social Policy and Social Work, Queen's University Belfast. Available from: http://www.qub.ac.uk/schools/SchoolofSociologySocialPolicySocialWork/Staff/AcademicStaff/DavidHayes/

14. Holmgard Sorensen, T. (2009). Familien I Centrum, Socialcentrenes Implementering af Losningsfokuserede Metoder, Malog Rammekontoret for Born og Familier (The Family in Focus, Social service centre for implementation of Solution-focused methodologies, gol orientations of the office for children and families). P. Socialforvaltningen (Social Services Department), Kobenhavns Kommune Copenhagen, Denmark. Available from: https://www.kk.dk/indhold/publikationer-1

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

16. Keddell, E. (2011a). Going home: managing 'risk' through relationship in returning children from foster care to their families of origin. Qualitative Social Work, 11(6), 604-620.

17. Keddell, E. (2011b). Reasoning processes in child protection decision making: negotiating moral minefields and risky relationships. British Journal of Social Work, 41, 1251–1270.

18. Keddell, E. (2013). Beyond care versus control: decision-making discourses and their functions in child protection social work. (Thesis, Doctor of Philosophy). University of Otago.

19. Lohrbach, S., and Sawyer, R. (2004). Creating a Constructive Practice: Family and Professional Partnership in High-risk Child Protection Case Conferences. Protecting Children, 19(2), 26-35.

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

21. Munro, E., Turnell, A., and Murphy, T. (2016). 'You Can't Grow Roses in Concrete': Organisational reform to support high quality Signs of Safety practice. Munro, Turnell and Murphy Child Protection Consultancy. Available from: www.munroturnellmurphy.com

22. Nelson-Dusek, S., and Idzelis Rothe, M. (2015). Does safety planning endure after case closure? A pilot study on the effectiveness of signs of safety across four Minnesota counties. Available from:http://www.wilder.org/Wilder-Research/Publications/Studies/Signs%20of%20Safety/Does%20Safety%20Planning%20Endure%20After%20Case%20Closure%20-%20A%20Pilot%20Study%20on%20the%20Effectiveness%20of%20Signs%20of%20Safety%20in%20Four%20MN%20Counties.pdf

23. Nelson-Dusek, S., Rothe, M.I., Roberts, Y.H., and Pecora, PJ. (2017). Assessing the value of family safety networks in child protective services: early findings from Minnesota. Child and Family Social Work, 22(4), 1365-1373.

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

25. Rijbroek, B., Strating, M.M.H., & Huijsman, R. (2017). Implementation of a solution based approach for child protection: A professionals' perspective. Children and Youth Services Review. 82, 337-346.

26. Roberts, Y., Caslor, M., Turnell, A., Pecora, P., and Pearson, K. (2016). Supervisor Practice Fidelity Assessment. Field Test and Evaluation Report. Seattle, WA: Casey Family Programs.

27. Roberts, Y., Caslor, M., Turnell, A., Pearson, K., and Pecora, PJ. (2018). An International Effort to Develop a Fidelity Measure for Signs of Safety. Research on Social Work Practice, 1-10.

28. Rodger, J., Woolger, A., Cutmore, M., and Wilkinson, L. (2017). Creating strong communities in North East Lincolnshire. London, Great Britain, UK, Department for Education. Available from: www.education.gov.uk

29. Rothe, M., Nelson-Dusek, S., and Skrypek, M. (2013). Innovations in Child Protection Services in Minnesota – Research Chronicle of Carver and Olmsted Counties. St. Paul, MN: Wilder Research.

30. Salveron, M., Bromfield, L., Kirika, C., Simmons, J., Murphy, T., and Turnell, A. (2015a). Changing the way we do child protection': The implementation of Signs of Safety within the Western Australia Department for Child Protection and Family Support. Children and Youth Services Review, 48, 126-139.

31. Skrypek, M., Idzelis, M., and Pecora, P. (2012). Signs of Safety in Minnesota: Parent Perceptions of a Signs of Safety Child Protection Experience. St. Paul, Minnesota: Wilder Research. Available from: www.wilderresearch.org

32. Sorensen, K, M. (2018). A Comparative Study of the Use of Different Risk-Assessment Models in Danish Municipalities. British Journal of Social Work, 48(1), 195-214.

33. Stanley, T., Keenan, K., Roberts, D., and Moore R. (2018). Helping Birmingham families early: the "Signs of Safety and Well-being" practice framework. Child Care in Practice, 24(1), 3-14.

34. Stanley, T., Mills, R. (2014). 'Signs of safety' practice at the health and children's social care interface. Practice: Social Work in Action, 26(1), 23-36.

35. Turnell, A., Elliott, S., and Hogg, V. (2007). Compassionate, Safe and Rigorous Child Protection Practice with Biological Parents of Adopted Children. Child Abuse Review, 16(2), 108-119.

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

37. Westbrock, S. (2006). Utilizing the Signs of Safety framework to create effective relationships with child protection service recipients. MSW Clinical Research Paper. College of St. Catherine and University of St. Thomas, St. Paul Minnesota.

Appendix 3: Descriptive characteristics of included quantitative studies in "Effect" section

Author & year	Study design	Study population/ Intervention	Outcomes	Results	Classification of SoS
Lwin et al. (2014)	Controlled trial	Data from mapping conferences (treatment group; n=86) were compared with case data from randomly selected investigation files (control group; n=60)	The number of re-openings, transfers to ongoing service, substantiation	Only 6% of the mapped cases re-opened after a 12 month period. 56% (n=48) of the mapped cases [vs 21%; n=13 of controls] were transferred to ongoing service	SoS
Reekers et al. (2018)	Mixed method	Cases: 20 families receiving SoS; Controls: 20 families receiving CAU Interviews of workers; SoS group from a prospective, quasi-experimental study on various types of FGC in the Netherlands; the CAU from an RCT on the effectiveness of a specific type of FGC in child welfare	Reducing the risk of CM; increasing parental empowerment	After 3 month of SoS approach there were no differences between cases and controls in reducing the risk of CM and increasing PE. PE was, at trend level, associated with a reduction in the risk of CM. Qualitative study demonstrated that parental empowerment contributed positively to a cooperative partnership between SoS workers and parents. Quantitative data suggested that there were no differences between SoS approach and CAU in reducing the risk of CM and increasing parental empowerment.	SoS
Rijbroek et al. (2017)	Quasi-experimental (evaluation study)	Cross-sectional survey of child protection workers; four experimental teams (n=64) implemented STSS and four control teams	A multilevel implementation of a solution based approach (SoS) within a CPS in the Netherlands	Some support information for a multilevel implementation strategy with 38% explained variance. The largest contributor to use of STSS (25%) is the professional level. The strategy also should include activities on all levels, a long-term process with continues feedback on the implementation and any adjustments if necessary.	SoS based Safe Together Step by Step (STSS)

Holmgard Sorensen* (2009)	Controlled trial	SoS framework. Treatment group (conversation-therapeutic family treatment with SoS approach): Family focus group (n=143 families, 34 children at 3-10 years) vs a comparison group (n=29 families). Follow-up qualitative semi-structured interviews (focus groups) with children, young people, parents, care providers, healthcare providers, project managers.	Parents and children and adolescents mental and social well-being; family well-being	A better relationship between children and parents (67%); better upbringing of children (53%); parent's mental status improved (48%); better care for children (41%); better structure on daily life (36%); The child's mental situation improved (51%); the child's social skills improved (42%); better functioning of schooling (35%); better networking and recreation (32%); better functioning in pre-schools (11%). Overall, in majority of areas of assessment Family Focus group achieved significantly more improvements, especially in the children's well-being, positive, close contact and constructive cooperation with social services compared with a comparison group. Overall, avoided placements in 83% of Family Focus groups against only 47% in the comparison group. That the municipality's expenses for the Focus group families will be less. This applies to 47% of Family Focus families, while it only applies to 4% of the families in the comparison group.	SoS Solution-focused approach
Vink et al. (2017)*	Controlled trial	Natural experiment. An experimental group of families at BJZ Drenthe (with SoS, n=35) and a control group (n=30) of families at BJZ Groningen (usual care: without SoS). Standard care (The Delta method)^ was in place line both groups	Parental and employee's (n=152) questionnaires including validated tools (online, paper-based, reply envelops, telephone and via emails etc.) evaluated parents' empowerment	No statistically significant effects of SoS between experimental and control groups. On • the level of insight into problems over time • in empowerment of parents. • Parental involvement • Parent education • the safety in the family and for the child as perceived by the parent or employee. • on the cooperation with the supervisor. Parents in the regular care scored significantly higher on "insight" and "involvement" in problems and need guidance.	SoS combined with the Delta method

			(competence, competency experience exploitation, social support, self-management, critical awareness, involvement of parents, cooperation with professional etc.); personal empowerment. SoS Parent Feedback checklist. EMILY, MERCY scales (e.g. competency experience, own strength and insights into problems measurements etc.).		

Abbreviations: CAU = Care as Usual; CEO = Chief Executive Officer's Care; CM = Child Maltreatment; CPS = Child Protection Service; IPT = Initial Programme Theory; PE = parental empowerment; SoS = Signs of Safety
*Controlled trials were embedded within reports (grey literature)

Appendix 4: Risk of bias assessment for quantitative studies included in "Effect" section (based on ACROBAT-NRSI judgments)

Study	Domain							Overall RoB bias due to judgment
	Bias due to judgment confounding	Bias in selection of participants	Bias in measurement of interventions	Bias due to departures from intended interventions	Bias due to missing data	Bias in measurement of outcomes	Bias in selection of reported results	
Lwin et al. (2014)	Unclear	Low	Moderate	Moderate	Unclear	Moderate	Moderate	Moderate
Reekers et al. (2018)	Unclear	Low	Low	Low	Low	Moderate	Low	Moderate
Rijbroek et al. (2017)	Unclear	High	Low	Moderate	Moderate	Low	Moderate	Moderate
Holmgard Sorensen (2009)	Unclear	High	Unclear	Unclear	High	Moderate	Moderate	High
Vink et al. (2017)	Unclear	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate

Reference: Sterne JAC, Higgins JPT, Reeves BC on behalf of the development group for ACROBAT-NRSI. A Cochrane Risk Of Bias Assessment Tool: for Non-Randomized Studies of Interventions (ACROBAT-NRSI), Version 1.0.0, 24 September 2014. Available from http://www.bristol.ac.uk/population-health-sciences/centres/cresyda/barr/riskofbias/robins-i/acrobat-nrsi/ [assessed July, 2018].

Appendix 5: GRADE Summary of Findings

Table A: Effectiveness and cost-effectiveness of Signs of Safety

Outcomes: primary - report at least one quantitative measure relating to safely reducing care entry
Population: children aged up to 18 years old, their parents/guardians, and social workers
Setting: community care
[1]**Intervention:** Signs of Safety
Comparison: usual care

Certainty assessment							Effect		Certainty
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Relative (95% CI)	Absolute (95% CI)	
4	[2]3 controlled trials and 1 mixed methods study	[3]not serious	[4] very serious	[5]very serious	[6]very serious	[7]publication bias strongly suspected	Unable to calculate	Unable to calculate	⨁◯◯◯ Very low

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

Footnotes:
[1]Intervention was defined: as a disruption to the system (Hawe et al., 2009). They can operate across a single or multiple socio-ecological domain/s: intra-personal; inter-personal; organisational; community; and policy. SoS is an intervention seeking to disrupt the system at the level of policy and practice, and in turn at the level of the family.
[2] Three studies were controlled trials (Lwin et al. 2014; Holmgard Sorensen 2009; Vink et al. 2017) and one study used mixed methods design (Reekers et al. 2018).
[3] One of the studies (Holmgard Sorensen et al 2009) had a high risk of bias, whereas the remaining three were moderate risk of bias.
[4] The domain judged as "very serious" due to inconsistency in primary outcome measurements, existing differences in the population, e.g. demographic characteristics, and methodological inconsistency of included studies.

[5] The domain judged as "very serious" due to differences in primary and secondary outcome measures assessed.
[6] The domain judged as "very serious" due to lack of predefined sample size calculations, power analyses, and basic descriptive statics of findings without a desired precision in a confidence level of 95%.
[7] The domain judged as "serious" due to indexation issues of journals in social care, failure to publish, grey literature issues and strong suspicion of publication bias based on our comprehensive searches and empirical knowledge.

Table B: Secondary/Corollary Outcomes of Signs of Safety

Outcomes: secondary/corollary outcomes, e.g. a reduction in re-referrals to children's social care, a reduction in the number of child protection plans, parental/family empowerment, service system empowerment.
Population: children aged up to 18 years old, their parents/guardians, and social workers
Setting: community care
[1]**Intervention:** Signs of Safety
Comparison: usual care

Certainty assessment							Effect		Certainty
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Relative (95% CI)	Absolute (95% CI)	
4	[2]3 controlled trials and 1 mixed methods study	[3]not serious	[4]serious	[5]very serious	[6]serious	[7]publication bias strongly suspected	Unable to calculate	Unable to calculate	⨁⨁⨀⨀ low

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

Footnotes:

[1]Intervention was defined: as a disruption to the system (Hawe et al., 2009). They can operate across a single or multiple socio-ecological domain/s: intra-personal; inter-personal; organisational; community; and policy. SoS is an intervention seeking to disrupt the system at the level of policy and practice, and in turn at the level of the family.

[2]Three studies were controlled trials (Lwin et al. 2014; Holmgard Sorensen 2009; Vink et al. 2017) and one study used mixed methods design (Reekers et al. 2018).

[3]One of the studies (Holmgard Sorensen et al 2009) had a high risk of bias, whereas the remaining three were moderate risk of bias.

[4]The domain judged as "serious" due to existing differences in the population, e.g demographic characteristics, and methodological inconsistency of included studies.

[5]The domain judged as "very serious" due to differences in primary and secondary outcome measures assessed.

[6]The domain judged as "serious" due to lack of predefined sample size calculations, power analyses, and basic descriptive statics of findings without a desired precision in a confidence level of 95%.

[7]The domain judged as "serious" due to indexation issues of journals in social care, failure to publish, grey literature issues and strong suspicion of publication bias based on our comprehensive searches and empirical knowledge.

