Department for Education

Evaluation of the Safeguarding Children Assessment and Analysis Framework (SAAF)

Research report

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1. Introduction

1.1 Background to the study

In 2010 Professor Eileen Munro was commissioned to chair a review of the child protection system in England. A central question posed for the review panel by the then Secretary for State was 'what helps professionals make the best judgments they can to protect a vulnerable child? In the final report, Munro highlighted the failure of historical attempts to improve assessment and decision making via increased regulation, guidance and procedural requirements, rather than by developing and supporting the analytic and decision-making skills of social workers (Munro, 2011). A key recommendation was to move away from a culture of prescription and compliance (the 'status quo') to one that emphasised the importance of professional judgement. Achieving this safely necessitates ensuring that staff are equipped with the necessary knowledge and skills to exercise sound judgement.

There is a large body of evidence that social workers are adept at gathering information, but find it challenging to analyse complex bodies of evidence and reach an accurate judgement as to whether a child is suffering, or is likely to suffer, significant harm. Serious case reviews provide persistent evidence of the failure of professionals to draw appropriate conclusions from the information available to them and some studies have suggested that child protection assessments are 'only slightly better than guessing' (Dorsey, Mustillo, Farmer, & Elbogen, 2008). Key reasons for poor quality assessments and decision-making are an inability or failure to critically appraise information collected, random errors, and our susceptibility to sources of bias such as observation bias (a tendency to see things and people in a particular way, based on certain features or on what we are told about them), the bias of 'cultural relativism' (the tendency to exercise different standards across different cultures) and the dominance of first impressions. These, and other sources of bias, have consistently been implicated in serious case reviews and inquiries in child deaths. Research suggests that providing professionals with tools to help them organise and critically appraise information in a systematic way, can minimise bias and error and improve decision making.

1.2 Structured decision-making tools

Structured decision-making (SDM) has been defined as a 'general term for the carefully organized analysis of problems in order to reach decisions that are focused clearly on achieving fundamental objectives' (Sheet, 2008). SDM draws both on decision theory and risk analyses and, in the field of child protection, has been described as 'an example of an effort to integrate predictive [actuarial] and contextual assessment strategies' (Shlonsky & Wagner, 2005). This aims to ensure a 'logical fit' between assessment and response. Such approaches can be used in collaboration with the child and his or her family, or as part of a family group decision-making conference; they can provide an approach to recording that agencies and workers can use to improve their practice and facilitate planning.

The potential of structured approaches to improve assessment and decision-making was reinforced in the findings of a systematic review commissioned by the Department for Education. This review (Barlow, Fisher, & Jones, 2012) examined the potential utility of a range models of analysing significant harm, and identified *two* SDM tools which the review authors considered worth evaluating. Both were developed in the UK and both address the three domains of the statutory guidance currently provided to professionals - known colloquially as 'the Assessment Framework' (Health, Education, Employment, & Office, 2000) - namely, the child's development needs; family and environmental factors, and parenting capacity (see Figure 1).

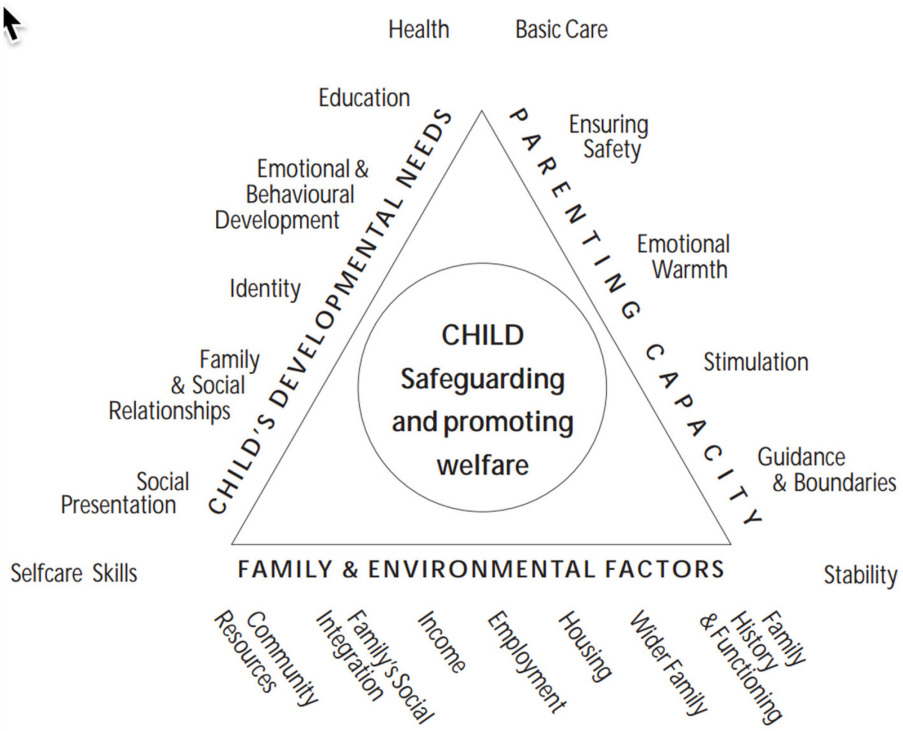


Figure 1: Framework for the assessment of children in need[1]

Barlow *et al*. noted that both tools provide practitioners 'with clear guidance about what to assess, and how to analyse and 'make sense of' the data collected.' (p.73), but that only one of these - the *Safeguarding Children Assessment and Analysis Framework* (known as the SAAF) - includes an assessment of the possibilities for future change (p.75)[2]. The SAAF was developed by Child and Family Training.

