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Abstract

Signs of Safety (SoS) is an approach used to work with families involved with children's services that was developed in Australia during the 1990s. Despite the fact that it has been adopted by countries across the globe the evidence for its effectiveness in relation to improved outcomes for children has not been established. This study attempted to take an initial step in measuring the impact of SoS on families. In the course of evaluating SoS in ten areas across England the authors collected data from social workers using the approach and from families with whom they were working who also gave permission for their case records to be examined. Where social workers were more confident about using Signs of Safety and had consistently applied its elements, more families reported improvements in their lives. Families with social workers who had higher confidence in using SoS were also more likely to say that they had achieved more than expected against their earlier stated goals as well as say, amongst other responses, that their lives had improved, they had a better understanding of how their progress would be judged, and had opportunities to explore their strengths, as well the challenges they faced in doing this.

Keywords

Signs of Safety; child protection; social work; parents; evaluation

Background

The Signs of Safety (SoS) approach to working with families in contact with child protection services was developed in the 1990s in Australia by Dr Andrew Turnell and Steve Edwards (Turnell & Edwards, 1997) and has been taken up in many jurisdictions. It is a strength-based approach that draws on Solution Focused Brief Therapy as well as solution focused practice to work with families to reduce risk of harm and to emphasise the families' strengths, resources and networks. It is also based on establishing a 'co-operative and purposeful relationship' (Turnell and Edwards, 1997) between social workers and families. Three key principles, described in detail by Turnell and Murphy (2017), lie at its heart:

- working relationships between the worker and families should be honest and respectful to achieve a shared understanding of what needs to change and how this will happen
- a stance of critical inquiry prevails not only to mitigate against errors but to create a culture of reflective practice and appreciative inquiry, where it is possible to admit uncertainties and mistakes, review the balance of strengths and dangers, avoid drift, and guard against either an overly optimistic or pessimistic view of the family
- the experience of the child should be at the centre.

A SoS assessment maps the past harm, future danger, complicating factors, strengths and safety factors, and what needs to happen to keep child safe (Turnell & Murphy, 2017). This translates into a framework which consists of four domains. These are recorded in three columns: What we are worried about (past harm, future danger, complicating factors)? What is working well (existing strengths and existing safety)? What needs to happen (safety goals and next steps for future safety)? The fourth domain allows professionals and the family to make an assessment of the child's safety scaled from 1-10 (Supplementary Figure 1).

Several key precepts underpin the approach (Turnell & Murphy 2017). An emphasis on 'appreciative inquiry' (Cooperrider & Srivastva, 1987) reflects the focus on what has worked well in the past and how this can be built on for future 'success' (Orem, 2007). The 'What Needs to Happen' question (see **Error! Reference source not found.**) encapsulates what parents need to do to assure the social worker that the child is safe and his/her needs are being met.

Although SoS was developed within a child protection context (Turnell & Edwards, 1997) it can be used by other children's services, as demonstrated in Birmingham's Practice Framework for Early Help and Safeguarding (Birmingham Children Safeguarding Board, 2013) and potentially in adult safeguarding (Stanley, 2016). It is used extensively across the UK and in many other jurisdictions (Government of Western Australia, 2011; Roberts et al., 2018). As part of a subsequent and on-going study the authors surveyed all local authorities in England in 2017 to find out if they were using SoS. Of the 148 recipients 128 replies

(86%) were received.¹ The data show that over one third of respondents (just under one third of all authorities in England) considered that they were using SoS as their practice framework and a further 33 per cent of authorities were using parts of it, usually for child protection conferences. Surprisingly perhaps, given its reach, it remains under-evaluated and its evidence base has not been established. The What Works Centre for Children's Social Care (2018) conducted a mixed-method systematic review to examine if there was a relationship between SoS and a reduction in the number of children in care and did not find that there was sufficiently robust evidence of a connection.