Appendix 6: Descriptive characteristics of included (published qualitative) studies

Author & year	Design	Aims	Sample	Data collection	Analysis methods	Outcome/results	Classification of SoS
Gibson (2014)	Qualitative study	How can narrative practice enhance the SoS approach?	Case examples	Case examples	Unknown	There is potential to engage adolescents in building rigorous safety plan through combining narrative practice and SoS.	SoS
Keddell (2011a)	Qualitative study	To assess how workers and clients in CP social work services manage the return of children from foster care to their families of origin.	A convenience sample (ten case studies)	Visits to 5 offices, observations of case consultations, team meetings, thee use of reference group, discussion of interim findings, field-notes, knowledge if the wider legal and practice context, policy guidelines, direct interviews.	Thematic analysis	Social workers through managing 'risk' and 'safety' of children attempted to build a good collaborative relationship between workers and clients, believed in parents ability to change and building up parenting competence and confidence.	SoS
Keddell (2011b)	Qualitative study	To investigate the reasoning	A convenience sample (ten	Visits to 5 offices,	Thematic analysis	The study found that social workers valued family	SoS

		process in CP decision making through negotiating moral minefields and risky relationships.	case studies)	observations of case consultations, team meetings, critical incident analysis within interviews, field-notes.		maintenance through managing and balancing 'risk', care, control and power, constructed the causes of clients' issues in non-blaming but individualised ways. They viewed clients as being capable of change and honest in their dealings with workers.	
Lohrbach and Sawyer (2004)	Qualitative study	To assess how to create a constructive practice in family and professional partnership in high-risk CP case conferences.	23 cases participating in Family Case Planning Conference (FCPC).	Survey	Descriptive statistics and thematic analysis.	In majority of cases, FCPC resulted in better partnership between workers and clients. Families felt respected, relevant, and part of the process. Judges viewed the FCPC as less hostile that normal practice and as more conducive to engaging families.	FCPC based on SoS mapping
Nelson-Dusek et al. (2017)	Qualitative; exploratory pilot study	To explore the perceptions of parents, safety networks members on core components of SoS framework, the use of a safety plan and	26 parents and 32 network members	Telephone interviews	Quantitative: basic descriptive analysis Qualitative: thematic analysis	The value and establishment of family safety networks in child protective services are discussed. The used SoS tools seem to help the likelihood of continued safety for children after case closure may contribute to reduced re-reports to CP.	SoS

		safety network.					
Roberts et al. (2018)	Mixed methods design	To investigate a worker fidelity assessment measure that was developed for SoS.	An international Delphi Survey process with 70 experts from nine countries (Australia, Canada, Denmark, Japan, Netherlands, New Zealand, Sweden, the US, and The UK).	The SoS Supervisor Practice Fidelity assessment was conducted over a 14-mo period with the collaboration of participating international jurisdictions and agencies	Quantitative: descriptive statistics Qualitative: thematic analysis	435 frontline staff were assessed by 285 supervisors from these 6 countries. Factor analyses of the 28 items produced four distinct factors. The data then used to refine the fidelity assessment. The majority of supervisors reported that the assessment helped them to identify worker strengths and areas for refinement within the dimensions of SoS. The value of developing a fidelity measure for SoS was emphasised.	SoS
Salveron et al. (2015a)	Qualitative case study	To investigate the stages of the implementation (practitioner-led and organisational-led) of SoS within the Western Australia Department for CP and Family Support	27 Departmental staff and practitioners in the Western Australia	Semi structured interviews	Thematic analysis	A six-year large scale implementation journey of the SoS practise framework's learning curve included the significance of leadership, learning and developing initiatives, effective communication, continuous improvement processes and the provision of feedback for workers. SoS viewed as helping to build partnership and understand families.	SoS
Sorensen	Qualitative	To compare the	53 social	Internet-based	Comparative	Among these risk	SoS

(2018)	case study	use of different risk-assessment models (ICS, SoS and MM) in six different Danish municipalities.	workers, working with 53 families at risk involved with the Danish child-protection system. families	survey	analysis	assessment models, SoS viewed as more protective-oriented in the risk assessment compared to the ICS or the MM. 37.5% of the social workers using the ICS and SoS did not agree on whether the model contributes to a holistic approach.	
Stanley and Mills (2014)	Qualitative study	To describe how SoS was adapted in Tower Hamlets and experience of SoS Practice at the Health and Children's Social Care interface	A case example	A case mapped using SoS in group supervision	Unknown	The SoS framework provides a coherent and logical methodology for risk analysis practice within and across the disciplines of health and social work.	SoS
Stanley et al. (2018)	Qualitative study	To provide analysis of the implementation of the "Signs of Safety and wellbeing" Practice frame work for Birmingham early help services	A case example	A case-work analysis	Unknown	The "Signs of Safety and Wellbeing" Practice Framework replaced over 80 pre-existing assessment tools in Birmingham, England. The practice support plans are clearly written, purposeful and meaningful.	SoS
Turnell et al.	Qualitative	To discuss on	Two case	Cases analysis	Unknown	Suggest that the wisdom of	SoS

(2007)	study	how to create compassionate, safe and rigorous child protection practice with biological parents of adopted children.	examples			service practitioners and recipients should be utilized to meet human criteria of justice and fairness and rigorous practice when considering permanency.	

Abbreviations: CAU = Care As Usual; CM = Child Maltreatment; CP = Child Protection; FGC = Family Group Conferencing; ICS = Integrated Children's System; P3 = Parallel Protection Process; FCPC = family case planning conference; MM = Municipality Model; RCT = Randomised controlled trial; SoS = Signs of Safety;

Appendix 7: Descriptive characteristics of included qualitative studies from grey literature

Author & year	Design	Aims	Classification of SoS	Comments
Baginsky et al. (2017)	Evaluation	To evaluate Signs of Safety framework in ten areas in England	SoS	A mixed methods approach; 270 families were interviewed; "overall awareness of the elements of SoS was reasonably good but only one-third of parents thought that their social workers had helped them to develop their personal networks and sources of support. Interviewed managers and social workers (n=471) in the 10 pilots were overwhelmingly positive about the benefits of SoS. Overall, "SoS is not a magic bullet for the challenges that face children's social care, it has the potential to help improve services for children and young people".
Beattie (n,d.)	A practitioner research project	To assess participants (professionals and family members) views on the implementation of SoS in East Lothian Council, Scotland, UK	SoS	The study comprised 25 CP case conferences. 18 Family Members Participated. The report looked at the data gathered from professionals; and data from family members. "Signs of Safety does not look at processes and procedures as such, rather it is an approach to developing relationships and working in partnership with families while ensuring a robust identification of harm and risk and "Safety Plan" to ensure the child is safe"
Brent Council's Community and Wellbeing Scrutiny Committee report (2017)	A Scrutiny Task Group Report Brent Council's Community and Wellbeing Scrutiny Committee	To examine the effectiveness of the implementation of Signs of Safety by the Children and Young People's department in Brent since early 2015.	SoS	Signs of Safety is well-suited to Brent and the borough's demographic profile. Social workers have been receptive to the practice model, and that they are positive about Signs of Safety. Further assessment of SoS with long-term effectiveness is needed.
Bunn (2013)	An NSPCC	To explore the theory,	SoS	Strengths: 1. Engages children and families in the child

	commissioned review of SoS literature	methods and aims of SoS and examines evidence of practitioner experiences of using SoS in England.		protection process through collaborative working practices. 2. Model enables effective relationship building between children, families and practitioners. 3. Families feel less negative about the process and are more likely to engage with practitioners. 4. Enables children and young people to be more actively involved in processes that affect them, and build relationships which are crucial to disclosure and feeling safe. 5. Moves local authorities away from paternalistic models of practice. 6. Model is adaptable to family situations 7. Provides scales and tools/assessments to measure risk and danger and record change over time. Weaknesses: 1. Few published/independent research studies focusing on outcomes for children or families and how maintained over time. 2. As with above, more evaluations are needed of role of solution focused therapy in general in relation to child protection. 3. Use of model takes time and research from NSPCC interviews suggests it would work best if a number of managers, supervisors and staff are trained. This has cost implications for successful implementation.
Caslor (2011)	Project evaluation	To assess the usefulness of the Signs of Safety tools and approaches	SoS	Findings specific to SoS relate to role within Differential Response projects. The collaborative, strength-based practice of SoS and its role in supervision were valued by practitioners.
City and County of Swansea report (2014)	Review of implementing SoS Practice Model in Swansea and county of	To review the service implementation of SoS in Swansea.	SoS	Child Protection Case Conferences – Pilot began on the 16th September 2013 and to date 30 CPCs, using SoS have been held, with 53 children being considered. To date there have been 16 CPC (15 concluded with the children's names being placed on the CPR), and 14 were

	Swansea			Review CPCs – of which deregistration was agreed at 7.
DCP (2010)	Government of Western Australia, Department for Child Protection Annual report	To evaluate child protection for children and young adults in Western Australia between 2010-2011	SoS	The Department has three outcomes and services. This annual report and key performance indicators are structured around these services. Outcomes: 1. Children and young people in the Chief Executive Officer's (CEO"s) care receive a high quality of care and have much improved life chances. 2. Children and young people needing protection are safe from abuse and harm. 3. Families and individuals overcome their risks or crises and keep themselves and family members safe. Services: 1. Supporting children and young people in the CEO's care. 2. Protecting children and young people from abuse and harm. 3. Supporting individuals/families at risk or in crisis.
DCP (2011)	Pilot study of SoS lawyer-assisted Conferences and Meetings	To evaluate the pilot of the SoS lawyer-assisted child protection Conferences and Meetings (the Pilot)	SoS	The Pilot commenced on 9 November 2009 and consists of child welfare matters in the metropolitan area that are 'mediated' through either a Signs of Safety lawyer-assisted pre-hearing Conference (conducted by a Convenor) or Signs of Safety lawyer-assisted pre-birth Meeting (conducted by a facilitator). The primary finding of the Inquiry is that the Pilot is delivering a product that is more effective, inclusive and constructive than previous models.
DCP (2012)	Government of Western Australia, Department for Child Protection Annual report 2012 SoS Survey Results Report	To report on the annual SoS survey.	SoS	The survey consisted of 28 questions, 9 of which required open-ended responses. A total of 177 responses from CP staff were analysed. 86% (152) had used the tool in the last three months. SoS was most commonly used for safety and planning, followed by care planning and child-centred family support.

Gardner (2008)	Review of practice	To investigate the challenges in developing an effective response to neglect and emotional harm to children	SoS	Findings are based on 100 interviews and a specialist seminar conducted in England. The report relates to child protection practice in England. SoS is noted briefly as one approach that enables consideration of strengths and risks together.
Hayes et al. (2012)	Realist evaluation	To evaluate (first impressions) on SiP approach at the WHSCT, Northern Ireland	Safety in Practice (SiP) draws heavily on SoS with some adaptations	This phase one evaluation outlined an initial attempt to make explicit the assumptions and theory underlying SiP, key elements of practice and key elements to consider in evaluation.
Hayes et al. (2014)	Realist evaluation	The aim of Phase Two of the evaluation of the SiP in the WHSCT, Northern Ireland was to further explore the approach and how it is implemented in practice.	Safety in Practice (SiP) draws heavily on SoS with some adaptations	SiP viewed coherent and relevant to the complex task of assessing and responding to a wide range of child and family needs. SiP viewed as being able to meet the WHSCT's delegated statutory responsibilities. Note that SiP has altered how staff deliver services and how families experience them but that more needs to be done to embed SiP.
Holmgard Sorensen (2013)	Evaluation	To evaluate the "Safety Plans" as part of working with children at risk in department of social services city of Copenhagen.	Safety Planning	In 2012, 43 safety plans were developed. In 2/3 of the concluded cases (9 cases), safety planning enabled the child to remain at home due to intensive efforts by officials, intensive intervention with the family at risk, and active inclusion of the safety network. Workers and families were positive about safety planning and its future use. Challenges related to implementation and delivery were also identified.
Keddell (2013)	PhD thesis	To understand decision-making discourses and their functions in child protection social work	SoS	How social workers construct family difficulties impacts upon their practice. Argued that collaborative aspects of knowledge production between social workers and clients, combined with the role of the agency as a buffer against pernicious aspects of current

				state policy, provided important opportunities for empowerment for clients and a humane and inclusive approach to the constructions that frame significant decisions in this context.
Munro et al. (2016)	Action Research Final Report	To evaluate SoS English Innovation Project between 2014 and 2016	SoS	This project asserted that transformation of child protection must be grounded in practice: how practitioners actually do the direct work with children and families. It found that implementing SoS is a long process involving organisational change on multiple fronts, including policies, processes, systems and cultures. In this context, the report finds that the authorities involved have made good progress.
Nelson-Dusek et al. (2015)	Evaluation	To evaluate a pilot study on the Effectiveness of Signs of Safety in Four Minnesota Counties	SoS	Evaluation based on parent and network member experiences. A summary findings: - Good communication and giving parents a voice are critical in working with families - Parents see safety planning as stressful - Safety networks already existed for many - Safety planning eases the difficulty of asking for help - Respondents have different definitions of "using" the network or plan - Many respondents viewed the safety network as a direct support for parents, rather than a direct support for children - Reliance on safety planning diminishes over time, but families find it helpful - Safety planning may contribute to fewer re-reports
Roberts et al. (2016)	Field Test and Evaluation Report	To evaluate the SoS Supervisor Practice Fidelity Assessment (Supervisor Assessment).	SoS	This report summarizes the development and testing of the Signs of Safety Supervisor Practice Fidelity Assessment (Supervisor Assessment). A total of 435 workers were assessed by 285 supervisors from 13 jurisdictions in six countries. The final analysis of 28 items yielded four factors, or sub-scales, explaining a total of 74.81% of the variance for the entire set of variables.