Based on this review, and recommendations in the Munro report, the Department for Education commissioned a randomised controlled trial of the effectiveness of the SAAF, alongside an implementation evaluation. The implementation evaluation was an important component of the study, as SAAF is a complex intervention, enacted in the complex environments of local authority Children's Services Departments. Understanding how it was received and implemented, and the factors that facilitated or impeded its use, was considered essential to the interpretation of the results of the

[1] (Health, Employment;, & Home Office, 2000)

[2] As we later discuss, the results of this evaluation suggest this description of SAAF was inaccurate; or – if accurate - it was not used as such by social workers in the trial.

trial. Such information is also important in informing the future use and roll-out of complex interventions.

1.3 Aims of the study

Primary aim

The primary aim of this study was to determine whether complex assessments undertaken by social workers using SAAF would result in children being less likely to experience maltreatment or re-abuse than children whose social workers do not use SAAF. For the purposes of this study, complex assessments were defined as those that require information to be gathered from a variety of sources in order to understand what is happening within a family, and where there are concerns about the adequacy of parenting and whether a child has suffered, or is at risk of suffering, significant harm. Complex assessment conducted under Sections 17 and 47 were eligible. See Box 1 for definitions of simple and complex cases.

The proposition to be tested was that social workers using SAAF would make more accurate assessments of risk (including whether or not to remove a child from the care of his or her parents), be more likely to identify effective interventions and develop better protection plans to ensure their safety.

Box 1: Definition of simple and complex cases

Assessments can be relatively **simple**, for example gathering sufficient information to determine if a family meets certain eligibility criteria for a service, needs some short term support during a crisis, or concern family situations that have been previously subject to a detailed, complex assessment, and where circumstances have not changed.

Other assessments can be more **complex**, as when a lot of information needs to be gathered from a variety of sources in order to understand what is happening within a family. Typically, these more complex assessments (previously referred to as 'core' or 'comprehensive' assessments) focus on assessing the adequacy of parenting afforded to a child, and whether a child has suffered, or is at risk of suffering, significant harm.

Secondary aims

The secondary aims of the study were to determine:

- the extent to which SAAF improves the quality of social work assessments of harm, ability to predict future risk and parents' capacity for change
- the acceptability of SAAF to social workers and other key stakeholders
- how it was implemented and to what extent this differed from intended implementation practice

At the outset of the study we also aimed to explore SAAF's reliability in producing comparable assessment results across similar cases, should the data permit. In the event, this was not possible due to poor completion rates – see Chapter 4.

1.4 Structure of the report

In Chapter 2 we detail the methods used to evaluate the impact of SAAF on the quality of assessments and to explore and analyse the realities and experiences of implementation. Chapter 3 provides an account of early work required to position SAAF as 'evaluation ready'. In Chapters 4 and 5 we present the results of the impact evaluation, and in Chapters 6 and 7 we discuss the findings from the implementation evaluation. The report concludes with a discussion of the findings, in Chapter 8.

2. Study design

2.1 Assessing the effectiveness of SAAF

Because social workers work in teams, typically managed by one manager, it was not appropriate to randomise individual social workers. Had we done so, we could not have avoided 'contamination' between the two arms of the trial, that is to say, we could not ensure that social workers not trained in the use of SAAF (the 'control group') would not learn about SAAF from those trained in its use (the 'experimental group') and possibly incorporate it into their practice. We therefore randomised social work teams. Further details on randomisation and other technical details on the study design can be found in the published protocol (Macdonald et al., 2014) and in Appendices A and B.

2.2 Eligibility criteria

The Department for Education invited 17 local authorities to express interest in participating in the trial[3], eight expressed an interest (one was found to be ineligible and the eighth withdrew) and six local authorities finally agreed to participate in the trial.

Eligible teams within each department were those that – between them - deal with the majority of complex Section 17 and Section 47. Social workers in these teams were eligible, irrespective of experience or whether they were employees or agency staff. Depending on the particular organisational structure of the LA and the way that work was allocated, the teams might be referral and assessment teams, children in need teams, child protection teams, or district teams. Generally, teams where decisions have already been made that the level of risk posed to children justified their removal from parents' care were excluded (those that with looked after children and court-

[3]Children's Services Departments (CSDs) in England were eligible for the study if they were willing to make relevant teams available to be randomised, willing to make staff in the experimental group available for training, and willing to require all participating social workers to comply with the study's data requirements. Children's Services Departments were not eligible if one or more of the following pertained: there were concerns about performance (e.g. special measures, other DfE involvement), a major reorganisation was planned, the CSD had received training in recent years from the providers of the intervention, namely *Child and Family Training,* the CSD was already using another risk assessment tool such as Signs of Safety (Turnell, 2010)

work teams), as were multi-agency safeguarding hub (MASH) teams ('single point of entry' teams who largely act as conduits to other teams' services).