The present authors (Baginsky et al., in press) also reviewed existing evaluations using a different methodology and have concluded that the evidence base for SoS in general is not strong. We found that many of the examples of SoS that have been evaluated have specific characteristics such as a distinct demographic profile, flawed or poorly constructed contrast groups or a focus on a specific aspect, such as safety plans, conducted in isolation from the essentially holistic SoS approach. Another striking feature of many of the evaluations is the over-representation of studies on implementation as well as the absence of large-scale studies and those that explore impact. As Forrester (2017) and Hood (2018) note, measuring outcomes is complex and challenging not least because there is not always agreement on what constitutes outcomes. In the study on which this present article is based, the possible impact of SoS on families was explored using relevant key data across three annual national collection periods, comparing 10 pilot areas with matched statistical neighbours (Baginsky et al., 2017). Ideally, the study would have been able to explore the extent to which children were kept safe over a long period to test the efficacy of SoS. Compared with their neighbours there were fewer assessments, the assessments were conducted more rapidly, there were fewer child protection conferences and fewer children on child protection plans. While all these differences were statistically significant the most that could be said was that there was an association rather than causality. While assessments were conducted more speedily the study raised considerable concerns about the quality of too many of them. The timescales around the qualitative work with families, described below, also did not allow long term comparisons to be made. However, there was a limited opportunity, through an examination of case records, to explore short-term outcomes, such as subsequent rereferrals and removal

¹ Although there are 152 authorities a few authorities share services

of the children from their parents in the six months following contact with the families (see Baginsky et al., 2017).

The data collected during the evaluation also provided opportunities to explore several areas in greater detail. The two examined in this article are parental perceptions of both their contact with children's services and attainment of goals. Diorio (1992) and Dumbrill (2006) documented parental perceptions of the authority and power held by child welfare workers and how these perceptions affected interactions between them and their case workers. It would have required a longer follow up to be able to explore whether or not these are linked with improved outcomes and they are not meant to be proxies for outcomes. We assumed that if parents reported that they had been helped with the problems they were facing they might be in a better position to care for their children and keep them safe.

The present article explores data collected from parents over the course of the study, informed by data obtained from their case records and from their social workers whom we surveyed. It is intended to stimulate discussion on how these and similar data might be used to contribute towards the further development of methodologies to measure initiatives' impact on outcomes.

The evaluation and its methodology

Dr Andrew Turnell was a founder member of Resolutions, a consultancy set up to support Signs of Safety practice. Dr Turnell had been working with Terry Murphy, a former Director-General of the Department of Child Protection and Family Support in Western Australia, for some time when they joined with Professor Eileen Munro to form Munro, Turnell and Murphy (MTM) Child Protection Consultancy. MTM applied to the English Innovation Programme (EIP) for Children's Social Care for funding to introduce or develop Signs of Safety in 10 pilot local authorities across England. All projects funded by the EIP were required to commission an independent evaluation from a list of providers approved by the Department for Education, the Government Department managing the EIP.

The 10 pilots had varied experience in using SoS, from none through to over four years. They were categorised into three groups; beginners, 1-2 years' experience, and 2 plus years' experience. We were commissioned to capture how SoS was being implemented in these 10

pilots, the outcomes for children and young people, and implementation costs. The fact that the pilots were at different stages of implementation informed our decision to adopt a realistic evaluation model that would permit us to explore how, why and in what contexts the use of SoS might lead to particular outcomes (Pawson and Tilley, 1997). It had the potential to allow identification of those aspects that were effective or ineffective and in what contexts. Ethical approval was granted by the (King's College London's University Research Ethics Committee). Eight of the 10 pilots had their own research governance procedures and six of these accepted the University's approval, while the other two required applications through their own governance processes. The tenth further required the team to discuss the methodology with the Office of the Information Commissioner and agreed to proceed only after this discussion had occurred.

The report on the evaluation covered the feedback received from key stakeholders and practitioners responsible for implementing, operating and participating in interventions, as well as that from families and children. That report focused mainly on implementation. Since then we have been able to delve in greater detail into the rich data which we collected and explore if there are particular configurations of social workers and their clients which may indicate a link between the use of SoS and improved engagement with parents and, as outlined above, contribute to future attempts to explore improved outcomes for children and their families.

The methodology is summarised in Table 1. The report on the evaluation (Baginsky et al., 2017) covers this in more detail. There was an expectation of social workers in the 10 pilots that they would participate in the evaluation in a number of ways. Overall the level of engagement was high. The sample of families was agreed as those referred to children's social care between certain dates where:

- the family had previously been referred within the past 12 months²
- neglect had been an issue on both occasions
- where appropriate, an initial child protection conference had been held
- a social worker had started working with the family.