Rodger et al. (2017)	Evaluation	To evaluate Children's Social Care Innovation Programme in North East Lincolnshire, England, UK	SoS	In North East Lincolnshire Strong Communities (CSC) Model has been designed and SoS comprises one element of this, alongside Outcome Based Accountability (OBA), Restorative Practice (RP) and Family Group Conferencing (FGC). Key findings: a 40% reduction in the number of children being identified as in need (CIN) over a three-year period • a 40% reduction in the number of children subject to a Child Protection (CP) Plan over a three-year period • a 23% reduction in the number of Looked After Children (LAC) over a three-year period • a reduction in the rate of referrals to social care • reduction in social work turnover • reduction in the rate of re-referrals to social care Cost-benefit reports from sample families
Rothe et al. (2013)	Evaluation in Carver and Olmsted Counties	To evaluate implementation of the Signs of Safety model in in Minnesota	SoS	Methods: Document review and personal consultation with staff from both counties -Telephone interviews with key stakeholders in both counties (N=15) -Analysis of key child welfare indicators measured over the period of implementation of the model in each county. Findings: Increased or improved collaboration with their county's Child Protection department -Increased family involvement in identifying solutions to improve safety for children -Greater transparency with and respect for families - Implementation of safety networks (family, friends, and neighbours) to provide a support system for families -More organization, efficiency, and standardization in child welfare practices - Increased use of evidence-based or research-driven practices - Better outcomes for families: lower recidivism, increased safety and permanency

Skrypek et al. (2012)	Evaluation	To evaluate parent perceptions of a Signs of Safety Child Protection experience	SoS	In total, 24 parents completed interviews, for a response rate of 67 percent. The majority of parents reported: - their social worker took time to get to know them and their situation, and outlined why they were involved. - they had a clear understanding of what needed to change. - their relationship with their social worker in positive terms. - their worker was honest. - participating in safety planning - identifying a safety network of people, including family members, friends and other professionals, who could serve as a resource for the family in times of crisis. - feeling hopeful that things would get better for them in terms of keeping their child safe. - a positive experience of working with their social worker over time.
Turnell et al. (2008)	Case examples within a book chapter	To evaluate lessons from successful practice in SoS, by working with the "involuntary client" in child protection.	SoS	Based on two cases issues lessons from successful practice in SoS was discussed. Effective practice with involuntary clients was described.
Westbrock (2006)	Evaluation. MSW Clinical Research Paper	To assess utilizing the Signs of Safety Framework to Create Effective Working Relationships with Child Protection Service Recipients at Carver County Community Social Services	SoS	A total of nine respondents were interviewed for this study. Most – one father and six mothers – were single parents (either single or separated). This research study has shown that when the respondents (1) felt the worker wanted to know and understand their story, (2) felt the worker was honest, (3) had input and choices throughout the assessment process and (4) knew what the worker expected to close the case, a positive working relationship was formed between the respondent and the assessment worker

Abbreviations: CEO care = Chief Executive Officer's care; CPC = Child Protection Conferences; CPR = Child Protection Register; DCP = Department for Child Protection; DR = Difference Response; MSW = Masters in Social Work; NSPCC = National Society for Prevention of Cruelty to Children (UK); SiP = Safety in Partnership; SoS = Signs of Safety; SDM = Structured Decision Making; WHSCT = the Western Health and Social Care Trust;

Appendix 8: If-thens related to main mechanisms in the initial Signs of Safety programme theory published qualitative studies

Evidence extracted for six prioritised implementation and delivery mechanisms and moderators	Studies/References													
	Gibson (2014)	Keddell (2011a)	Keddell (2011b)	Lohrbach and Sawyer (2004)	Lwin et al. (2014)	Nelson-Dusek et al. (2017)	Reekers et al. (2018)	Rijbroek et al. (2017)	Roberts et al. (2018)	Salveron et al. (2015a)	Sorensen (2018)	Stanley and Mills (2014)	Stanley et al. (2018)	Turnell et al. (2007)
MM1: Children feel able to speak to social workers about their experiences	+	+	-	+	-	-	-	-	-	-	-	-	-	-
MM2: Parents feel that their voice is heard and trust their SW more	+	+	+	-	+	-	-	-	-	-	-	-	-	+
MM3: Parents can identify, use and build on their strengths and resources	-	+	+	+	-	+	+	-	-	-	+	-	+	+
MM4: Parents understand why the SW is involved and know what is needed to keep their children safe	+	-	-	+	-	+	-	-	-	+	-	+	-	-
MM5: SWs understand risk and the family strengths and situation, distinguish between strengths and protection, and make more informed decisions	+	+	+	-	-	+	-	-	-	-	+	-	+	-
MM6: External agencies feel a shared responsibility with SWs	-	-	-	-	+	-	-	-	-	+	-	+	-	-
Implementation	-	+	+	+	+	-	+	+	+	+	-	+	+	+

+: If-thens related to IPT mechanism extracted from the source; -: No if-thens related to IPT mechanism extracted from the source;

Appendix 9: If-thens related to main mechanisms in the initial Signs of Safety programme theory from grey literature studies

Evidence extracted for six prioritised implementation and delivery mechanisms and moderators	Studies/References																						
	Baginsky et al. 2017	Beattie (n.d.)	Brent Council (2017)	Bunn (2013)	Caslor (2011)	City and County of Swansea (2014)	DCP (2010)	DCP (2011)	DCP (2012)	Gardener (2008)	Hayes et al. (2012)	Hayes et al. (2014)	Holmgard Sorensen (2009)	Holmgard Sorensen (2013)	Keddell (2013)	Munro et al. (2016)	Nelson-Dusek and Rothe (2015)	Roberts et al. (2016)	Rodger et al. (2017)	Rothe et al. (2013)	Skrypek et al. (2012)	Turnell et al. (2008)	Vink et al. (2017)	Westbrock (2006)
MM1: Children feel able to speak to social workers about their experiences	+	-	-	+	-	+	-	-	-	-	+	+	-	-	-	-	-	-	-	-	+	-	-	-
MM2: Parents feel that their voice is heard and trust their SW more	+	+	+	+	+	-	-	+	-	-	-	+	-	-	+	+	-	-	+	-	-	-	-	+
MM3: Parents can identify, use and build on their strengths	+	+	-	+	-	-	-	+	-	-	+	+	-	+	+	-	+	-	-	-	+	+	+	-

and resources																							
MM4: Parents understand why the SW is involved and know what is needed to keep their children safe	+	-	+	+	-	+	-	+	-	+	+	+	-	+	+	-	+	+	+	+	+	-	-	-
MM5: SWs understand risk and the family strengths and situation, distinguish between strengths and protection, and make more informed decisions	+	+	-	-	-	-	-	+	+	-	+	+	-	-	+	+	-	-	+	-	+	+	-	-
MM6: External agencies feel a shared responsibility with SWs	+	-	-	+	-	-	-	-	-	+	+	+	-	-	+	-	-	-	+	+	-	+	-	+

Implementation	+	+	+	+	+	+	+	+	+	-	+	+	-	+	+	+	+	+	+	+	+	-	+

+: If-thens related to IPT mechanism extracted from the source;

-: No if-thens related to IPT mechanism extracted from the source

Appendix 10: Contacted International experts on Signs of safety

Name	Address/position	Country	E-mail address
Andrew Turnell	Signs of Safety Co-Creator; Licensed Signs of Safety Trainer and Consultant; CEO, Resolutions Consultancy	Australia	andrew.turnell@resolutionsconsultancy.com
Sonja Parker	(SP Consultancy). Postal address: PO Box 332, Burswood Australia 6100	Australia	sonja.parker@iinet.net.au
Denis Gorgon	Licensed Signs of Safety Trainer; a team leader in a private organisation for Youth Care in Leuven, Belgium.	Belgium	denis.gorgon@pandora.be
Rosina Harvey-Keeping	Regional Director, Canada, Licensed Signs of Safety Trainer and Consultant	Canada	rosina.harvey-keeping@signsofsafety.net
Mette Vesterhauge-Petersen	A family therapist, trainer, supervisor and consultant in SOLUTION, Denmark's leading Solution Focused Training Centre; Licensed Signs of Safety Trainer and Consultant	Denmark	mette@solutionfocus.dk
Ai Hishikawa	Licensed Signs of Safety Trainer; Signs of Safety Regional Director for Japan; the Associate Professor from the Social Work department at Tokai University	Japan	ai.hishikawa@signsofsafety.net
Lee Roberts	Licensed Signs of Safety Trainer; Signs of Safety Regional Director for New Zealand	New Zealand	Lee@ohfnational.org.nz
Catherine Mullin	Licensed Signs of Safety Trainer; Tusla Child and Family Agency	Northern Ireland	catherine@solutionsinmind.co.uk
Linn van Bruggen	Licensed Signs of Safety Trainer and Consultant; a Swedish governmental child protection agency in Falun	Sweden	linnvanbruggen@gmail.com

Joke Wiggerink	Licensed Signs of Safety Trainer and Consultant; Executive Director - Signs of Safety International	The Netherlands	joke.wiggerink@signsofsafety.net
Marieke Vogel	Licensed Signs of Safety Trainer; Signs of Safety Regional Director for Continental Europe	The Netherlands	marieke.vogel@signsofsafety.net
Viv Hogg	Licensed Signs of Safety Trainer and Consultant; Signs of Safety Regional Director for the United Kingdom	United Kingdom	viv.hogg@signsofsafety.net
Damian Griffiths	Licensed Signs of Safety Trainer and Consultant	United Kingdom	damiangriffiths898@gmail.com
Bill Schulenberg	Licensed Signs of Safety Trainer and Consultant; Carver County, MN, social workers	USA	bschulenberg@safegenerations.org
Dan Koziolek	Licensed Signs of Safety Trainer and Consultant; Safety Planning, Inc.	USA	dan@safetyplanning.org

Appendix 11: Table of Explanatory Accounts

Abbreviations:	
Social Worker (SW)	Children/young people (CYP)
Signs of Safety (SoS)	Safety plan (SP)

EA #	Data citation	Expressed as an EA
1.	City and Council of Swansea (2014), p.9	IF the organisation adopts the SF language of SoS THEN SWs see talking to children as an ordinary task of social work
2.	Hayes et al. (2012), p.4	IF SWs elicit CYP views re danger and safety THEN they can support parents to understand the impact of danger on the CYP THEN there is a turning point as parents understand the impact on the child
3.	Hayes et al. (2012), p.35	IF SWs are trained to use tools with CYP THEN SWs feel more confident communicating with CYP THEN talking to children becomes the norm in practice
4.	Hayes et al. (2014), p.29	IF SWs prepare CYP AND ensure small no. professionals at meeting THEN CYP feel less overwhelmed and can engage in meeting
5.	Hayes et al. (2014), p.30	IF CYP struggle to focus for duration of mapping AND SWs break meeting into smaller meetings THEN CYP can engage in process
6.	Hayes et al. (2014), p.30	IF CYP collaborate in mapping AND their strengths are highlighted THEN CYP engage THEN CYP identify their own safety networks
7.	Hayes et al. (2014), p.39	IF SWs use CYP friendly tools and CYP speak to SWs THEN SWs understand CYPs circumstances THEN they can help parents to understand CYPs circumstances/safety
8.	Hayes et al. (2014), p.62-63	IF SW uses fairy/wizard tool with CYP THEN CYP feels more comfortable sharing worries IF CYP involved in developing safety plan THEN they feel confidently it works
9.	Hayes et al. (2014), p.77	IF CYP speak to SWs about circumstances AND SWs shares this with parents BUT parents don't accept CYPs view re safety THEN SWs feel anxious about CYP safety
10.	Hayes et al. (2014), p.106	IF CYP engage in safety planning THEN they understand how to manage in crises THEN they are less frightened/safer
11.	Gibson (2014), p.76	IF CYP does not understand the need for safety plan THEN they are less likely to adhere to the safety plan
12.	Skrypek et al. (2012),	IF SW use child-friendly tools with children

	p.21	THEN children more able to articulate their thoughts/feelings with SW
13.	Skrypek et al. (2012), p.24	IF SW involve children using child friendly tools THEN it helps children understand how to keep themselves safe
14.	Baginsky et al. (2017), p.54	IF SW use child's account to explain effect to parents THEN parents realise the effect their behaviour/relationship is having on the child
15.	Baginsky et al. (2017), p.71	IF SW build relationship with children over time THEN children feel able to talk to SW
16.	Baginsky et al. (2017), p.71	IF SW ascertains the child's feelings AND explains the concerns to parents and children clearly THEN family understands what SW is worried about
17.	DCP (2011), p.93	IF professionals model a no-blame approach towards parents THEN the child's perspective is more likely to be considered by parents and other professionals in the room
18.	Bunn (2013), p.81	IF SW shares child friendly SoS tool with parents THEN parents understand what impact they are having on their children
19.	Bunn (2013), p.81	IF SW use tools with younger children THEN those children are given a voice in the case
20.	Keddell (2011a), p.615	IF SWs work in a child-focused way THEN children feel able to talk to SWs THEN SWs understand child's perspective & support family to understand what is needed to keep child safe THEN families understand why social services are involved (impact of their behaviour on child) and what needs to change to keep child safe THEN child relevant safety plans created
21.	Brent (2017), p.21	IF SWs uses EARS (elaborating, affirmations, reflections, and summaries) skills with families THEN SWs engage with families in an empathetic way
22.	Brent (2017), p.22	IF families collaborate with SW to keep child safe THEN they feel ownership over this process AND understood by SW
23.	Rodger et al. (2017), p.79	IF SWs use clear language THEN families have a better experience
24.	Hayes et al. (2014), p.40	IF parents collaborate in assessment and planning processes THEN they understand what the issues are THEN they can identify strengths and resources/solutions THEN they have a better experience
25.	Hayes et al. (2014), p.58	IF SWs use non-blaming language and work with parents strengths THEN parents engage
26.	Hayes et al. (2014), p.59	IF parents are prepped and involved in mapping by SWs THEN parents feel respected and understood AND valued
27.	Hayes et al. (2014), p.59	IF parents are anxious about social services involvement AND SWs work with parents' strengths

		THEN parents feel hopeful.
28.	Hayes et al. (2014), p.64	IF SWs are honest with parents about their worries THEN parents respect SWs THEN parents engage
29.	Hayes et al. (2014), p.65	IF parents are anxious about social services meeting AND SWs separate out worries from strengths THEN parents more able to engage
30.	Hayes et al. (2014), p.65-66	IF parents do not have a positive view of SW AND neutral person facilitates mapping THEN SWs are better able to balance risks and strengths THEN parents experience SWs as fairer
31.	Hayes et al. (2014), p.103	If parents are supported to collaborate THEN they are less resistant to social services THEN they understand children safety THEN they engage more
32.	Munro et al. (2014), p.47	IF parents experiencing an SoS intervention in an organisation with high staff turnover and high workload THEN they have a negative experience
33.	Westbrock (2006), p.33	IF SWs are honest and respectful THEN parents feel less defensive
34.	Westbrock (2006), p.35	IF parents are offered choice/collaboration in assessments THEN parents have a better experience
35.	Westbrock (2006), p.38	IF SWs are transparent about their role AND communicate with families AND use non-blaming language THEN parents have a better experience
36.	Westbrock (2006), p.39-40	IF SWs are calm during assessment visits AND seek try to understand the family's position THEN parents feel calmer and engage
37.	Westbrock (2006), p.46	IF families are involved in assessment and planning THEN they are likely to have a better experience of their SW EVEN if there is a negative outcomes
38.	Keddell (2013), p.iii	IF SWs carefully define harm THEN they can balance parent's right to autonomy with children's right to protection through careful use of hierarchical power
39.	Keddell (2013), p.261	IF SWs focus on child safety and CYPs experiences rather than their state sanctioned authority when discussing bottom lines THEN parents are more likely to understand and accepts issues around their behaviour
40.	Lwin et al. (2014), p.90	IF SWs focus on current circumstances rather than on historical concerns (in re-opening cases) THEN families perceive them as credible
41.	Lwin et al. (2014), p.90	IF SWs are transparent when working with re-opening cases THEN parent's anxiety decreases THEN parents engage THEN parents have a better relationship with SWs
42.	Turnell et al. (2007), p.111	IF parents are anxious about SW intervention AND SWs are transparent