2.3 Randomisation

All eligible teams were invited to attend a briefing session where the Principal Investigator and Trial Manager explained the history and rationale for the study, and briefly described the SAAF in neutral terms. Following the briefing and completion of questionnaires, social work teams within participating local authorities were randomly allocated to one of the two study arms by the Northern Ireland Clinical Trials Unit.

Because teams were typically clustered in one building (and sometimes on one floor) we were unable to randomise single teams (for the same reason we could not randomise individual social workers). Instead, we randomised groups of teams. In the three largest local authorities (LAs) we randomised teams serving the two parts of the LA (North and South). In smaller authorities, we sometimes needed to take pragmatic decisions For example, in one LA with only one assessment team, but where staff worked in two separate rooms, we randomised this team by room, and asked the staff and team managers not to share the learning or tools associated with SAAF. Whilst this ran the risk of 'contamination' between the two teams, in turned out that SAAF was not really used at all in this LA (see below). Further details of participant flow, numbers randomised, movement between trial arms and data collection are described in Appendix B.

2.4 Intervention and comparison groups

Experimental Group – those trained in SAAF

Social workers in teams allocated to the experimental (SAAF) group received training in how to use the SAAF and they were then asked to use it for the assessment of complex cases for the duration of the data collection period. Details of the SAAF approach are summarised in Box 2.

Training was provided by members of Child and Family Training's team of approved trainers. Training typically comprised 2 consecutive days training plus a half day 'refresher' some weeks later, together with a half day support session for the line managers of experimental teams (who often participated in the two-day training).

Box 2: Description of the SAAF approach

The SAAF aims to improve social workers' understanding of how best to approach the task of complex assessments, building on the Assessment Framework that underpins the statutory guidance provided to LAs. This includes:

- helping social workers to distinguish between the *collection* of relevant information on each of the three domains in the Assessment Triangle and *hypothesising* how particular data might be related;
- teaching them how to use a series of grids to structure and critically appraise the information they have collected, with particular reference to estimating the risk to the child if nothing is done, what needs to change in order to safeguard the child, and what interventions are best placed to achieve those outcomes, and estimates of parents' capacity to change and their willingness to engage with an appropriate protection plan

The SAAF assessment tool asks social workers to make a judgement relating to each of 55 items that social workers should consider when making their assessments:

- For 33 items these are judgements of level of risk or concern (both terms are used), covering the child's developmental needs, parenting capacity and family and environmental factors. Whilst explicitly <u>not</u> a score card, social workers are asked to rate each item on a five-point likert-type scale, one end of which represents 'low level of concern' and the other 'high level of concern'.
- For 22 items these are judgements about prospects for intervention, covering parenting capacity, family and environmental factors, and child's developmental needs. Again, this is not a score card. Social workers are asked to indicate where, again on a five point scale, they judge the prospects for (successful) intervention to lie, with 'reasonable prospects of success' at one end, and 'poor prospects' at the other.

Social workers are then asked to make three summative judgements, using a three-point scale:

a) level of harm (low, moderate, high);

b) level of risks of re-abuse or likelihood of future harm (low, moderate, high level of risks); and

c) prospects for successful intervention (poor, moderate, better prospects).

Social workers were asked to use these to guide their decision-making during the period of the trial.

The intervention originally provided for the provision of limited post-training telephone consultancy with each individual participant, to discuss problems and issues that might have emerged as they started to use SAAF. Owing to the poor response rate to the telephone consultancy in the first two local authorities, and due to the exceptionally high turnover of staff, the telephone consultations were withdrawn and the focus was placed on half-day refresher/new starter sessions. For details of training and support provided to each participating LA, see Appendix E.

During training, participants received materials to further develop their competence, and support their use of the SAAF tool including:

- the SAAF User Guide;
- the SAAF Instruments Record;
- A worked example of SAAF Instruments Record – 'Ben Bradshaw' (a fictitious child)
- the Assessment Framework Triangle

In addition, a number of texts (Bentovim et al. *Safeguarding Children Living with Trauma and Family Violence: A Guide to Evidence-Based Assessment, Analysis and Planning Interventions*) were provided to each authority to be made available to social workers within the intervention teams. Participants were also signposted to additional resources on the Child and Family Training's website.

Participants were asked to complete four SAAF tools (see Appendix F) in all 'complex' assessments, irrespective of whether these were conducted under Section 17 or Section 47 of the Children Act 1989. Social workers using SAAF continued to use the usual forms required by their employer, and adhere to any other usual policy or procedure.

Chapter 3 discusses further the work undertaken to operationalise SAAF.

Control Group – Assessment as usual

Social workers in the control arm continued to follow departmental policy and undertake Section 47 Enquiries and complex assessments associated with both Sections 47 and 17 cases, developing Child Protection Plans as usual, supported by relevant policy guidance and management systems. This is analytically appropriate since the research question is whether SAAF adds value and functionality to existing procedures and provision.

2.5 Outcomes and measures

2.5.1 Primary outcome

The primary outcome, as proposed by the Department for Education, was the ***proportion of cases resulting in maltreatment or recurrence of maltreatment*** following the completion of an assessment (section 17 cases) or – in the case of section 47 cases, an initial child protection conference.