The social workers confirmed that:

- the parents/carers had the capacity to give their informed consent

² This is the definition of re-referral used by the DfE (see [Statistics: Children in need and child protection](#)).

- members of that family had the resilience to cope with participating in the study
- there were no other factors to indicate that participation would be inadvisable.

Some social workers were reluctant to approach families and, in a few instances, appeared not to do so. Most however gained families' initial consent to allow their contact details to be passed to the evaluators, but consent to take part in the study was obtained by a member of the evaluation team. All participants gave their written consent to participate in the research.

Insert Table 1 here

In total, 270 families were interviewed in the course of the study and 187 were interviewed twice, at Time 1 (T1) and Time 2 (T2) which were usually six months apart. These interviews involved 273 adults and 111 children in 270 families.

This article draws on data collected during the shaded activities in Table 1, namely the family interviews, case records and a survey of social workers. It focuses on the data collected from adults in a subgroup of 114 families who met three criteria:

- they were seen at T1 and T2
- they had given permission for their case notes to be examined
- their social workers had also responded to the survey designed to collect their feedback on their experience and use of SoS.

The extent to which social workers had used SoS with families was evidenced through their responses to the survey designed to collect their feedback on their experience and use of SoS targeted at those working with families in the study and the work that was recorded, if at all, in families' case notes. Evidence of social workers' use of SoS with families in case records was recorded on a template and summarised on a five-point scale - no evidence, poor evidence, partial evidence, adequate evidence and good evidence. To be included in the 'good evidence' category, the researcher had to observe mapping, clear danger statements, safety planning, and scaling, as well as discussions of strengths, goal setting, family networks and professional support. Evidence of the use of Three Houses tool (or similar) and Words and Pictures was also noted. Whether or not the absence of work with children or young people was considered depended on the age of the children. Although Andrew Turnell has expressed a wish for social workers to start using Three Houses once children are talking (Baginsky et al., 2017) the evaluation team adopted greater flexibility about the age of

children it was used with, as they did with recording data about the use of the Words and Pictures tool and of Appreciative Inquiry. Many of the social workers in interviews and groups reported not having received training in either so it was decided not to ‘penalise’ the absence of evidence in these areas.³ Despite safety planning being central to the model, evidence of how it was used to manage cases throughout their lifetime was less evident. Where evidence was clearly articulated it was a key factor in a recording being classified as ‘good’.

Families’ views were sought on:

1. their understanding of the reason(s) for the involvement of children’s social care through responses made by parents in the interviews conducted with them
2. how, if at all, contact with children’s services had had an impact on their lives by using a simple three-point scale where 1 was ‘made life worse’, 2 was ‘left life the same’ and 3 ‘made life better’.
3. the goals which parents stated they were working towards and their reported progress on achieving them using Goal Attainment Scaling (GAS) (Kiresuk & Sherman, 1968; Kiresuk et al., 2014).

GAS was developed for use in programmes designed to support people’s transitions from mental health institutions to the community. Subsequently it has been widely used in many areas of health, education and social care (Kiresuk et al., 2014). Too few studies have been conducted for its validity in social care to have been tested. It was judged appropriate for the present study because it offered a clear way of measuring parents’ / carers’ stated goals, although it does not measure one clear construct and it needs to be accepted that parents’ (as with patients’) goals differ in severity and intensity (Gassterland et al., 2016). Parents / carers were asked for details of the main goal they were working towards with their social workers which, for many, involved detailed discussions to arrive at one primary goal. During the T2 interviews the goal was discussed in terms of whether it had been achieved or not and, if it had, to what extent. This was then recorded on the GAS’s 5-point scale:

If the parent achieved the expected level, they scored 0.

If they achieved a little more than expected outcome this was scored at +1

³ At the time when the evaluation was conducted neither ‘words and pictures’ nor ‘appreciative inquiry’ were included in the two-day SoS training and this would seem to account for their absence in case notes.