		THEN parents feel less anxious
43.	Turnell et al. (2007), p.112	IF SWs are transparent THEN parents have a better experience of social services interaction
44.	Gibson (2014), p.73	IF SWs show empathy THEN can build effective relationship with a family whose CYP poses a risk
45.	Salveron et al. (2015), p.137	IF SWs feel confident in delivery signs of safety and are open with families THEN they are able to skilfully use their authority AND build positive relationships with families
46.	Reekers et al. (2018), p.177	IF parents feel empowered THEN the risk of child maltreatment decreased
47.	Reekers et al. (2018), p.178	IF SWs are transparent with parents THEN parents will feel trust and work in partnership with the SW AND misunderstandings are prevented
48.	Reekers et al. (2018), p.182	IF SWs focus on families strengths AND are transparent THEN a positive partnership with parents is created
49.	Skrypek et al. (2012), p.20	WHEN parents feel their SW doesn't understand: IF SW spends time to build a relationship with parents THEN parents feel that SW is there to help and understands THEN parents trust SW
50.	Skrypek et al. (2012), p.28	IF SW do not judge families and are honest and express care for the family AND parents are given a voice too THEN parents feel that they have a good working relationship
51.	Bunn (2013), p.55	IF SW are open to family's perspective THEN family trusts SW AND family more likely to cooperate
52.	Rothe et al. (2013), p.31	IF SWs are consistent in SoS approach THEN families do not feel they are subject to individual bias of SWs
53.	Beattie (n,d.), p.17	IF parents feel respected and do not feel blamed by SW THEN parents view SW in a more positive way
54.	Beattie (n,d.), p.28	IF families don't feel judged during child protection case conference THEN their confidence improves
55.	Nelson-Dusek and Rothe (2015), p.2	IF parents feel respected and listened to [during safety planning] THEN parents feel satisfied with safety planning process [EXCEPT when there is a lack of communication by SW OR parents feel forced into choosing network members].
56.	DCP (2011), p.95	IF parents feel that the SW judges them and focuses on the past THEN families believe that SW will have already come to pre-determined decisions/outcomes THEN they feel less confident
57.	Bunn (2013), p.77	IF parents know their views will be heard [at a conference] AND subsequently attend a conference where this is the case THEN parents feel more relaxed
58.	Bunn (2013), p.80	IF SW recognise strengths and weaknesses of the family THEN parents are more likely to listen to SW OR

		IF SW only focuses on negative aspects of parents THEN parent anxiety increases.
59.	Bunn (2013), p.83	IF parents trust SW THEN parents more likely to work with SW
60.	Bunn (2013), p.83	IF parents feel listened to and understood THEN they are more likely to engage and contribute towards the safety plan
61.	Keddell (2011b), p.1262	IF social workers construct clients in a non-blaming way THEN parents do not feel judged THEN parents feel their expertise is recognised ("I did my best")
62.	Keddell (2011a), p.614	IF SW believes a family can change (solution-focused/strengths-based practice) THEN SW uses non blaming language THEN families don't feel judged THEN families trust their SW
63.	Keddell (2011a), p.614	IF SWs spend regular time with families early on THEN they develop trust with families THEN they can co-construct what good enough parenting looks like for the child
64.	Keddell (2011b), p.1262	IF SWs use non-blaming explanations and language regarding client behaviour and child safety THE parents do not feel judged THEN parents trust SWs THEN resistance is reduced
65.	Nelson-Dusek et al. (2017), p.1368	IF families feel respected and listened to THEN they feel like they have control over safety planning
66.	Nelson-Dusek et al. (2017), p.1371	IF families feel respected and listened to THEN they feel like they have control over their safety planning THEN they use their safety plan and network to support them to keep their children safe
67.	Nelson-Dusek et al. (2017), p.1349	IF there is a lack of communication by the SW AND parents feel forced into choosing network members THEN parents have a negative experience to safety planning and network planning.
68.	Nelson-Dusek et al. (2017), p.1349	IF there are multiple case workers, OR IF caseworkers change partway through the case AND caseworkers do not communicate well with each other THEN parents can receive mixed messages THEN have a negative experience of safety planning and network planning
69.	Skrypek et al. (2012), p.20	IF parents/carers see believe that the child is the SWs priority AND that the SW is doing their best THEN they respect their SW THEN they are more able to overcome disagreements
70.	Skrypek et al. (2012), p.20	IF parents feel that their SW cares about them and their family THEN parents feel they can ask their SW for help in a crisis
71.	Skrypek et al. (2012), p.19	IF parents feel that their social worker cares about them THEN they feel understood AND that they are not being judged
72.	Baginsky et al. (2017),	IF parents have a change of social worker

	p.58	THEN it can lead to feelings of confusion and uncertainty for parents
73.	Caslor (2011), p.16	IF parents voices are incorporated as part of decision making around child safety THEN parents feel like they have ownership and more likely to "buy-in"
74.	Caslor (2011), p.79	IF SW encourage parental involvement THEN parents become engaged and invested in the plan THEN progress around child safety is achieved
75.	Hayes et al. (2012), p.31	IF SWs work with families strengths and risks THEN families understand why social services involved AND SWs understand perspectives of family
76.	Hayes et al. (2014), p.35	IF women experiencing domestic violence don't want others to know THEN they struggle to identify safety networks and engage in safety planning
77.	Holmgard Sorensen (2013), p.10	IF SWs work with families to create a SP and SN AND parents find this difficult THEN parents feel relieved they are clear about CYP safety
78.	Holmgard Sorensen (2013), p.10	IF the family are in crisis and a CYP may be removed THEN parents find the SN meeting difficult THEN find it hard to engage
79.	Holmgard Sorensen (2013), p.11	IF SWs hold a SN meeting with families THEN some families feel undermined if extended family members/friends play a supervisory role
80.	Holmgard Sorensen (2013), p.11	IF parents are used to receiving support from professionals THEN they may find it difficult to draw on support from family/friends network
81.	Holmgard Sorensen (2013), p.13	IF parents collaborate in the SP and SN process THEN they feel social services have given them responsibility THEN they try to live up to this responsibility and care for their children
82.	Holmgard Sorensen (2013), p.13	IF SPs and SNs do not reflect the parent's wishes THEN parents feel they do not have control
83.	Holmgard Sorensen (2013), p.15	IF wider family in the SN initially view the SN as a 'cheap' alternative to care THEN they see the SN working to keep CYP safe THEN they feel less sceptical
84.	Holmgard Sorensen (2013), p.17	IF wider family in the SN are in dispute THEN they behave defensively THEN they struggle cooperative in the SN/ focus on CYP
85.	Holmgard Sorensen (2013), p.17-19	IF wider family in the SN view are asked to monitor their own children THEN they may feel uncomfortable/reluctant to report their child to the authorities.
86.	Holmgard Sorensen (2013), p.17-19	IF wider family in the SN have to give up careers and work full time to support the family THEN this may impact on their health and wellbeing
87.	Holmgard Sorensen (2013), p.20	IF SW use SPs to involve the SN THEN the SN feels responsible THEN SWs feel under less pressure

88.	Keddell (2013), p.370	IF SWs view clients as experts in their own lives THEN focus on client strengths and resources THEN they are more likely to find exceptions to harmful behaviour THEN these can be drawn on to co-construct a vision of a safe future THEN power imbalance between SW and client is reduced EXCEPT focusing on individual strengths and risks can obscure social inequalities THEN does not seek to position clients within these inequalities
89.	Turnell et al. (2007), p.113	IF a parent is used to receiving negative feedback THEN a SW provides positive feedback THEN parents grow in confidence and engage
90.	Reekers et al. (2018), p.178	IF SWs are able to make parent feel empowered and identify their own solutions to improving child safety THEN child safety is improved
91.	Reekers et al. (2018), p.179	IF a social network is established in the family THEN parental empowerment is stimulated EXCEPT when there is friction within the safety network such as in divorce cases or if network members approve parents unsafe behaviour
92.	Reekers et al. (2018), p.179	IF SW develop a cooperative relationship with parents THEN SWs can talk about CYP safety THEN parental empowerment is more likely
93.	Stanley et al. (2018), p.8	IF SW understand a child's lived experiences through the use of mapping THEN better decisions are made on how to help
94.	Stanley et al. (2018), p.8	IF families can identify their own strengths through mapping THEN multiple service involvement may reduce THEN cost savings are made to the wider system
95.	Stanley et al. (2018), p.10	IF families identify their own resources (family members) THEN families have solutions to create safer situations at home AND a stronger family network is formed
96.	Stanley et al. (2018), p.10	IF practitioners use a mapping framework THEN families help to identify what is needed to happen THEN the families more likely to invest/commit to using these solutions
97.	Skrypek et al. (2012), p.18	IF SWs are transparent about what needs to change AND family digress THEN SW seeks to compromise with family engage.
98.	Skrypek et al. (2012), p.22	IF SW work with families to identify strengths THEN families find it easier to make changes because it's less prescriptive and they have ownership
99.	Skrypek et al. (2012), p.22	IF parents feel SW attempts to collaborate are disingenuous THEN parents feel disempowered
100.	Skrypek et al. (2012), p.25	IF SW use tools and resources to help family learn about child safety THEN families feel things can get better
101.	Beattie (n,d.), p.20	IF families feel involved/central in the case conference meeting THEN they will find it easier to express their views AND be involved in developing the safety plan

102.	Beattie (n,d), p.26	IF SW adopt a SoS approach to child protection case conferences THEN power balance is addressed AND it empowers family to identify support and solutions for themselves
103.	Nelson-Dusek and Rothe (2015), p.3	IF a safety network is created (even when parents already have supportive friends/family) THEN it can remove pressure from family in asking for help AND parents feel good knowing people are there to support
104.	Nelson-Dusek and Rothe (2015), p.4	IF parents become more comfortable with their situation THEN use of safety planning diminishes
105.	Nelson-Dusek and Rothe (2015), p.28	IF safety network members do not have specific guidance about how they fulfil their duties THEN they are less likely to understand their role.
106.	DCP (2011), p.106	IF SW do not follow-through on their actions THEN parents will also not follow through on their agreed actions
107.	DCP (2011), p.106	IF SWs take into account the child's perspective, and incorporates decisions that involve specific detail about what exactly each party will do AND are transparent and committed to helping families by engaging them in decision making and agreeing timescales for actions THEN families more likely to be able to solve problems for themselves AND tackle future problems (resilience improved)
108.	Bunn (2013), p.79	IF parents feel their views are valued THEN they are more likely to attend and agree to decisions AND create change.
109.	Keddell (2011a), p.615	IF SWs work with families strengths THEN the family feel their expertise is recognised THEN they understand why social services are involved and what needs to change to keep their children safe THEN they feel less stressed/relieved.
110.	Keddell (2011b), p.1261	IF SWs work with families strengths (e.g. sympathetic view and need for family support) AND use non-blaming explanations and language regarding client behaviour and child safety THEN SWs do not account for macro level structural factors and individualise responsibly
111.	Keddell (2011b), p.1263	IF SW use a strengths-based approach THEN families identify/make the changes needed
112.	Sorensen (2018), p.202	IF SWs work with strengths THEN they are more likely to identify more protective factors within a family
113.	Nelson-Dusek et al. (2017), p.1369	IF SWs work with families strengths and resources (by asking them to consider who they want in network) AND SWs are open with families THEN families engage more with SWs AND families able to engage more with network (professionals and family)
114.	Nelson-Dusek et al.	IF families identify strengths and resources

	(2017), p.1369	THEN the process of safety planning can reduce parents anxiety of asking for help THEN parents feel more confident when asking for support to maintain child safety
115.	Nelson-Dusek et al. (2013), p.1370	IF parents use their safety plan or network (resources) THEN parents feel more confident in child safety
116.	Nelson-Dusek et al. (2013), p.1349	IF parents already have a network of friends and family AND they feel uncomfortable asking them for help THEN the SN planning process improves these links and the strength of these relationships by formalising them AND parents feel more comfortable asking for help
117.	et al. (2017), p.15	IF SWs have more experience of using SoS THEN they are more likely to work with parents to help parents identify strengths and resources
118.	Baginsky et al. (2017), p.53	IF SWs use family network meetings THEN responsibility is shifted toward the family to find solutions
119.	Baginsky et al. (2017), p.65	IF families are involved in goal planning THEN they more likely to achieve their goals
120.	Rothe et al. (2013), p.27-8	IF SWs use SoS approach and encourage parents to identify strengths and resources THEN SWs place responsibility for change with the parents rather than the SW
121.	Turnell et al. (2008), p.112	IF SWs support involuntary clients through collaboration BY using skilful authority, being clear about our bottom lines, offering choices wherever possible and honouring their experiences and their strengths THEN clients become voluntary/more likely to work with social services
122.	Vink et al. (2017), (Section 2)	IF SW clearly state their worries to families THEN families are better able to find own solutions
123.	Brent (2017), p.21	IF danger statements are written collaboratively with parents AND the statements are clear and specific THEN parents understand what is needed to keep children safe
124.	Brent (2017), p.22	IF danger statements are written collaboratively with parents THEN the statements are clear and specific THEN parents with English as a second language understand what is needed to keep children safe
125.	City and Council of Swansea (2014), p.23	IF SWs use CYP friendly tools and CYPs speak to SWs THEN SWs can help parents understand their child and meet their needs
126.	City and Council of Swansea (2014), p.25	IF SoS used at child protection conferences THEN parents feel included AND understand what is needed to keep their child safe THEN they engage with support
127.	Rodger et al. (2017), p.54	IF SWs use SoS (solution-focused/strengths-based practice) AND listen to parents THEN parents feel listened to THEN have a better understand of how to keep their CYP safe THEN feel more likely to ask for help in future
128.	Hayes et al. (2012), p.31-32	IF SWs work respectfully with families AND are transparent about bottom lines