Measures: We assessed the impact of SAAF on the primary outcome using data collected as part of the Children in Need (CiN) census data. These are data collected and returned to the Department for Education on an annual basis by LAs. In order to assess the effectiveness of SAAF in reducing the proportion of cases resulting in maltreatment or the recurrence of maltreatment, we examined differences between the two arms in the number of:

- children who become subject to a Child Protection Plan (CPP) for a second or subsequent time (or for the first time following a S47 or S17 assessment that did not result in a CPP), as a result of concerns linked to the original assessment;
- reassessments or re-referrals as a result of concerns linked to the original maltreatment/perceived risk of maltreatment;

To provide more detailed information about each case we sought to access and analyse other data that those usually collected, by means of an online questionnaire (the 'Case Report Form'). This included questions on the nature of the maltreatment, on the perceived needs of children and parents, the services deemed necessary, plus questions on social workers' confidence in their assessments. For SAAF social

workers, we also asked whether they had used the SAAF and how helpful they found particular aspects of it. The Case Report Form (CRF) was designed to be completed by each social worker at the end of each assessment and some six months later (see Appendix G for an example).

2.5.2 Secondary outcomes

Quality of assessments undertaken using SAAF High quality assessments are necessary but not sufficient for minimising the chances of (repeat) maltreatment. Missing information (that could not have been available to the social worker), changes in circumstances, the lack of appropriate services, or disagreement amongst professionals, may all result in future maltreatment following an assessment that a child is not in need of protection (Section 17) or the implementation of a Child Protection Plan (Section 47 cases). An assessment of the impact of SAAF on the quality of assessments, independently of other outcomes, was therefore included in this study.

The quality of social work assessments was judged using a quality assessment schedule developed for this study, and based on evidence about the factors associated with high quality assessments. The original schedule included 44 items deemed to be related to assessment quality. After piloting the tool, this schedule was reduced to 40 items (including a number of items relating to case planning, monitoring and review) and some amendments were made to how items were scored, in order to enhance the reliability of assessor interpretation. Details of the schedule used can be found in Appendix H.

The reliability of the SAAF judgements We planned to examine the extent to which the 55 judgements set out in the SAAF are correlated with the 3 summative assessments (profile of harm, risk and prospects for intervention) and the extent to which the 3 summative judgements are linked with subsequent maltreatment and their absence. Unfortunately, we did not secure sufficient data to undertake this analysis.

2.6 Timing of outcome assessment

Primary outcomes were assessed at six and – where possible - 12 months after the completion of an assessment. Assessment quality was assessed after the trial was completed (i.e. the time period in which social workers had been asked to use the SAAF had ended. The analysis of the relationship between SAAF assessment judgements, overall assessments and child protection plans was scheduled to be undertaken when data were available on all assessments included in the trial, together with analyses of the relationship between the three summary judgements and subsequent maltreatment.

2.7 Sample Size

Based on the data available in 2014 we estimated that we needed an achieved sample size of 1800 cases, from social workers in all participating teams, 900 in each arm. This calculation was based on the number of cases deemed necessary to detect a halving of a 10% re-abuse rate, measured by repeat CPPs (see Appendix A for further details).

Data on these indicators (as at the outset of the study) can be found in SFR45-2013 (https://www.gov.uk/government/publications/characteristics-of-children-in-need-in-england-2012-to-2013).

2.8 Analyses and Procedure

To assess trial validity initial data analysis examined the extent to which the necessary conditions required to permit a valid test of the efficacy of SAAF were met (Del Bocka and Darkes 2007). To assess the effectiveness of SAAF the primary outcome analysis was an *intention-to-treat analysis* (ITT) such that all cases were assessed in accordance with the randomisation. Analysis were conducted both within and across LAs. In addition to the standard ITT, multivariate (regression) models were estimated to examine the impact of covariates on outcomes. Multilevel logistic regression models were used to assess between-group differences (experimental and control) in relation to the probability of abuse occurrence for cases. Details about the procedures for assessing the trial validity, the effectiveness of SAAF and intervening variables can be found in Appendix A.

2.9 Investigation of SAAF Implementation

In this study, the effectiveness of SAAF was unknown, and the study of its implementation served two purposes: to inform the interpretation of the results of the RCT, and – should the results be positive - to inform implementation by future adopters of SAAF.

The methodology used to explore implementation issues comprised two waves of qualitative interviews with key stakeholders in each local authority plus an online survey administered to social workers in the experimental and control arms of the trial. Face to face and telephone depth interviews were chosen as the primary tool because qualitative research is best equipped to explore and unpack the complexities of implementation processes, including differences in implementation between trial sites and differences in the use made of SAAF between teams and between individual practitioners. The on-line survey was designed to secure a broader picture of key implementation issues from a wider group of participants. Further details can be found in Appendix C.

2.10 Ethical approval and related issues

The study was granted ethical approval by the Ethics Committee of the School of Sociology, Social Policy and Social Work, Queens University, on 16th May 2014 (REF: *EC/167)*. This was after the recruitment of local authorities and some of the preparatory work, but before randomisation.

Children's Services Departments consented to participate in this study. They confirmed this in writing to the Department for Education, and subsequently confirmed their consent to participate to the Principal Investigator. All social workers based in the selected teams participated in the study as employees of the CSD. On advice from the Department for Education, consent was not being sought from parents, because the focus of the study is the quality of work undertaken by social workers.