If they achieved a lot more than expected outcome this was scored at +2

If they achieve a little less than expected outcome this was scored at -1

If they achieve a much less than expected outcome this is scored at -2.

All qualitative data from interviews with families were analysed using a thematic content approach based on the Framework approach developed by Ritchie et al (2014). After the research team had familiarised themselves with the data, transcripts were coded, and themes and sub-themes were identified. Responses to the survey of families' social workers were transferred from the on-line platform used to collect responses into an IBM SPSS Statistics file for analysis. Details on the interviews (dates, interviewer, who was seen and where) and on the families' composition were added to the SPSS file, as well as data from the case file analysis and relevant data from the interviews.

The families in the study

All families seen

The majority of the 270 families in the main study were White British (73%) with the remaining families describing themselves as coming from an Asian (9%), Eastern European (5%) or Black Caribbean (5%) background. Only eight refused permission for the researchers to examine their case files. Most households were headed by a single parent (65%) and in a third of families the oldest child was aged five years or under. In 12 families older children had been removed permanently and in a further seven other children were in temporary foster care. At least 90 per cent of families had prior contact with children's services most commonly for concerns over domestic violence and neglect. In over one third of families at least one child had been the subject of a child protection plan prior to the current contact with the local children's social care department.

Domestic violence (DV), parental substance and/or alcohol misuse, or parental mental health problems were present in nearly three-quarters of families and, in one in five families, all three were reported. Over three-quarters of the families (78%) had at least one child who was

currently the subject of a child protection plan⁴ and the rest had children who were the subject of child in need plans.⁵

At the end of the evaluation over a quarter of the 210 families subject to a child protection plan were no longer in contact with Children's Social Care. A similar proportion had been moved to a child in need plan. One in ten families had had their child/ren removed from their care. Over half the 60 families whose child/ren had been on child in need plans had ceased to have contact with Children's Social Care, a fifth still had 'open plans' and three new plans had been initiated after the closure of the original ones.

Subset of families

The profile of the subgroup of 114 families was very close to that of the total sample. Their ethnic backgrounds matched that of the total sample, as did the proportions of families headed by a single parent and with children who were aged five or under. Compared with the whole sample of families in the study a slightly lower proportion of subgroup families had:

- a previous child removed compared with the total sample (1% compared with 4%)
- children living in temporary foster care (1% compared with 3%)
- previous referrals to children's social care (87% compared with 92%)
- earlier child protection plans (67% compared with 78%).

While at least 73 per cent of the families in total sample were currently experiencing domestic violence (DV), parental substance and/or alcohol misuse, or parental mental health problems, this was the case for 67 per cent of those in the subgroup. The same proportions of families in both groups had children who were the subject of child protection plans (77%) at the start of the project. However, the families in the subgroup were more likely to have ceased contact with children's services than the total sample of families seen at T2 - 22 per cent had done so compared with 14 per cent of all families.

⁴ Under Section 47 of the Children Act 1989 the local authority is under a duty to make enquiries and to investigate if there are reasonable grounds to suspect a child is suffering, or is likely to suffer, significant harm. The purpose of the enquiries is for the local authority to determine if it needs to take any further action. A child is made the subject of a child protection plan if it is decided that the child is suffering, or likely to suffer, significant harm.

⁵ Section 17 of the English Children Act 1989 imposes a general duty on Children's Social Care (CSC) to safeguard and promote the welfare of children who are 'in need' and to promote the upbringing of children in need by their families by providing a range and level of services to meet those children's needs.)

The social workers

All social workers responding to the survey

Social workers working with the 270 families in the study were asked to complete a short survey about their professional experience, training, confidence and use of SoS in general and specifically how they used it with their families who were in the study. The survey was sent to 242 social workers with responses from 165 (68%). Just over half of respondents had been qualified as social workers for 3 years or less, while 11 per cent had been qualified for 10 years or more. The majority (83%) were employed by local authorities with the rest working as locum/agency workers. Apart from the small number (11/ 6%) working part-time, all held more than 16 cases (counting one child as a 'case'); 77 (47%) held between 16-20 cases, 67 (41%) held between 21-25, and 11 (6%) held 26+ cases. Nearly all had attended Resolutions' SoS training, mainly the two-day course.