		THEN SWs balance skilful authority with maximum collaboration THEN child safety is increased
129.	Hayes et al. (2012), p.33	IF SWs take a questioning approach THEN they elicit detailed information from family, referrer and other professionals about safety issues, impact on children, strengths and resources in the family THEN SWs have a holistic understanding of risk THEN SWs make better informed decisions THEN children are safer
130.	Hayes et al. (2012), p.42	IF SWs use risk statements with family AND use clear language THEN family understand 'bottom' lines about child safety AND action that will be taken if those lines are crossed
131.	Hayes et al. (2012), p.42	IF safety plans are understood by whole family AND have been agreed by professionals AND are monitored and updated frequently THEN safety plans work to keep children safe
132.	Hayes et al. (2012), p.45	IF families engage with SWs AND SWs are explicit about the risks THEN families understand risk to CYP
133.	Hayes et al. (2012), p.45	IF families collaborate in safety planning THEN they are encouraged to identify own solutions THEN they have a better experience of the process
134.	Hayes et al. (2014), p.17	IF SWs uses SoS tools (e.g. mapping) THEN families understand child safety THEN children can remain in the care of their wider family
135.	Hayes et al. (2014), p.44-45	IF parents see visual mapping THEN they are more likely to understand the impact on CYP THEN they are more likely to engage and act upon it
136.	Hayes et al. (2014), p.61	IF parents use CYP friendly tools and CYPs speak to SWs THEN SWs can support parents to understand child safety
137.	Hayes et al. (2014), p.62	IF parents use CYP friendly tools and CYPs speak to SWs THEN SWs can support parents to understand child safety
138.	Hayes et al. (2014), p.64	IF parents see visual mapping THEN they are more likely to understand the key worries of SWs and professionals THEN understand what they can do to improve child safety
139.	Hayes et al. (2014), p.75	IF SWs use non-blaming language with parents AND SWs talk to CYP THEN CYP understand why social services are involved
140.	Holmgard Sorensen (2014), p.6	IF parents and wider family are involved in safety planning and developing safety networks THEN they understand what is needed to keep CYP safe
141.	Westbrock (2006), p.10	IF SWs collaborate with parents on a safety plan and network THEN parents feel they and their networks understand CYP safety
142.	Keddell (2013), p.281	IF SW uses SoS framework (i.e. full mapping, including concepts of risk and safety) THEN SWs are able to consider risk against safety factors THEN SWs can explain their concerns in clear specific ways with parents

143.	Keddell (2013), p.298	IF SWs uses SoS framework to understand safety with parents THEN both safety and risks and 'weighed up' collaboratively and transparently THEN SW feel more confident in their decision making AND parents engage
144.	Stanley and Mills (2014), p.31	IF SWs use SoS THEN narrow conceptions of risk can be overcome with in depth analysis of risk and safety THEN families can understand social services concerns.
145.	Gibson (2014), p.74	IF SWs an discuss difficult topics with families THEN the risks are understood by everyone THEN safety plans are will be effective
146.	Gibson (2014), p.75	IF families have plans and rules in place to ensure safety THEN families understand what is expected of them by the local authority
147.	Salveron et al. (2015), p.135	IF SW adopt a more flexible approach when working with families who are difficult to engage (or where there are cultural differences) THEN families will engage AND understand why department is involved
148.	Skrypek et al. (2012), p.22	IF SW share the responsibility of identifying what needs to change with the family THEN families feel that safety planning is collaborative
149.	Baginsky et al. (2017), p.94	IF SW involve families and communicate with them THEN families awareness of responsibility to child safety is increased
150.	Rothe et al (2013), p.29	IF SW are clear with families about their expectations THEN families understand what is needed to get their children back
151.	DCP (2012), p.17	IF SWs are open and transparent with their concerns AND use SoS tools to present information THEN families understand why the department is involved/their concerns are
152.	Nelson-Dusek and Rothe (2015), p.2	IF parents are involved in the safety planning THEN parents can be resistance when sharing past details with friends/relatives
153.	Nelson-Dusek and Rothe (2015), p.27	IF families are unclear about using the safety plan THEN families commitment to using the safety plan lessens over time
154.	Roberts et al. (2015), p.6	IF SW honour parents strengths THEN parents are more likely to listen to the SW views about problems AND work with the SW to build a safety plan
155.	Skrypek et al. (2012), p.17	IF SW are open and honest with family by fully disclosing reasons why families are being contacted THEN parents understand why child protection are involved
156.	Skrypek et al. (2012), p.18	IF SW are open and honest about their involvement with families THEN families have a better understanding of why they are involved
157.	DCP (2011), p.53	IF families participate in pre-hearing conferences THEN they know what SW concerns are and what is expected of

		them
158.	DCP (2011), p.80	IF professionals use less complex language and jargon in conference meetings THEN parents more likely to have a full understanding of what is required
159.	Bunn (2013), p.78	IF professional use plain language THEN parents and children find it easier to understand what is being said
160.	Bunn (2013), p.79	IF parents are consulted on about things THEN they feel valued THEN they stay more engaged and motivated in the process to prove change in their parenting capacity
161.	Bunn (2013), p.80	IF professional use jargon language THEN parents will may not understand all the concerns
162.	Bunn (2013). p.85	IF parents or members of their safety network identify risk themselves THEN parents are more likely to accept that these risks are presents [compared to when a professional identifies the risk]
163.	Nelson-Dusek et al. (2017), p.1369	IF SWs work with families to identify resources for child safety (via a safety plan and network) THEN parents understand why department are involved
164.	Nelson-Dusek et al. (2017), p.1370	IF parents identify resources (safety plan/network) for doing things differently THEN they rely on their resources/safety network THEN the frequency of crises reduces THEN the need to use the safety plan reduces
165.	Nelson-Dusek et al. (2017), p.1370	IF parents understand steps to take improve child safety THEN they use their resources/safety network to help them be calm in a crises
166.	Nelson-Dusek et al. (2017), p.1370	IF parents understand why department involved and steps to take to improve child safety THEN they use their resources/safety plan to navigate a crises
167.	Nelson-Dusek et al. (2017), p.1370	IF parents identify resources for doing things differently THEN they use their safety plan and network to support them to keep their children safe
168.	Nelson-Dusek et al. (2017), p.1371	IF parents identify resources for doing things differently THEN they feel confident that they can rely on their resources (safety network and safety plan) if needed BUT as the frequency of crises reduces THEN the need to use these resources (safety network/safety plan) reduces
169.	Nelson-Dusek et al. (2017), p.1371	IF parents identify resources for doing things differently THEN re-reports of child maltreatment to children's services are less likely
170.	Nelson-Dusek et al. (2017), p.1371	IF families feel respected and listened to THEN they feel like they have control over their safety planning AND IF SWs build and maintain relationships with family AND parents build and maintain relationships with network members THEN (via safety planning and networks) child safety is improved

171.	Nelson-Dusek et al. (2017), p.1349	IF a parent finds articulating what is needed to keep their children safe difficult THEN writing up a safety plan can act as a 'light bulb' moment THEN parents understand what is needed to keep their children safe
172.	Gardner (2008), p.78	IN the context of neglect cases, IF SW are open and transparent with decision making THEN parents are clearer about what is expected of them AND receive more relevant support.
173.	Gardner (2008), p.78	IN the context of neglect cases, IF SW's are specific about their concerns around child safety AND evidence, concerns and protective elements are presented visually on a scale THEN they are easier for everyone to understand THEN the risks do not need to be continually revisited THEN the group an acknowledge strengths THEN the meeting can focus on how to achieve safety
174.	Rothe et al. (2013), p.28	IF SWs are transparent with families and external agencies about their worries THEN parents can find this embarrassing BUT parents are clear about the behaviours that are worrying social services
175.	Rothe et al. (2013), p.33	IF SWs respect, are transparent and collaborate with families THEN even when families cannot retain care of their children, the process is more amicable as parents understand why
176.	Rodger et al. (2017), p.49	IF SoS congruent paper work is developed THEN workers find case files easier to manage THEN workers feel better equipped to understand how to support child safety
177.	Hayes et al. (2012), p.23	IF SWs bring in all family and professional perspectives when mapping the circumstances of a child AND does so using simple language THEN SWs and families understand risk
178.	Hayes et al. (2012), p.23	IF SWs use the SoS assessment protocol to assess danger and strengths/safety AND this is the key tool used to assess risk throughout social services THEN risk assessment is simplified AND practitioners gain a holistic understanding of risk
179.	Hayes et al. (2012), p.29	IF SWs believe in principles of strengths-based practice THEN they work with families and other professionals collaboratively THEN children are safer
180.	Hayes et al. (2012), p.20	IF family and SW collaborate on safety planning AND family do not follow the safety plan THEN SWs can make informed decision about parent's capacity to safely care for their children

		THEN SWs take action to keep CYP safe.
181.	Keddell (2013), p.10	IF SWs believe parents are competent and capable of change THEN SWs can challenge dominant risk averse discourse in child protection by supporting parents to take some risks THEN parents have opportunity to manage risks within the family
182.	Keddell (2013), p.228-9	IF SWs describe problems in terms of concrete behaviours and use non-blaming language THEN SWs can outline risks in a way that also allows for family change
183.	Keddell (2013), p.261	IF SWs focus on safety and are able to balance negative risks with positive strengths THEN families feel hopeful and focus on future planning
184.	Keddell (2013), p.366	IF SWs believe in parent's capacity to change THEN SWs are more likely to advocate for parents even when they are worried about risk THEN SWs will find exceptions to harmful behaviour THEN SWs find risks more manageable within the family context
185.	Hogg and Wheeler (2004), p.302	IF SWs ask families what they are already doing to keep their children safe (solution-focused) EVEN in high risk cases THEN families can build on their strengths and resources
186.	Turnell et al. (2007), p.111	IN the context of working with families who have had children removed previously IF SWs use SoS to organise case history into harm, dangers and strengths regarding each child THEN SWs can find exceptions to concerning behaviour THEN SWs can present this to families THEN families view SW as transparent and fair THEN families engage
187.	Gibson (2014), p.76	IF SWs feel anxiety in assessing and predicting future harm THEN it can impact on how they work with the family
188.	Stanley et al. (2018), p.11	IF practitioners are clear on what the risks are and how the risks can be managed safely (using mapping practice framework) THEN they will be more confident with risk
189.	Skrypek et al. (2012), p.17	IF SWs took time to understand a family's situation THEN the family do not feel judged and feel more comfortable with SW involvement
190.	Skrypek et al. (2012), p.18	IF SWs get to the know the family and show interest in the family's wellbeing THEN parents feel respected by their SW EVEN when parents describe their relationship with their SW as negative
191.	Skrypek et al. (2012), p.19	IF SWs show empathy towards parents THEN parents do not feel judged
192.	Beattie (n,d.), p.18	IF families participate in conferences AND are given the opportunity to challenge professionals THEN professionals can feel disempowered to challenge families in addressing risks
193.	Keddell (2011a), p.611	IF SWs have holistic understanding of risk and make informed decisions and safety plans

		[WHEN reunification is a goal] THEN SWs are less anxious about risk
194.	Keddell (2011a), p.611	[WHEN safety issues emerge during reunification] IF SWs work in a child-focused way THEN children talk to SWs THEN SWs understand child's perspective and support family to understand what is needed to keep child safe THEN SWs identify/negotiate with families what is 'good enough parenting' to maintain child safety THEN families understand why social services are involved (impact of their behaviour on child) and what needs to change to keep child safe
195.	Keddell (2011b), p.1263	IF SW has a holistic understanding of risk and safety AND parents experience SW as non-blaming THEN parents feel more open and able to engage in planning around risk
196.	Keddell (2011b), p.1263	[WHEN safety issues emerge during reunification] IF families understand and accept why the SW is involved AND the SW believes family can change AND the SW understands risk holistically THEN the SW is able to live with more risk THEN the SW more likely to offer family the opportunity to manage child safety at home
197.	Sorensen (2018), p.209	IF SWs draw on family perspective AND SWs draw on professionals perspective THEN they conduct holistic risk assessment from SoS perspective [EXCEPT, in the Danish context SWs do not agree that SoS considers risk holistically as it focuses on family and professional perspectives NOT on societal and heretical nature of problems and resources]
198.	Sorensen (2018), p.210	IF SoS is used SWs are more likely to identify more protective factors when considering risk
199.	Sorensen (2018), p.212	IF SoS used THEN SWs draw on the family's perspective AND SWs draw on professionals perspective THEN SWs conduct holistic risk assessment from a SoS perspective [EXCEPT, in the Danish context SWs do not agree that SoS considers risk holistically as it focuses on family and professional perspectives NOT on societal and heretical nature of problems and resources]
200.	Gibson (2014), p.69	IF SWs have the skills to develop cooperative relationships with families and professionals THEN they are better able to create a robust safety plan THEN children will be safer within their families
201.	Nelson-Dusek et al. (2017), p.1366	IF SWs work with families to identify all potential adults to support them THEN safety plans can be developed that are based on safety networks for the child
202.	Baginsky (2017), p.54	IF parents are included in initial child protection conference