One LA sought the permission of parents to release a sample of redacted assessments for quality assessment by the research team. Other LAs provided the researchers with secure access to a sample of assessments.

The study involved no direct client contact, and there was no reason to believe that providing social workers with additional training in analysis and case planning would result in any deterioration in the quality of their decision-making. However, in analysing the data collected we looked for any indication of poorer performance in the experimental group.

2.11 Study Timeline

The Trial formally commenced on 2nd January 2014 (contract agreed). Recruitment by the Department for Education took place between December 2013 and April 2014. Following a study briefing session, social work teams in each of the participating CSDs were randomised between May and August 2014. Social workers in the experimental arm in each CSD received training in SAAF in groups of 20, provided by Child and Family Training. (for more details see Appendix E). Some local authorities delayed training because of other pressures, such as Ofsted inspections, or the pending recruitment of a significant number of permanent staff. The training therefore took place from June 2014 until March 2015, with some new appointments being trained as late as July 2015. Data collection ended on 31st October 2015.

3. Positioning the intervention for evaluation

3.1 Operationalising SAAF

The SAAF was first published in 2010 and a number of authorities commissioned the programme developers to train their staff in its use. However, despite this established track record of provision, there was no agreed set of guidelines as to which of the several tools that make up SAAF were 'essential' for a social worker undertaking an assessment to be deemed to have 'used' SAAF. Discussions with those providing training also surfaced some inconsistencies in how SAAF was conceptualised and how social workers were using the forms. Such a lack of specificity is not unusual in relation to complex interventions and in the implementation of innovation (e.g., Haynes et al., 2016).

3.2 Developing the SAAF Logic Model

Over the course of several meetings with Child and Family Training (C&FT), the following logic model was co-developed by the evaluation team and C&FT, and ultimately agreed by the latter. The summary version of the logic model is presented in Figure 2 and the full logic model is provided in Figure 3. In both figures, columns A and B set out the *resources* (inputs) and *activities* (outputs) required by various stakeholders. The expected training outcomes and how these are expected to impact on assessment and systems outcomes are described as *implementation outcomes* in column C (further broken down into training and assessment outcomes in Figure 3). How improved practices within the agency are expected to influence outcomes for children and families is set out in Column D.

In the event, although a logic model for the intervention was agreed (see Figure 2 and Figure 3), the lack of data available on what social workers were in fact doing once the trial began made it impossible to compare the results of different ways of applying SAAF in practice. The model has, however, been helpful in illuminating the wide degree of variation in practice during the trial – an important feature of the implementation conditions for this research (more details about operationalising SAAF can be found in Appendix D.

3.3 Agreeing the focus for SAAF

The final steps in positioning SAAF to be 'evaluation ready' was to specify which of its components were deemed essential in defining its use as a structured decision-making tool (SDM tool) as opposed to 'a training course plus a set of support materials', and to agree for which assessments it was designed i.e. what constituted a 'complex assessment'? The agreement regarding the definition of a 'complex assessment can be found in Box 1 (page 14). Further details of how 'use of SAAF' was defined can be found in Appendix D.

3.4 SAAF implementation

Having agreed the logic model, the research team also agreed with the programme developers a process for implementing SAAF during the evaluation. The detailed implementation protocol can be found in Appendix D.

Figure 2: Summary version of SAAF Logic Model

A	B	C	D
RESOURCES (funds, time, materials, expertise contributed by key parties) • inputs from CFT • inputs from local authorities	**ACTIVITIES** (things that arise from these inputs) • being trained • being aware	**IMPLEMENTATION OUTCOMES** (changes for practitioners, organisations or systems that should lead to changes for children or families) • training outcomes • assessment outcomes • service outcomes • systems outcomes	**CHILD AND FAMILY OUTCOMES** (changes or improvements experienced by the ultimate beneficiaries) • by parents • by child

Figure 3: Full SAAF Logic Model

A: RESOURCES:

Inputs from CFT:

- Trainers brief managers
- Trainers deliver 2-day training course
- Trainers provide follow-up consultancy and advice
- Written guidance on implementation of SAAF as an SDM
- Training and reference materials
- Electronic version of tables and grids

Inputs from LA:

- Managers attend briefing
- Staff attend training

ICT staff support provided as needed

B ACTIVITIES:

- Intended staff trained in the use of SAAF as an SDM
- Managers briefed and informed about SAAF and implementation process

C. IMPLEMENTATION OUTCOMES

C1

TRAINING OUTCOMES:

Knowledge & understanding:

- Understand SAAF and underlying principles as an SDM

Attitudes and values:

- Agree with SAAF principles
- Positive views about SAAF
- Motivation, commitment and intention to use SAAF

Skills and confidence:

- Able to incorporate SAAF as an SDM into assessments
- Able to complete SAAF tables and grids

SERVICE OUTCOMES:

- Managers committed to implementation process
- SAAF tables and grids incorporated into IT system, documents and processes
- SAAF tables and grids discussed in supervision
- Review and improvement strategies in place to support use of SAAF
- SAAF tables and grids used in Child Protection (CP) conferences and CP Plans
- SAAF tables and grids used to facilitate decision making about issuing care

C2

ASSESSMENT OUTCOMES:

Data collection:

- Multiple information sources used
- Direct age-appropriate contact with child

Assessment content* see p40

- Information about the child's developmental needs, parenting capacity, family and environmental factors gathered and organised
- Patterns of harm and protection analysed
- Level of harm and effects assessed
- Systemic analysis undertaken
- Prospects for successful intervention assessed
- Safeguarding analysis summarised
- Plan for intervention made
- Outcomes and measurement identified

Improved quality of assessments and judgements*

SYSTEMS OUTCOMES:

- Interventions proposed are made available
- Understanding of and commitment to SAAF by partners
- Use of SAAF accepted in court documentation
- Reduced use of expert witnesses
- Timely decision-makingImproved shared understanding of risk to the child across agencies and systems

D. CHILD AND FAMILY OUTCOMES:

- Stability for child (at home or in placement)
- Cessation of maltreatment
- Reduction in severity of concerns
- Child's health and development improvedImproved care giving experienced by child

***SAAF is designed to improve the quality of assessments. Further details of items in C2 marked with * are provided in Box 1.**

Box 3: Details of items listed in the logic model under 'Assessment content'

Child's developmental needs, parenting capacity, family and environmental factors gathered and organised:

- Information gathered on the child's developmental needs, parenting capacity, family and environmental factors using a range of methods and approaches
- Chronology of salient information created
- Information organised using the Assessment Framework Triangle domains and dimensions
- Strengths and difficulties in all domains and dimensions considered

Patterns of harm and protection analysed

- Timing of events (chronology of salient information) and impact on the child considered
- Processes and their impacts identified

Level of harm and effects assessed

- Severity of difficulties and magnitude of strengths in all domains analysed
- Impact on child's health and development analysed
- Level of parenting, protection and therapeutic help the child requires analysed

Systemic analysis undertaken:

- Underlying causes, interdependencies, maintenance and protective systems analysed
- Likely outlook for child's health and development without intervention and the risks of re-abuse or likelihood of future harm analysed

Prospects for successful intervention assessed:

- Nature of harm suffered and child or young person's wishes and feelings analysed
- Parental child-centredness regarding child's health and development and any harm suffered and its impact; parenting; individual, family and environmental factors and processes analysed
- Modifiability i.e. parents level of motivation and capacity for change regarding difficulties in parenting, individual, family and environmental factors and processes analysed
- Parent's ability to co-operate with professionals and agencies analysed

Safeguarding analysis is summarised

- Overall level of harm and impairment to the child's development analysed
- Future outlook for the child's health and development: overall level of risk of re-abuse or likelihood of future harm analysed
- Overall prospects for successful intervention analysed

Plan for intervention made:

- Interventions required identified with rationale and good fit with needs and goals
- Likely parental cooperation considered

- Appropriate sequence identified
- Likelihood of achieving change in child's developmental timeframe is analysed

Outcomes and measurement identified:

Clear measurable outcomes set in relation to change over time in the child's development and the factors and processes thought to influence the child's development

4. Results – the RCT

4.2 Staff number and turnover

Table 1 indicates the number of case holding participants (predominantly front line social workers) who participated in each arm in each LA. The numbers of social workers randomised is calculated from those in post at the time that randomisation occurred. Subsequent to that time point, staff left and joined throughout the data collection periods. The final columns indicate the very significant turnover of staff within each LA throughout the study, with large numbers of people coming and going in all local authorities, but particularly in LA 1.

Table 1: Case holding social workers randomised

LA	Experimental[1]	Control[1]		
	In post when randomisation took place		Left[2]	Joined post-randomisation
LA 1	71	78	126	137
LA 2	41	32	28	27
LA 3	31	25	9	32
LA 4	27	25	25	5[3]
LA 5	18	22	26	24
LA 6	88	92	61	43
Total	276	274	275	316

[1] Excludes team mangers, practice consultants etc.

[2] Includes those who left between randomisation and the commencement of data collection in the LA and those who left subsequent to data collection commencing.

This reflects the fact that this LA wholly failed to engage with the study post training.

In the early stages of the study, Child and Family Training were able to provide some ‘mop-up’ training for new starts in the experimental team, with the expectation that those teams and their managers would take responsibility for supporting their colleagues in using SAAF. For those starting later, the teams and managers had sole responsibility.

4.2.1 Social workers completing assessments

Assessments were completed by some 772 social workers. The only information we have about their experience and qualifications is from a questionnaire completed pre-randomisation. At that time, we received completed questionnaires from 498 social workers. One half of these respondents had been working in children and families social work for more than five years, with only 16% having less than one year of experience. There was no significant difference in the qualification and experience of these staff in each arm of the trial at baseline (see Table 2).

Table 2: Characteristics of Social Workers at Baseline

SOCIAL WORKERS	**Intervention**	**Control**	P value
Number of Social Workers per LA	77.6 (55.5)	76.8 (53.9)	
Number of Social Workers per team	13.9 (7.8)	14.2 (8.2)	
Experience[1] working in child and family social work (n=439)			
Under 5 years	112 (48.9%)	113 (53.8%)	0.72
5 years or over	117 (51.1%)	97 (46.2%)	
Education			
Post-qualifying award (n=397)	95 (46.8%)	85 (43.8%)	0.55
Masters (n=453)	46 (19.4%)	53 (24.5%)	0.19

Mean (SD) presented for continuous variables and no. (%) for all categorical variables.