Just over three-quarters of responding social workers said that they would use the SoS approach on all their cases. A similar pattern emerged on the use of specific aspects and tools, including mapping, goal setting and Three Houses. In relation to Words and Pictures, Family Network Meetings and Appreciative inquiry social workers recorded lower levels of confidence and practice across all the pilots. In comments accompanying the responses many reported that they either did not remember or were unsure that those areas had been covered on the training they attended.

Nearly all survey respondents were positive about SoS, usually because they considered it helped families to understand why the local authority was involved with them, as well as helping other professionals to distinguish 'concerns' from 'risks' (using the language of Turnell & Murphy, 2017) and to play a more constructive role in supporting families. Two responses illustrate these views:

By targeting questions in a Signs of Safety it is easier for me to unpick where the main issues are, and where we can best intervene. It is helpful in understanding family dynamics and identifying the strengths and supports available within the family and social networks was achieved. (social worker, local authority 2)

It leads to a clearer understanding of concerns. Families find solutions that are feasible and achievable for them. It is generally less threatening and more inclusive. It should also help other professionals distinguish any real risks from the noise that develops around cases. (social worker, local authority 6)

Just over three quarters (78%) of responding social workers reported a confidence level of 6 or over on a 1-10 scale in using SoS. A fairly consistent level of confidence was reported across all social workers with one to five years post-qualification experience, with between 60 and 75 per cent reporting 6 or more on the scale; and the proportion doing so amongst those with more experience was only slightly higher. However, those reporting levels of confidence between 2 and 5 had encountered specific problems in using SoS with around one third of their families in the sample, compared with those with a confidence level of 6 or over where such problems occurred with only one-quarter of families.

Error! Reference source not found. shows a statistically significant ($X^2(1) = 4.906$, $p = 0.027$, $N = 165$) association between social workers' reported confidence in using SoS and the recorded evidence of its use, with those with higher confidence in using SoS more likely to have recorded adequate or good evidence. Despite this, two-fifths of those rating their confidence as above 6 did not appear to evidence its use reflect in their recorded interactions with families in this study.

Insert Table 2 here

As Insert Table 1 shows, while social workers from less experienced pilot authorities were more significantly ($X^2(2) = 7.536$, $p = 0.023$, $N = 165$) more likely to have lower reported confidence levels than those from more experienced pilots, there was still variance across all the pilot groupings, with some social workers in the areas that had been using SoS for longest recording low confidence levels and *vice versa*. The difference could not be accounted for by the length of time they had worked in the authorities or their status as agency or permanent employee, and neither was there a significant association between reported confidence levels and the number of years since the social worker had qualified.

Insert Table 1 here

Some social workers noted that it was difficult to use SoS in what they described as ‘chaotic’ homes, or where families did not acknowledge that concerns were valid, did not take the work in relation to the approach seriously, or where risk levels were very high, as this example illustrates:

In (this family) there have been minimal benefits as the parent is not willing to engage and probably as a result does not appear to be able to sustain the changes (social worker, local authority 5)

But some reported weighing up when to use it and deliberating on what they could expect from its use:

There are some cases where I use it more, this is dependent on the family and the reasons for the assessment being undertaken. At this time there is no evidence to suggest that the use of Signs of Safety has made any difference to the outcomes we are trying to achieve. It is a useful tool for practitioners, but it is important not to lose sight of professional judgement – it is that which makes the difference. (Social worker, local authority 8)

Subset of social workers

A subset of 114 social workers responding to the survey was formed of those whose study family had been seen at T2. The characteristics of the subset were compared and found to be representative of all social workers responding to the survey in terms of post-qualification experience, employment status and caseloads. There were also no significant differences in use of, and confidence in relation to, SoS or evidence of the use of SoS in case notes. Evidence on the use of aspects of SoS was collected from families’ case files and was categorised as detailed in Table 4. Evidence was adequate or good for three-fifths of cases. There was no evidence in around one tenth of cases. Social workers who said they were confident in the SoS approach were more likely to have good evidence in their case notes, although the relationship between confidence and evidence was not significant.