		AND SW recognise parents strengths THEN parents confidence is increased
203.	Rothe et al. (2013), p.25	IF SoS is applied in full THEN children are safer EXCEPT for when the SW has concerns over drug abuse or sexual abuse THEN balancing safety and harm becomes more complex
204.	Turnell et al. (2008), p.111	IF SWs view their role as being to facilitate collaboration between all involved parties to address issues together THEN SWs do not feel the pressure of sole responsibility for solving family problems THEN engage in less defensive practice
205.	Rodger et al. (2017), p.26	IF external agencies do not understand how SoS model captures risk THEN they feel worried it will not keep children safe
206.	Hayes et al. (2012), p.29	IF SWs work collaboratively with each other and other professionals THEN they are able to work collaboratively with families
207.	Hayes et al. (2014), p.72	IF there are many agencies involved THEN providing support and SoS/SiP (Safety in Partnership) mapping can help share responsibility of minimising risks with other agencies
208.	Hayes et al. (2014), p.73	IF SWs use SiP (Safety in Partnership) language THEN professionals begin to develop shared understanding and language with the SW THEN they work more effectively with families
209.	Hayes et al. (2014), p.104	IF SWs work collaboratively with external agencies THEN all agencies have clear roles and shared goals AND know their responsibilities THEN there is less drift in SWs cases
210.	Hayes et al. (2014), p.105	IF SWs and external agencies work collaboratively THEN families are clearer about child safety
211.	Hayes et al. (2014), p.105	IF external agencies are overstretched THEN they struggle to engage with social services
212.	Hayes et al. (2014), p.109	IF external agencies engage with social services using SoS/SiP (Safety in Partnership) THEN they begin to work in a more strengths-based way with families
213.	Westbrock (2006), p.31	IF a parent has previous history with the police AND the SW and police do a joint visit THEN the parent feels outnumbered and defensive THEN the parent does not collaborate in the assessment AND does not feel trusted/believed
214.	Keddell (2013), p.266	IF allied professionals have worries about reunification THEN SWs can use a focus on safety (balancing risks and strengths) to refocus on harm to the child
215.	Lwin et al. (2014), p.91	IF parents use community support after case closure THEN they seek support from community resources before problems increase at home
216.	Lwin et al. (2014),	IF SWs feel anxious about working complex cases

	p.92	THEN collaborative decision making with external agencies makes them feel supported and less anxious
217.	Lwin et al. (2014), p.93	IN the context of complex cases IF SWs use team decision-making THEN holistic risk assessment is completed THEN SWs do not feel the burden of individual responsibility
218.	Stanley and Mills (2014), p.29	IF SWs and external agencies (health) are trained in the same strengths-based and solution-focused approach THEN they use a common language regarding risk AND external agencies refer in less OR more cases move from statutory to preventative services
219.	Stanley and Mills (2014), p.32	IF SWs and external agencies (health) are trained in the same strengths-based and solution-focused approach THEN they use a common language regarding risk AND external agencies understand what support is needed and when to refer to statutory services
220.	Salveron et al. (2015), p.137	IF a local authority puts on specific learning events and workshops around SoS for partner agencies THEN partner agencies becomes engaged with local authority's approach
221.	Salveron et al. (2015), p.135	IF the [social services] department continue to communicate and collaborate with external agencies THEN external agencies more likely to change their attitude and behaviour towards shared responsibility of child protection.
222.	Rothe et al (2013), p.27	IF parents contribute to setting the agenda in meetings AND meetings are run by a neutral facilitator THEN everyone has the chance to speak during case conferences [including parents] THEN parents issues more likely to be resolved during the conference
223.	DCP (2011), p.93	IF everyone involved in the conference puts their own judgements aside and seeks to understand everyone's perspectives THEN everyone is more likely to agree on what should happen next
224.	Bunn (2013), p.94	IF all multi-agency professionals are involved in SoS meetings THEN all issues can be discussed in a shared language AND everyone is clear on what action is needed AND external agencies take more responsibility
225.	Gardner (2008), p.78	IN the context of neglect cases IF everyone at a case conference has the opportunity to share their views (including parents) THEN it makes everyone think about what success would look like in terms of making sure the child is safe
226.	Baginsky et al. (2017), p.53	IF SWs move away from a risk-averse approach to child protection where responsibility is rested with the SW THEN child protection becomes a shared approach to risk amongst the family and other professionals
227.	Baginsky et al. (2017), p.54	IF SWs use the scaling tool during child protection conferences THEN external agencies are encouraged to take ownership of their concerns

		AND professionals and parents anxieties are reduced
228.	Rothe et al. (2013), p.29	IF external agencies work with social services that are using SoS THEN external agencies can feel resistant to being transparent with families THEN they can see social services works to support families
229.	Rothe et al. (2013), p.29	IF external agencies have a child focus (rather than a family focus) THEN they are more likely to worry that safety planning does not address the risks to the child
230.	Rothe et al. (2013), p.36	IF SoS training is delivered to SWs and external agencies THEN there is more consistency in practice AND external agencies are more supportive of SWs and families decisions.
231.	Turnell at al. (2008), p.112	IF SWs use SoS and external agencies such as the courts do not THEN families can be excluded from decision making and the collaborative process overridden by judges
232.	Turnell et al. (2007), p.112	IN the context of re-entry into care IF SWs share their anxieties around decision making [regarding re-entry] with colleagues THEN their anxiety reduces
233.	Bunn (2013), p.120	IF SW use SoS tools [Three Houses tool, Wizards and Fairies, the Safety House tool and Words and Pictures] with children THEN children will understand what has happened to them and why CP are involved AND child's voice is heard by parents
234.	Westbrock (2006), p.43	IF SWs are trained in SoS and work in an SoS organisation THEN parents have a better experience of SW interaction
235.	Lohrbach and Sawyer (2004), p.31	IF strengths based, collaborative pre-proceedings meeting are held [EVEN when it is unsafe for a child to return home] THEN later agreement around permanency planning is less adversarial and therefore takes less time for permanency to be achieved
236.	Lohrbach and Sawyer (2004), p.32	IF SWs collaborate with families in pre-proceedings THEN their understanding of and articulation of what needs to change to improve child safety is more explicit
237.	Lohrbach and Sawyer (2004), p.33	IF SWs take a solution-focused and strengths-based approach AND collaborate with the family before entering the court process THEN parents feel listened to and can understand and participate in the court process
238.	Lohrbach and Sawyer (2004), p.33	IF children engage with SWs prior to court process THEN they feel listened to AND feel they can influence the process
239.	Westbrock (2006), p.43	IF families do not know what is needed for social services to close their case THEN they cannot achieve the goal of case closure
240.	Keddell (2013), p.11	IN the context of reunification IF SWs and parents maintain a good working relationship THEN SWs are able to monitor families during reunification to ensure safety plans are working THEN families are supported with family maintenance

241.	Keddell (2011a), p.610	IN the context of reunifying children who have been out of their parents care for more than two years IF intensive resources are present (e.g. increasing length of child-parent contact; increasing frequency of visits by SW; providing counselling; and regularly eliciting views from children through process) AND SWs have a good working relationship with families THEN SWs can support parents to manage periods of crisis and be 'good enough' parents
242.	Keddell (2011a), p.612	IF families do not have a network of support and are isolated THEN they can come to view social services as extended family AND feel less anxious about keeping their children safe during reunification
243.	Bunn (2013), p.84	IF parents can see the steps to follow to achieve safety THEN parents are more likely to take responsibility
244.	Bunn (2013), p.93	IF all multi-agency professionals are together in the room [for a case conference] THEN parents feel a sense of support from those present
245.	Practitioner statement	IF SWs use Family Finding when SoS does not focus on building networks for the child THEN SoS and Family Finding is more likely to help children be safe
246.	Practitioner statement	IF SWs support parents to set out a plan and develop a trajectory THEN families feel hopeful AND have a vision for the future
247.	Practitioner statement	IF SWs use family finding to build young people's connections and wellbeing alongside SoS THEN SoS and Family Finding is more likely to help children be safe
248.	Practitioner statement	IF SWs are working with different types of problems or if families need extra support THEN SoS does not help with specific things that SWs need to know

Appendix 12: Table of Consolidated Explanatory Accounts

#	Consolidated Explanatory Account
1.	IF SW builds relationship with child over time AND uses child-friendly tools with child THEN the child feels comfortable/more able to talk to social worker THEN children talking to SWs and SWs listening to children becomes standard practice THEN the child and social worker understands what is needed to keep the child safe
2.	IF children are involved in the safety planning/mapping AND children's strengths are highlighted THEN children engage THEN children and social workers understand what is needed to keep the child safe [BUT if children do not understand the safety plan THEN they are less likely to adhere to it]
3.	IF social worker's understand child's views/concerns about their safety THEN uses the child's account to share with the parents in a non-blaming way THEN parents understand the impact on the child AND what the social worker is worried about [BUT if parents do not accept the child's views THEN the social worker feels anxious about the child's safety.
4.	IF SWs prepare CYP for meetings and reduce the number of professionals involved THEN CYP feel less overwhelmed THEN CYP can engage in meeting
5.	IF SWS pay attention to how CYP is engaging THEN SWs can make adjustments to suit the CYP and support them to engage, for example, breaking up the meeting in to a number of smaller meetings
6.	IF SWs use strengths-based practice by: - Showing empathy and care for family's wellbeing - Being honest/transparent and using clear language - Giving families a voice - Working with strengths - Do not judge - Spending time with families to build relationships - Understanding the perspectives of family members

	THEN parents' resistance is reduced as they feel: - less defensive - less anxious - valued THEN parents and SW have better relationship
7.	IF SWs believe in parent's capacity to change THEN SWs will look for and focus on exceptions to harmful behaviour AND advocate for parents even when they are worried about risk (strengths-based practice)
8.	IF parents feel their views are valued AND that SWs attempts to collaborate are authentic THEN they are more likely to engage [e.g. listen to the views of SW about family problems and work together to create change]
9.	IF SWs are transparent with parents about the authority they have AND SWs collaborate with families THEN families trust SWs
10.	IF SW uses non-blaming language to discuss child safety and parent behaviour (and focus on concrete behaviours) THEN they outline risk in a way that allows for family change THEN parents do not feel judged THEN parents trust their SW
11.	IF SWs work with parents to 'weigh up' strengths and risks THEN parents feel valued/expertise is recognised/respected THEN parents engage in assessment and planning to keep CYP safe AND parents feel motivated to change
12.	IF SWs view parents as experts, focus on their current circumstances AND recognise their strengths and weaknesses THEN families feel SW is there to help AND THEN families trust their SW AND THEN families feel hopeful AND motivated to cooperate to achieve change
13.	IF parent is used to receiving negative feedback THEN a SW provides positive feedback THEN parents grow in confidence and engage
14.	IF SWs are able to make parent feel empowered by supporting them to identify their own solutions (and safety network) to improve child safety THEN child safety is improved AND parents feel more confident

15.	IF parents experiencing an SoS intervention in an organisation with high staff turnover and high workload THEN they have a negative experience [moderator]
16.	IF there is friction within the safety network such as in divorce cases or if network members approve of parent's unsafe behaviour THEN establishing a safety network will not empower parents [moderator]
17.	IF power imbalance between the SW and parents is reduced by viewing parents as experts in their own lives AND SW focuses on parents strengths and resources THEN parents feel empowered THEN SW and parents can co-construct a vision of a safe future
18.	IF SWs focus on child safety and CYPs experiences rather than their state sanctioned authority when discussing bottom lines THEN parents are more likely to understand and accepts issues around their behaviour
19.	IF SWs have time to develop relationship with family THEN families trust SWs
20.	IF parents trust SWS and IF SWs collaborate with families e.g. offer choices; involve families in assessment and planning; focus on strengths; co-construct what good enough parenting looks like THEN parents have a better experience of interaction with SWs e.g. ownership of process; feeling understood by SWs; misunderstandings prevented AND THEN parents are less resistant to SW and engage more AND THEN parents have a better view of SW (even when there is a negative outcome for parents)
21.	IF SWs collaborate with families and other professionals THEN they create robust safety plans THEN children are safer within their families
22.	IF parents believe SW cares about them, sees their children as a priority, and that the SW is doing their best THEN parents respect their SW AND THEN parents can ask for help during a crisis
23.	IF SWs believe parents are competent and capable of change THEN SWs support parents to take responsibility for managing risks within the family and challenge dominant risk averse discourse in child protection
24.	IF SWs focus on safety and balance negative risks with positive strengths THEN families feel hopeful and focus on future planning
25.	IF a parent has previous history with the police AND the SW and police do a joint visit THEN the parent feels outnumbered and defensive

	THEN do not collaborate in the assessment AND do not feel trusted/believed
26.	IF SWs are open and honest with families about why they are involved (their worries) THEN parents understand why social services are involved
27.	IF SWs balance skilful authority (being transparent about what is needed to keep child safe and the consequences if this does not happen) with collaboration with families THEN parents understand what is needed to keep the child safe THEN child safety is increased
28.	IF SWs use visual mapping with families, use plain language, and address difficult topics when discussing social services' worries THEN parents understand exactly what social services are worried about
29.	IF SWs use full mapping with families (including visual depiction of risk and safety; a safety plan with clear rules and guidance on improving child safety) THEN parents understand what they need to do to improve child safety OR what is needed for children to return to their care
30.	IF SWs adopt a more flexible approach when working with families who are difficult to engage (or where there are cultural differences) THEN families will engage AND understand why social services are involved
31.	IF SoS congruent paperwork is developed (e.g. SoS assessment protocol to assess danger and strengths) AND this is the key tool used to assess risk throughout the process THEN risk assessment is simplified AND SWs are clearer about risk AND SWs find case files easier to manage
32.	IF SWs interpret information about strengths and problems AND do so in a participatory exploration with the family and professionals THEN SWs gain a holistic understanding of risk THEN SWs can make informed decisions about child safety THEN SWs can take action to keep children safe
33.	IF SWs view their role as being to facilitate collaboration between all involved parties to address issues together THEN SWs do not feel the pressure of sole responsibility for solving family problems THEN engage in less defensive practice
34.	IF SWs are clear on what the risks are and how they can be managed safely (particularly when they have high anxiety about risk e.g. during reunification, or instances of sexual abuse or substance misuse) THEN SWs feel more confident about risk assessment and make more balanced (between strengths and resources) and informed

	decisions
35.	IF SWs are transparent with families and external agencies about their worries THEN parents can find this embarrassing but parents are clear about the behaviours that are worrying social services
36.	IF SWs continually use SoS language and concepts (particularly, focusing on child safety by balancing risks and strengths) in interactions with external agencies (with or about families) THEN external agencies develop a shared understanding and common language with SWs and can articulate their worries about child safety THEN external agencies feel shared responsibility with SWs and families for taking action to improve child safety
37.	IF SWs and external agencies have shared understanding of SoS and collaborate in case work AND SWs and external agencies clearly articulate shared goals and responsibilities THEN families experience more consistency in the approach taken by SWs and external agencies AND THEN the number of referrals from external agencies to social services reduces AND more cases move from statutory services to preventative services
38.	IF professionals in external agencies feel resistant to being transparent about worries with families and feel worried that SoS practice does not address and manage risks AND they go on SoS training THEN they understand how SoS addresses risk (via transparency about worries with families, and focusing on child safety by balancing risks and strengths) and what support families might need AND THEN they become less worried about child safety AND THEN the number of referrals from external agencies to social services reduces AND more cases move from statutory services to preventative services
39.	IF SWs engage in shared decision making and move away from a risk averse approach to child protection where responsibility for minimising risk rests with the social worker THEN a shared approach to managing risk between family, SWs, and professionals in external agencies can be created
40.	IF SWs uses SoS and the professionals within the legal system (court) do not THEN families can be excluded from decision making and the collaborative process overridden by judges
41.	IF SWs collaborate with each other (team decision-making) AND IF SWs collaborate with professionals in external agencies AND with families THEN SWs, professionals in external agencies, and families have a better understanding of child safety (HOLISTIC RISK) THEN SWs, professionals in external agencies, and families are clear about who is responsible for taking particularly actions to minimise risk/improve safety