[1]experience working in children and families social work

4.2.2 Children in need data

One LA provided us with no CiN data, so our analyses were based on data from the remaining five LAs. Data were available in relation to 12,899 children with at least one referral (see Table 3 and Table 4)

Of these, 9,695 were categorised as Section 17 (child in need) assessments at completion, and 3,177 were categorised as Section 47 (child protection) assessments upon completion. No further action was taken in relation to a further 27 children referred (see Table 4).

Table 3: Recruitment and follow up patterns

	Intervention n=6761	Control n=6138
Number of Children Assessed per LA	1352 (696.0)	1228 (871.5)
Number of Children Assessed per team	233.1 (235.2)	219.2 (253.0)
Number of Case Report Forms returned (total)	1047 (15.5%)	718 (11.7%)
Number of Case Report Forms self-designated 'complex' (as percentage of returned)	288 (27.3%)	201 (28.0%)

Mean (SD) presented for continuous variables and no. (%) for all categorical variables.

Table 3 also indicates the number of Case Report Forms completed by social workers in the study. What is not evident from Table 3 is the amount of missing data *within* the returned case report forms.

Table 4 provides an overview of the characteristics of the children assessed across the five local authorities. In relation to children, there is no significant difference between the groups in relation to gender, disability, previous CPPs and cases that resulted in No Further Action. There are significantly more 3-7 year olds and fewer 17+ years in the intervention group. There are significantly more mixed/Asian/black and fewer whites in the intervention group.

Concerning primary need code, the intervention group had a significantly higher percentage of abuse or neglect cases, cases other than children in need, and cases not stated. They had fewer families 'in acute stress'.

Social workers in the intervention group recorded a significantly higher number of assessment factors than those in the control group, and more cases were categorised as Section 47 cases. We found no explanation for this.

4.3 Primary Outcomes

4.3.1 Primary Analysis

Table 5 sets out the results of the analyses for the main outcome variables. The first row - row a - sets out the total number of children who, during the period of data collection

became subject to a CPP following an initial referral during the time window[4]. Although the intervention (SAAF) group has a higher percentage of S47s than the control group, it has a significantly lower percentage of CPPs. One possible reading of this is that workers in the intervention group were more targeted in their adoption of CPPs, but evidence to support this interpretation over others is lacking.

Compared with the control group, the intervention (SAAF) group also has a significantly higher percentage of cases in which the primary need code changes from one referral to another, and a significantly lower percentage in which there is a change in the category of abuse recorded (CPPs only) across referrals. We could identify no obvious explanation for this, and it too is difficult to interpret. One possible interpretation is that social workers using SAAF were less likely to amend their original categorisation of maltreatment – perhaps reflecting more accurate assessments - and more likely to identify changing or additional (or previously unidentified) needs. Again, this might or might not reflect better assessments.

[4] Due to the staggered implementation of SAAF throughout the study, the 'time window' for each LA varies.

Table 4: Characteristics of Children at Baseline

CHILDREN (n = 12,899)	**Intervention** n = 6761	**Control** n = 6138	
Gender			
Male	3364 (49.8%)	3035 (49.4%)	0.67
Female	3315 (49.0%)	3018 (49.2%)	
Not recorded/unborn/indeterminate	82 (1.2%)	85 (1.4%)	
Age (years)			
Unborn	312 (4.7%)	324 (5.3%)	0.04
0-2	1264 (18.8%)	1135 (18.6%)	
3-7	2063 (30.6%)	1772 (29.0%)	
8-11	1363 (20.2%)	1292 (21.1%)	
12-16	1590 (23.6%)	1420 (23.2%)	
17+	148 (2.2%)	169 (2.8%)	
Ethnicity			
White	4719 (69.8%)	4693 (76.5%)	<0.001
Mixed	562 (8.3%)	402 (6.5%)	
Asian/Asian British	478 (7.1%)	251 (4.1%)	
Black/Black British	548 (8.1%)	345 (5.6%)	
Other	454 (6.7%)	447 (7.3%)	
Disability			
Yes	136 (2.0%)	131 (2.1%)	0.63
No	6625 (98.0%)	6007 (97.9%)	
LA			
LA 3	929 (13.7%)	760 (12.4%)	<0.001
LA 2	956 (14.1%)	1291 (21.0%)	
LA 4	1399 (20.7%)	1076 (17.5%)	
LA 1	2545 (37.6%)	2654 (43.2%	
LA 6	932 (13.8%)	357 (5.8%)	
First referral			
(Primary need specified)			
N1 Abuse or neglect	2305 (34.1%)	1968 (32.1%)	<0.001
N2 Child's disability	48 (0.7%)	44 (0.7%)	
N3 Parental disability of illness	236 (3.5%)	183 (3.0%)	
N4 Family in acute stress	254 (3.8%)	594 (9.7%)	
N5 Family dysfunction	2218 (32.8%)	1985 (32.3%)	
N6 Socially unacceptable behaviour	227 (3.4%)	187 (3.0%)	
N7 Low income	51 (0.8%)	47 (0.8%)	
N8 Absent parenting	67 (1.0%)	75 (1.2%)	
N9 Cases other than children in need	41 (0.6%)	20 (0.3%)	
N10 Not stated	1314 (19.4%)	1035 (16.9%)	
Number of assessment factors recorded			
Not specified	843 (13.8%)	664 (12.3%)	<0.001
1	2209 (36.1%)	2374(44.0%)	
2	1292 (21.1%)	1069 (19.8%)	
3	755 (12.3%)	577 (10.7%)	
4	462 (7.5%)	317 (5.9%)	
5	233 (3.8%)	187 (3.5%)	
6+	326 (5.3%)	208 (3.9%)	
Mean (SD)	2.03 (1.80)	1.84 (1.61)	<0.001
Median (interquartile range)	2 (1,3)	1 (1,2)	<0.001
Previous CPP (data relating to current CPPs only)	132 (16.1%)	178 (18.5%)	0.63
Referral No Further Action = True	13 (0.2%)	14 (0.2%)	0.66
Categorisation upon completion of assessment:			
S17	4987 (73.8%)	4708 (76.7%)	<0.001
S47	1761 (26.0%)	1416 (23.1%)	<0.001