Insert Table 4 here

Families' perceptions of impact of contact with their social worker

Families' perception of life changes and social workers' confidence using Signs of Safety

At T2 families were asked to assess the impact that their contact with their social worker had made on their lives in terms of '*making their lives worse, leaving it the same or making it better*'. Examining the connection between social workers who said their confidence level was 6 or above and the families with whom they worked, 14 families said their lives were worse as a result of the contact, 18 said they were the same, and 50 said their lives were better (Table 5). This means that over three-fifths of families working with social workers who were more confident in the use of SoS thought their lives had improved as a result compared with two-fifths of those involved with social workers who were less confident, although this association was not statistically significant.

Insert Table 5 here

Social workers were asked if they had encountered any problems using SoS with specific sample cases. In relation to the sample 114 families described above, social workers reported problems using SoS with 41 of them, including 17 of those who said their contact with social workers had made their lives better.

Families' understanding of reason for social work involvement

Families were asked if they understood why they had a social worker. Answers generally went beyond a straight yes / no response, usually reflecting the complexities in their lives that had led to an intervention. The final categorisation recorded in Table 6 was agreed with the families. When these were analyzed there was a significant ($X^2(2) = 7.266$, $p = 0.026$, $N = 114$) association between parents saying they had at least a limited understanding of why a social worker was involved with their families and a perception of life having improved.

Insert Table 2 here

Goal attainment

Data from the GAS were compared both with families' perceptions of the impact of their social worker and with social workers' reported confidence in using SoS. There was a significant ($X^2(4) = 80.108$, $p < 0.001$, $N = 114$) association between families who had a positive perception of the impact of contact with their social worker and those who felt they had achieved more than expected against their T1 goal. (Table 7)

Inset Table 3 here

Families with social workers who had higher confidence in using SoS were more likely to say that against the goal set at T1 they had achieved more than expected (63% compared to 47% for social workers with low confidence), although the association was not significant. Families who said they understood the reasons for social workers being involved were significantly (Fisher's Exact = 11.448, $p = 0.006$, $N = 114$) more likely to say that they had achieved more than expected, as shown in Insert Table 4. However, whether or not the parents' goals matched those of the social worker had no discernible impact on how much the parent felt they had achieved. (Table 8)

Insert Table 4 here

The proportions of parents 'strongly agreeing' and 'agreeing' with the statements about shared understanding of goals with their social workers were consistently higher in the authorities with more experience of SoS and increased overall as the evaluation proceeded.

As Table 9 shows, families who felt contact with their social worker had made things better were also significantly⁶ more likely to say that their social workers had:

- helped them understand how their progress would be judged

⁶ Respective test results for each point in the bullets: ($X^2(2) = 7.524$, $p = 0.023$, $N = 94$), ($X^2(2) = 16.271$, $p < .001$, $N = 111$), ($X^2(2) = 15.725$, $p < .001$, $N = 114$), ($X^2(2) = 22.581$, $p < .001$, $N = 120$), ($X^2(2) = 24.997$, $p < .001$, $N = 124$), and ($X^2(2) = 19.650$, $p < .001$, $N = 114$)

- explore strengths to help them improve their situations as well as the challenges they faced in doing this
- engage in the safety planning and goal setting processes
- worked with them to develop a network of support.

Insert Table 5 here

Discussion

Signs of Safety is a framework that social workers can use to support their work with families. It provides a structure for practice alongside tools for assessment and planning, decision making and engaging children and their parents/carers. The feedback from social workers on its use was positive, specifically because it was judged to support a greater degree of understanding between social workers and families and a more focused approach to goals and how they could be achieved. Auslander & Itzik (1997) concluded, while there has not been agreement across the social work profession on whether or not congruence between social workers and clients on how problems are defined is desirable, social work approaches that focus on problem solving depend on a 'mutual problem definition' (p 22).