	THEN SWs feels supported and less anxious as responsibility for understanding and minimising risk/improving safety is shared.
42.	IF external agencies are involved in meetings with SWs (using SoS) and they discuss worries about child safety in a shared language THEN SWs and external agencies have a clearer understanding of what is needed to keep child safe AND THEN external agencies take more responsibility for child safety
43.	IF danger statements are written collaboratively with parents AND they use clear language AND they are specific THEN parents understand what is needed to keep children safe AND the actions that will be taken if they cannot keep them safe
44.	IF families participate in conferences AND are given opportunity to challenge professionals THEN professionals can feel disempowered to challenge families in addressing risks
45.	IF parents contribute to setting agenda AND a neutral person facilitates mapping/case conference THEN everyone is given the opportunity to speak AND social workers are better able to balance strengths and risks THEN parent's issues more likely to be resolved
46.	IF everyone involved in conferences has the opportunity to share their views AND puts aside their own judgements and tries to understand everyone else's perspectives THEN everyone is more likely to agree on what is needed to keep the child safe [neglect cases in particular]
47.	IF social workers use the scaling tool during conferences to be specific about their worries about child safety (balancing risks and strengths) AND encourage external agencies to do the same THEN external agencies are encouraged to take ownership of and be specific about their concerns THEN everyone's perspective on risk is considered (holistic risk) and risks do not need to be continually revisited and the meeting can focus on how to achieve safety THEN professionals and parents anxieties are reduced
48.	IF SWs prepare parents for a conference AND IF SWs and other professionals offer parents the opportunity to contribute to agenda setting (choice); adopt a non-blaming stance; use clear language (no jargon); focus on parent's strengths and resources; and listen to parent's views during a conference THEN parents feel confident to engage in the meeting

	AND contribute to developing a plan to keep their child safe THEN take action to improve child safety
49.	IF caseworkers change during the case AND caseworkers do not communicate well with each other THEN parents can receive mixed messages THEN they have a negative experience of safety planning and network planning
50.	IF SWs are transparent about their worries AND offer parents the opportunity to identify own solutions (choice) when safety planning and network planning THEN parents feel respected and listened to AND THEN parents feel in control of their safety planning and safety network (have a positive experience of planning) THEN parents more likely to accept that risks are present and understand what is needed to keep child safe AND THEN parents more likely to use safety plan and network to keep child safe [EXCEPT IF family is in crisis and their child may be removed THEN parents find it difficult to engage OR IF the frequency of crises reduces THEN use of the SP and SN also reduced]
51.	IF SWs collaborate with parents on safety planning AND families do not follow the safety plan THEN social workers can make informed decisions on parent's capacity to safely care for their children THEN social workers can take action to keep the child safe
52.	IF parents, wider family and professionals are involved in safety planning and developing safety networks AND the safety plan is understood by families and agreed by professionals AND is monitored and updated frequently AND SW maintains relationship with the parents THEN safety plans work to keep children safe [EXCEPT IF SWs do not follow through on their actions THEN parents will also not follow through on their actions] [NB: parents may feel resistant to sharing past details with friends and family (network); and external agencies may feel that SP and SN does not address risks to child)
53.	IF SWs use visual mapping [in particular to organise case history where multiple children have been removed] AND they look for exceptions to harmful behaviour THEN SWs can identify times where the parents have managed child safety well THEN SWs can use this as the basis for discussions with parents about strengths and resources and what has changed
54.	IF SWs use visual mapping with parents THEN parents understand the impact of worries about child safety on their child THEN parents engage and are committed to taking action to improve child safety

	AND THEN SWs make more informed decisions
55.	IF numerous agencies are involved THEN identifying support [through mapping] can help share the responsibility of minimising risk with other agencies
56.	IF families identify their own strengths through mapping THEN multiple service involvement may reduce THEN cost savings are made to the wider system
57.	IF SWs carefully define harm THEN they can balance parent's right to autonomy with children's right to protection through careful use of hierarchical power
58.	IF SWs take a questioning approach THEN they elicit detailed information from family, referrer and other professionals about safety issues, the impact on children, and strengths and resources in the family THEN SWs have a holistic understanding of risk THEN SWs make better informed decisions THEN children are safer
59.	IF parents use community support after case closure THEN parents seek support from community resources before problems increase at home
60.	IF SWs work with the family's strengths (e.g. sympathetic view and need for family support) AND use non-blaming explanations and language regarding client behaviour and child safety THEN SWs do not account for macro level structural factors and individualise responsibility
61.	If SWs use Family Finding when SoS does not focus on building networks for the child THEN SoS and Family Finding is more likely to help children be safe
62.	IF SWs are working with different types of problems or if families need extra support THEN SoS does not help with specific things that SWs need to know
63.	IF parents have a SN in place THEN it can remove the pressure for asking for help AND family ties are strengthened THEN the SN works to support parents to help to keep the child safe [EXCEPT: moderators] IF woman experience domestic violence and do not want others to know THEN they struggle to identify safety networks OR IF parents are isolated AND find it difficult to identify SN members THEN they view social services as extended family AND THEN they feel less anxious about keeping their child safe OR IF members of the safety network play a supervisory role

	THEN parents feel undermined by their safety network OR IF wider family initially view the SN as a cheap alternative to care AND THEN see the SN working to keep child safe THEN they become less sceptical OR IF wider family are in dispute THEN they behave defensively AND struggle to cooperate in the SN OR IF wider family are asked to monitor their own children THEN they may feel reluctant to report their child to social services OR IF wider family have to give up their work in order to support the family THEN it may impact on their health and wellbeing
64.	IF external agencies are overstretched THEN they struggle to engage with social services
65.	IF strengths based, collaborative pre-proceedings meeting are held [EVEN when it is unsafe for a child to return home] THEN later agreement around permanency planning is less adversarial and therefore takes less time for permanency to be achieved
66.	IF SWs collaborate with families in pre-proceedings before entering the court process THEN parents and children understanding what is needed to keep the child safe THEN they feel listened to and are able to participate in the process
67.	IN the context of reunifying children who have been out of their parents care for more than two years IF intensive resources are present (e.g. increasing length of child-parent contact; increasing frequency of visits by SW; providing counselling; and regularly eliciting views from children through process) AND SWs have a good working relationship with families THEN SWs can support parents to manage periods of crisis and be 'good enough' parents

Appendix 13: Sources of Consolidated Explanatory Accounts

CEA #	EA #	Citation
1.	1	City and Council of Swansea (2014), p.9
	3	Hayes et al. (2012), p.4
	7	Hayes et al. (2014), p.39
	8	Hayes et al. (2014), p.62-63
	12	Skrypek et al. (2012), pp.21
	13	Skrypek et al. (2012), pp.24
	15	Baginsky et al. (2017), p.71
	19	Bunn (2013), p.81
	20	Keddell (2011a), p.615
	125	City and Council of Swansea (2014), p.23
	136	Hayes et al. (2014), p.61
	137	Hayes et al. (2014), p.62
	139	Hayes et al. (2014), p.75
	194	Keddell (2011a), p.611
	233	Bunn (2013), p.120
2.	6	Hayes et al. (2014), p.30
	8	Hayes et al. (2014), p.62-63
	10	Hayes et al. (2014), p.106
	11	Gibson (2014), p.76
	93	Stanley et al. (2018), p.9
3.	2	Hayes et al. (2012), p.4
	7	Hayes et al. (2014), p.39
	9	Hayes et al. (2014), p.77
	14	Baginsky et al. (2017), p.54
	16	Baginsky et al. (2017), p.71
	17	DCP (2011), p.93
	18	Bunn (2013), p.81
	20	Keddell (2011a), p.615
	125	City and Council of Swansea (2014), p.23
	136	Hayes et al. (2014), p.61
	137	Hayes et al. (2014), p.62
	194	Keddell (2011a), p.611
4.	4	Hayes et al. (2014), p.29
5.	5	Hayes et al. (2014), p.30
6.	21	Brent (2017), p.21
	23	Rodger et al. (2017), p.79
	25	Hayes et al. (2014), p.58
	28	Hayes et al. (2014), p.64
	33	Westbrock (2006), p.33
	41	Lwin et al. (2014), p.90
	42	Turnell et al. (2007), p.111
	44	Gibson (2014), p.73
	48	Reekers et al. (2018), p.182
	50	Skrypek et al. (2012), p.28
	52	Rothe et al. (2013), p.31

	53	Beattie (n,d.), p.17
	71	Skrypek et al. (2012), p.19
	127	Rodger et al. (2017), p.54
	175	Rothe et al. (2013), p.33
	189	Skrypek et al. (2012), p.17
	190	Skrypek et al. (2012), p.18
	191	Skrypek et al. (2012), p.19
	234	Westbrock (2006), p.43
7.	62	Keddell (2011a), p.614
	112	Sorensen (2018), p.202
	117	Baginsky et al. (2017), p.15
	184	Keddell (2013), P.366
	198	Sorensen (2018), p.210
8.	31	Hayes et al. (2014), p.103
	60	Bunn (2013), p.83
	99	Skrypek et al. (2012), p.22
9.	35	Westbrock (2006), p.38
	45	Salveron et al. (2015), p.137
	47	Reekers et al. (2018), p.178
10.	25	Hayes et al. (2014), p.58
	35	Westbrock (2006), p.38
	61	Keddell (2011b), p.1262
	62	Keddell (2011a), p.614
	64	Kedell (2011b), p.1262
	182	Keddell (2013), p.228-229
11.	29	Hayes et al. (2014), p.65
	35	Westbrock (2006), p.38
	36	Westbrock (2006), p.39-40
	60	Bunn (2013), p.83
	61	Keddell (2011b), p.1262
	74	Caslor (2011), p.79
	108	Bunn (2013), p.79
	143	Keddell (2013), p.298
	144	Stanley and Mills (2013), p.31
	160	Bunn (2013), p.79
	195	Keddell (2011b), p.1263
12.	27	Hayes et al. (2014), p.59
	40	Lwin et al. (2014), p.90
	49	Skrypek et al. (2012), p.20
	51	Bunn (2013), p.55
	56	DCP (2011), p.95
	58	Bunn (2013), p.80
	100	Skrypek et al. (2012), p.25
	111	Keddell (2011b), p.1263
13.	89	Turnell et al. (2007)
14.	46	Reekers et al. (2018), p.177
	90	Reekers et al. (2018), p.178
	107	DCP (2011), p.106
	114	Nelson-Dusek et al. (2017), p.1369

15.	32	Munro et al. (2016), p.47
16.	91	Reekers et al. (2018), p.179
17.	46	Reekers et al. (2018), p.177
	88	Keddell (2013), p.370
	154	Roberts et al (2015), p.6
	185	Hogg and Wheeler (2004), p.302
18.	39	Keddell (2013), p.261
	121	Turnell et al. (2008), p.112
19.	49	Skrypek et al. (2012), p.20
	63	Keddell (2011a), p.614
20.	22	Brent (2017), p.21
	26	Hayes et al. (2014), p.59
	31	Hayes et al. (2014), p.103
	34	Westbrock (2006), p.35
	37	Westbrock (2006), p.46
	47	Reekers et al. (2018), p.178
	51	Bunn (2013), p.55
	59	Bunn (2013), p.83
	63	Keddell (2011a), p.614
	64	Keddell (2011b), p.1262
	73	Caslor (2011), p.16
	92	Reekers et al. (2018), p.179
	98	Skrypek et al. (2012), p.22
	109	Keddell (2011a), p.615
	127	Rodger et al. (2017), p.54
	133	Hayes et al. (2012), p.45
	176	Rothe et al. (2013), p.33
	194	Keddell (2011a), p.611
21.	74	Caslor (2011), p.79
	200	Gibson (2014), p.69
	203	Rothe et al. (2013), p.25
22.	69	Skrypek et al. (2012), p.20
	70	Skrypek et al. (2012), p.20
	127	Rodger et al. (2017), p.54
23.	62	Keddell (2011a), p.614
	181	Keddell (2013), p.10
24.	111	Keddell (2011b), p.1263
	183	Keddell (2013), p.261
	246	Practitioner statement
25.	213	Westbrock (2006), p.31
26.	28	Hayes et al. (2014), p.64
	75	Hayes et al. (2012), p.31
	132	Hayes et al. (2012), p.45
	151	DCP (2012), p.17
	155	Skrypek et al. (2012), p.17
	156	Skrypek et al. (2012), p.18
27.	75	Hayes et al. (2012), p.31
	121	Turnell et al. (2008), p.112
	128	Hayes et al. (2012), p.31-32

	146	Gibson (2014), p.75
	149	Baginsky et al. (2017), p.94
	150	Rothe et al. (2013), p.29
	172	Gardner (2008), p.78
28.	138	Hayes et al. (2014), p.64
	145	Gibson (2014), P.74
	159	Bunn (2013), p.78
	177	Hayes et al. (2012), p.23
29.	122	Vink et al. (2017), section 2
30.	147	Salveron et al. (2015), p.135
31.	176	Rodger et al. (2017), p.49
	178	Hayes et al. (2012), p.23
32.	179	Hayes et al. (2012), 29
	196	Keddell (2011b), p.1263
	197	Sorensen (2018), p.209
	199	Sorensen (2018), p.212
33.	87	Homgard Sorensen, (2013), p.20
	117	Baginsky et al. (2017), p.15
	118	Baginsky et al. (2017), p.53
	120	Rothe et al. (2013), p.27-28
	204	Turnell et al. (2008), p. 111
34.	143	Keddell (2013), p.298
	187	Gibson (2014), p.76
	206	Hayes et al. (2012), p.29
35.	174	Rothe et al. (2013), p.28
36.	208	Hayes et al. (2014), p.73
	214	Keddell (2013), p.266
	212	Hayes et al. (2014), p.109
	221	Salveron et al. (2015), p.135
37.	206	Hayes et al. (2012), p.29
	209	Hayes et al. (2014), p.104
	230	Rothe et al. (2013), p.36
38.	205	Rodger et al. (2017), p.26
	218	Stanley and Mills (2014), p.29
	219	Stanley and Mills (2014), p.32
	220	Salveron et al. (2015), p.137
	228	Rothe et al. (2013), p.29
	229	Rothe et al. (2013), p.29
39.	226	Baginsky et al. (2017), p.53
40.	231	Turnell et al. (2008), p.112
41.	187	Gibson (2014), p.76
	193	Keddell (2011a), p.611
	196	Keddell (2011a), p.611
	210	Hayes et al. (2014), p.105
	216	Lwin et al. (2014), p.92
	217	Lwin et al. (2014), p.93
	232	Turnell et al. (2007), p.112
42.	224	Bunn (2013), p.94
43.	123	Brent (2017), p.21