While some studies have examined parental feedback on specific aspects of SoS, such as safety planning (Sørensen, 2013) until this present study there had not been a systematic attempt to assess whether applying an SoS approach leads to a greater focus on goals. The six-month time period that elapsed between initial and final contact with families was a very short time to experience change, given the extent of the problems most of the families were experiencing. In the absence of a more rigorous approach it is impossible to link SoS and outcomes. Nevertheless, this present study is one of the few which has attempted to measure the impact of SoS on families and to do this using a realist approach. It has shown that there may be a relationship between the consistent application of SoS and families' engagement and clarity about goals. SoS is a strength and relationship-based approach and as such it is based on collaborative relationship between the social worker and the family. It is also goal oriented. It is the goal orientation which, according to Pattoni (2012) 'the central and most crucial element of any approach is the extent to which people themselves set goals they would like to achieve in their lives' (p 5). What the data cannot confirm is whether the same results would have been achieved if a different approach had been used. Research has not yet determined if families whose social workers use SoS are clearer about their goals and engage more readily than families where social workers use other strength and relationship-based approaches. While it has not established attribution between the use of SoS and the areas examined, it has met the criteria set by Krupat in identifying (some of) 'the mechanisms that mediate and moderate the relationship between action and outcome,' (Krupat, 2010, p 853).

One of the strengths of the study reported in this article lies in the size of the whole sample and the representativeness of the subsample. Unlike the experiences described by Forrester (2017) we encountered little difficulty over parents completing the instrument, who reported that it was easy to complete. However, parents rarely linked their perceptions of change with the use of SoS, in fact overall there was a low awareness of it. They also reported changes that were not always substantiated when case records were analysed. That is to say they thought they had got better at something, but the case records showed there had been no little or no progress. This, in turn, raises questions about whether this is the result of parents not being honest with themselves or a failure of communication with their social workers. It is important to recognise that in most areas the electronic recording systems in use were not then aligned with SoS and some data may not have been entered because of technical issues and remained in paper form. This may also account, at least in part, for social workers sometimes reporting a greater confidence in using SoS than was evidenced in families' case notes. Despite efforts to explore all available documentation there may have been cases where the SoS model had been used but not necessarily recorded. In the majority of the case files examined recording in an SoS format ceased at the Initial Child Protection Case Conference or first Child in Need meeting. All this indicates the further effort that is required to explore these matters in greater detail, as well as compare the impact of SoS compared with other approaches or practice as usual.

However, while there were positive associations between social workers who were confident in using Signs of Safety and parents' perceptions that their lives had improved, in a minority of cases this was not the case. Given the extent of prior involvement with children's service, as well as the intensity of many of their problems, it is perhaps surprising that so many families thought improvements had occurred. Many of these families had very troubled backgrounds, with high incidence of domestic violence, alcohol and substance abuse and poor parental mental health. There was a minority who reported not understanding the reasons for their involvement with social workers and there was a tendency amongst this group to say their lives were worse as a result of the involvement. In most cases they did not believe that an event or a behaviour warranted what they perceived to be an intrusion into their lives. In these cases it might be expected that they would think their lives had deteriorated.

It should also be remembered that as hard as the authors tried to obtain a representative sample by reaching all families who met the study's inclusion criteria, access was dependent, in the first instance, on the co-operation of the families' social workers. In most cases this was forthcoming, but some social workers did not pass on information to families who they were judged unlikely not to co-operate and some social workers told their managers that they were concerned that the research would interfere with the relationship they had established with families. Such gatekeeping is almost impossible to prevent, and it is debateable whether it would be appropriate to do so. However, while it was often difficult to pin families down to appointments and multiple visits were sometimes required to secure an interview, in the overwhelming majority of cases where the evaluators were given a family's details the family was willing to collaborate.

Conclusion

This article has reported and discussed findings from one of the largest evaluations of SoS conducted. While the study was undertaken in England, it has implications for other jurisdictions where SoS is being adopted by child protective services. Findings from the present evaluation indicate the need to assess the impact of the innovation through a range of measures and with key stakeholders. Reliance on social workers' opinions and experiences alone, or on those of other stakeholders alone, limits the opportunity to draw inferences about linkages and causation. Multi-method studies also have their value in providing rich comparable data. The co-operation of managers, practitioners and families was necessary to obtain such data. Future studies may consider using the approaches adopted here to build up the evidence base.

Overall the evidence from this evaluation is that where SoS has been successfully implemented within local authorities, families were more likely to report positively against self-defined goals. The next step is to consider the longer-term impact on children's lives and service systems.

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