	124	Brent (2017), p.22
	130	Hayes et al. (2012), p.42
44.	192	Beattie (n,d.), p.18
45.	30	Hayes et al. (2014), p.65-66
	101	Beattie (n,d.), p.20
	222	Rothe et al. (2013), p.27
46.	157	DCP (2011), p.53
	223	DCP (2011), p.93
	225	Gardner (2008), p.78
	244	Bunn (2013), p.93
47.	173	Gardner (2008), p.78
	227	Baginsky et al. (2017), p.54
48.	54	Beattie (n,d.), p.28
	57	Bunn (2013), p.77
	102	Beattie (n,d.), p.26
	126	City and Council of Swansea (2014), p.25
	158	DCP (2011), p.80
	161	Bunn (2013), p.80
	202	Baginsky et al. (2017), p.54
49.	68	Nelson-Dusek et al. (2017), p.1349
	72	Baginsky et al. (2017), p.58
50.	24	Hayes et al. (2014), p.40
	55	Nelson-Dusek and Rothe (2015), p.2
	65	Nelson-Dusek et al. (2017), p.1368
	66	Nelson-Dusek et al. (2017), p.1371
	67	Nelson-Dusek et al. (2017), p.1349
	77	Holmgard Sorensen (2013), p.10
	78	Holmgard Sorensen (2013), p.10
	81	Holmgard Sorensen (2013), p.13
	82	Holmgard Sorensen (2013), p.13
	95	Stanley et al. (2018), p.10
	104	Nelson-Dusek and Rothe (2015), p.4
	113	Nelson-Dusek et al. (2017), p.1369
	114	Nelson-Dusek et al. (2017), p.1369
	115	Nelson-Dusek et al. (2017), p.1370
	133	Hayes et al. (2012), p.45
	148	Skrypek et al. (2012), p.22
	153	Nelson-Dusek and Rothe (2015), p.27
	162	Bunn (2013), p.85
	163	Nelson-Dusek et al. (2017), p.1369
	164	Nelson-Dusek et al. (2017), p.1370
	165	Nelson-Dusek et al. (2017), p.1370
	166	Nelson-Dusek et al. (2017), p.1370
	167	Nelson-Dusek et al. (2017), p.1370
	168	Nelson-Dusek et al. (2017), p.1371
	169	Nelson-Dusek et al. (2017), p.1371
	170	Nelson-Dusek et al. (2017), p.1371
	171	Nelson-Dusek et al. (2017), p.1349
	201	Nelson-Dusek et al. (2017), p.1366

51.	97	Skrypek et al. (2012), p.18
	180	Hayes et al. (2012), p.20
52.	105	Nelson-Dusek and Rothe (2015), p.28
	106	DCP (2011), p.106
	107	DCP (2011), p.106
	131	Hayes et al. (2012), p.43
	140	Holmgard Sorensen (2013), p.6
	141	Westbrock (2006), p.10
	145	Gibson (2014), p.74
	146	Gibson (2014), p.75
	152	Nelson-Dusek and Rothe (2015), p.2
	170	Nelson-Dusek et al. (2017), p.1371
	240	Keddell (2013), p.11
53.	142	Keddell (2013), p.281
	186	Turnell et al. (2007), p.111
54.	93	Stanley et al. (2018), p.8
	96	Stanley et al. (2018), p.10
	100	Skrypek et al. (2012), p.25
	119	Baginsky (2017), p.65
	134	Hayes et al. (2014), p.17
	135	Hayes et al. (2014), p.44-45
	138	Hayes et al. (2014), p.64
	177	Hayes et al. (2012), p.23
	188	Stanley et al. (2018), p.11
	239	Westbrock (2006), p.43
	243	Bunn (2013), p.84
55.	207	Hayes et al. (2014), p.72
56.	94	Stanley et al. (2018), p.8
	169	Nelson-Dusek et al. (2017), p.1371
57.	38	Keddell (2013), p.iii
58.	129	Hayes et al. (2012), p.33
	131	Hayes et al. (2012), p.33
59.	215	Lwin et al. (2014), p.91
60.	110	Keddell (2011b), p.1261
61.	245	Practitioner statement
	247	Practitioner statement
62.	248	Practitioner statement
63.	76	Hayes et al. (2014), p.35
	79	Holmgard Sorensen (2013), p.11
	80	Holmgard Sorensen (2013), p.11
	83	Holmgard Sorensen (2013), p.15
	84	Holmgard Sorensen (2013), p.17
	85	Holmgard Sorensen (2013), p.17-19
	86	Holmgard Sorensen (2013), p.17-19
	95	Stanley et al. (2018), p.8
	103	Nelson-Dusek and Rothe (2015), p.3
	116	Nelson-Dusek et al. (2013), p.1349
	242	Keddell (2011a), p.612
64.	211	Hayes et al. (2014), p.105

65.	235	Lohrback and Sawyer (2004), p.32
66.	236	Lohrback and Sawyer (2004), p.32
	237	Lohrback and Sawyer (2004), p.33
	238	Lohrback and Sawyer (2004), p.33
67.	241	Keddell (2011a), p.612

Appendix 14: Tools Used in SoS

Tool	Who is it used with?	What is it?	How is it used?
Mapping	• Parents • Child/young person • Wider family • External agencies • Social workers	Mapping refers to the SoS assessment and planning framework which occurs through three interlinked steps: mapping, danger statements, safety planning. There is considerable variation in what is referred to as mapping. Here, we focus on the mapping element itself. This comprises the key questions: 1) What are we worried about? (past harm, future danger, complicating factors – see 'danger/harm statements' in table) 2) What's working well? (strengths and safety) 3) What needs to happen? (future safety) Mapping supports an assessment of safety by balancing strengths and risks. It also includes scaling (see below).	Mapping is used in a wide range of social work settings to support the development of a holistic understanding of risk. Examples of how mapping is used include: • By social workers alone or with colleagues to organise case history into harm, dangers and strengths to avoid focusing solely on case chronology • By social workers with parents, to create a visual representation of issues relating to safety. • In multi-agency meetings/conferences with external agencies and parents to support shared understanding of safety. • To support children and young people in being able to articulate their own thoughts and help them identify how and who can help them stay safe (see Three Houses tool) • To summarise for case transfer (to reduce professional anxiety) and to close cases • During supervision to encourage social workers to think about what is working well and what is not
Scaling	• Parents • Child/young person • Wider family	A scale of 1 - 10 is used to rate how worried professionals and family members are about the risks to the child/young person.	The scaling tool usually forms part of the mapping process and aims to seek everyone's views about the risks to the child and open up conversation about this. Examples of how scaling is used include:

	• External agencies • Social worker		• To initiate discussion between parents and social workers if there are discrepancies between their ratings. • To ask parents to rate how their child may feel in if something were to happen. This can support parents to understand the impact on the child. • To encourage external agencies to be clear about and take ownership of their worries about child safety. • To support children to articulate their thoughts and feelings • To assist understanding for those with English as a second language.
Danger and Harm Statements	• Parents • Child/young person • Wider family	Simple statements focusing on specific, observable behaviours about past harm (including the severity and frequency) and possible future danger (the 'bottom lines' that must be addressed for a case to close).	• To support the social worker to be clear and specific about their worries, and to ensure families understand these worries and what needs to change. • Families find these statements easier to understand if they are written in clear and simple language, using the child's and or parents own words. • Parents view these statements as having more impact if they are based on the child's own words. • Considered useful where English is a second language.
Safety Goals	• Parents • Child/young person • Wider family	Safety goals are clear, behaviourally focused statements about what the parent will do to keep the child safe now and in the future.	• Social workers and parents create safety goals which enable parents to have a vision for the future safety of their child. • Parents view these goals as helping them to feel hopeful about change if the social worker supports them to create clear achievable steps to reach them.
Safety Plan	• Parents • Child/young person • Wider family • External agencies	Safety planning involves all of the significant people in a child/young person's life working together towards the creation of a safety plan. The safety plan describes the day-to-day arrangements that a family and their safety network (sometimes including external agencies) have agreed to put into place to ensure that the child/young person is safe in relation to the worries identified during mapping. It also will	Three processes are key to the development and maintenance of the safety plan: 1) Developing safety plans. This can involve multiple meetings with parents, children and safety network. The social worker must ensure they listen and respect the parents needs and wishes (within reason). It also needs to be written in a way that is understandable by everyone. A child's age can affect their involvement in developing the safety plan where social workers deem it appropriate for them to contribute.

		state the bottom lines of what will happen if it is not adhered to.	Developing the safety plan can help to: - Support the child/young person to develop strategies to help keep themselves safe and have an identified person they can go to when they need help. - Support parents and wider family to develop clear and specific strategies to keep the child and young person safe. - Support parents and wider family to understand the need for and accept a voluntary placement, making a more positive experience for the child/young person. 2) Using the safety plan. A safety plan is used to support parents and wider family to keep the child/young person safe during family maintenance and reunification. 3) Monitoring the safety plan. The safety plan needs to be monitored, reviewed and updated over time to ensure that everyone is satisfied that the plan is working well and will continue to work following social services withdrawal. Social workers maintaining relationships with the families, supports their ability to monitor the safety plan.
Three Houses	• Parents • Child	This tool locates the three questions that are asked during the mapping assessment and locates them within drawings of three houses to make them more accessible for children, including: • House of worries (what are we worried about?) • House of strengths (what is working well?) • House of dreams (what needs to happen)	Used to engage children in the safety assessment and planning process. It helps children and young people to express their views, and social workers understand their perspectives about what is happening in their lives. Key points to note: • It may be used with children on their own, or with their parents present. Social workers seek children's consent to share it with their parents. • If the Three Houses is written in the child's own words, it helps parents to understand their experiences. • If children are not able to participate in conferences, the tool can be presented to provide the child's voice. • There are differences in people's views over the age-appropriate use of this tool.

			• It can also be adapted to use with adults with low ability to communicate worries.
Fairies and Wizards	• Child	This tool serves the same purpose as the "Three Houses" tool, but instead uses a fairy or wizard graphic to explore the three questions.	Fairies and Wizards is used the same way as the Three Houses tool: • To encourage the child/young person to talk to the social worker about the things they are worried about • For the social worker to understand the child/young person's views and to present them to the parents to help parents understand too. • To present the child/young person's views at conferences where they are not able to participate.
Words and Pictures	• Child • Parents	"Words and Pictures" is a developmentally appropriate[1] process where family members and professionals work together to co-construct a storyboard to describe what has happened in the child's family and what has led to the current situation.	• The tool is used to inform young children about child protection concerns that both involves and directly speaks to the. It can form part of the safety planning to help children, family members and professionals understand what has happened that led to child protection involvement in the family. • It can also be used to elicit the child's views and, if agreed, share them with parents.

[1] Respecting both the age and individual needs of the each child.

Appendix 15: Facilitators and Barriers Associated with SoS Implementation

1. Level of implementation	2. Facilitators	3. Barriers	4. How the SoS practice-focused summary (see Tables 1 & 2) supports implementation
Individual practice	Training: • 2-day or 5-day licensed training course available • Provides the knowledge necessary for delivery of SoS • Increases confidence and skills for new ways of working (including using the full range of tools) • Embeds cultural change within the organisation • Continuing to train and support staff to prevent reverting back to previous ways of working (see column 4, point 1.)	Training: • Licensing of SoS restricts who can deliver the training, their availability and associated costs to attend • 2-day training may not provide adequate preparation for SoS delivery • Not effective in isolation. Needs to be combined with effective leadership and organisational wide cultural change • Not having structure and supervision to support the training e.g. when social workers are trained ahead of managers Staff turnover: • Addressed through providing quality training, supervisory coaching and an understanding of practice culture	1. Provides a framework to assess the quality of delivery and identify areas of weakness in delivery that require top-up training or where social workers would benefit from more support.

Organisational Practice	Support for Social Workers: • Socials workers are supported by managers and the organisation to work in a strengths-based and solution-focused way in partnership with children, families and other professionals (see column 4 point 2.) • Social workers feel able to talk about the difficulties of practice without fear of being judged or blamed (see column 4 point 2.) • Acknowledgment of good practice contributes to positive morale and development of confidence and skills • Managers modelling strengths-based practice (e.g. during supervision and case discussion) helps social workers to feel supported Creating a Learning Culture: • Social workers share decision-making • Social workers learn from each other through open and honest feedback (see column	Computer Systems: • Information recording systems that are not compatible with SoS e.g. being unable to upload work done with families	2. Provides a summary of what to look out for to identify good practice, and the challenges to look out for and how to overcome them. This helps managers to have conversations with social workers about their SoS practice and to support them to monitor their delivery according to the programme theory behind SoS. 3. Provides a framework for conversations between those delivering SoS and between them and their managers, relating to the aims of practice and the indicators of success as well as likely challenges they may find in common. 4. Provides a framework for detailed quality assurance (for example, via collaborative case audit; family feedback; and core data monitoring, as proposed by Munro et al., 2016). 5. The framework can support conversations with external workers not using SoS but who are involved in supporting families, providing a shared understanding of aims and a shared language for discussing successes and challenges.

	4 point 3.) • Deepens whole organisation understanding of SoS (see column 4 point 3.) • Using a quality assurance system to measure the adoption or adaptation of SoS within the organisation (see column 4 point 4.) Working in Partnership with External Agencies: • Sharing practice across organisations (see column 4 point 5.) • External agencies understand and work within the same SoS approach, using the same language with families (see column 4 point 5.) • Examples for engagement include: shared learning strategies, shared skill development workshops and joint learning activities		

Organisational culture* * the organisation's values, philosophies, ethics, policies,	Engagement and Commitment from Whole Organisation: • Focusing on whole system organisational change rather than solely on improving social worker skills • Organisational-led (core values and principles of SoS are embedded with the organisation's culture and practice from a top down approach) • Senior leadership that guides, communicates and provides direction across the whole organisation rather than delegating associated responsibilities • Multi-level organisational change, including the active support of management to support practitioner behaviour and actions (see column 4 point 6.) • Senior leadership that remains close to practice and understands experiences of families and social workers (see column 4 point 7.) • Ongoing learning through 'practice leads' who act as	Engagement and Commitment from Whole Organisation: • Working against the dominant blame culture of social work practice • Multi-level organisational change can slow down the implementation process • 'Practice leads' lack of time to attend specific training sessions or take on the role in the first place	6. Helps people involved in SoS who are removed from front-line practice to understand and support the aims of practice as well as the indicators of success in delivery and the challenges to delivery that their staff may be experiencing. 7. Helps support conversations to remain close to practice, and a shared understanding of what SoS is between people on the frontline and managers implementing and supporting delivery.

procedures and decision-making	motivational leaders for the rest of the organisation and are permitted to deliver free in-house training (often mentored by SoS approved trainers)		

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