Primary outcome

Second CPP

Row ***b*** sets out the number of children who become subject to a second CPP in the time window following the first CPP. Row **c** presents the number of children who were assessed either as a S47 case *or* a S17 case where the assessment did not result in a CPP in the first instance, but where they later become subject to a CPP. In both scenarios, the numbers are very small in both arms and the differences are not statistically significant at the 5% level. Each scenario represents a measure of effectiveness. In the first case (**b**) a measure of the effectiveness of the CPP intervention; in the second case (**c**) a measure of the accuracy of the adjudication of risk consequent on the S47 or S17 assessment.

Row **d** combines data from rows b and c. It indicates that there was no difference in the number of children who become **either** subject to a Child Protection Plan (CPP) for a second or subsequent time within the time window, **or** for the first time following a S47 or S17 assessment that did not lead to a CPP in the first instance.

These data provide no strong evidence that the intervention group outperformed the control group.

Table 5: Main Outcome variables

		Intervention n = 6761	Control n = 6138	P value
a	Number of children who become subject to a Child Protection Plan (CPP) following an initial referral within the time window	796 (11.8%)	948 (15.4%)	<0.001
b	Number of children who become subject to a Child Protection Plan (CPP) for a second or subsequent time within the time window	20 (0.3%)	13 (0.2%)	0.35
c	Number of children who become subject to a Child Protection Plan (CPP) for the first time following a previous S47 or S17 assessment that had not resulted in a CPP	93 (1.4%)	96 (1.6%)	0.37
d	Number of children who become subject to a Child Protection Plan (CPP) for a second or subsequent time within the time window (**or** for the first time following a S47 or S17 assessment that did not result in a CPP)	113 (1.7%)	109 (1.8%)	0.65
e	Number of children who were subject to a CPP (n=1744) for one form of maltreatment and later recorded as subject to another	62 (7.8%)	102 (10.8%)	0.03
f	Number of referrals (n=7306 **I**; 6627 **C**) 1 2 3	6761 (92.5%) 527 (7.2%) 18 (0.2%)	6138 (92.6%) 462 (7.0%) 27 (0.4%)	0.21
g	Number of **re-referrals** with: Change in primary need code (n=548 **I**, 488 **C**)	161 (29.5%)	105 (21.5%)	0.003
h	Change in number of assessment factors (n=376 **I** 354 **C**) (negative means an increase in factors across referrals)	-0.15 (2.0)	-0.39 (1.6)	0.08

i	Number of **re-referrals** where children were subject to a CPP (n=914 **I,** 1058 **C**) for one form of maltreatment and later recorded as subject to another	70 (7.7%)	106 (10.0%)	0.04

Mean (SD) presented for continuous variables and No. (%) presented for categorical variables

Making sense of the data on second CPPs

The number of second CPPs is much smaller than was anticipated, and this appears to be attributable to a number of factors. Firstly, local authority 5 provided no data at all. Secondly, in LA 1 (a large LA that collected data for a longer period that the remaining sites) we were unable to merge separate datasets covering two data collection years, and this significantly reduced the number of cases available to us, and the length of the follow up period. Thirdly, in local authorities 3 and 4 the time windows for data collection were severely curtailed by their late entry into the study (for a variety of operational reasons) to 5 months and 6.5 months respectively. With one exception (LA 1) no local authority provided data for 12 months post assessment. In four of the five local authorities who provided data, we would have required not only the data sets for 2014-15 and 2015-16 but the data set for 2016-17 in order to follow up **all** cases for at least 12 months the twelve month. Data for the year 2016-17 was not available to us from any participating authority.

In England in 2015-16, 44% CPPs lasted longer than six months, and a further 25% last more than three months but less than or equal to 6 months. These data represent a snapshot of cases across a 12 month period and include children whose first CPP may have occurred in the previous year. The data collection period available to us (given the design brief and funding of the project) left limited room for many of those children subject to a first CPPs to reach the end of that CPP; this also restricts the likelihood that they will, within the period, return to the attention of the LA and become subject to a second CPP.

Re-referrals

Similarly, there is no difference between the two groups in the number of children re-referred in the twelve months following the first referral (row **f**) or where there was a change in the number of assessment factors (row **h**). However, there were differences. One significant difference between the groups relates to the changes in primary need code (row **g**). More changes were recorded in cases in the intervention group compared with those in the control group. As indicated above, in the absence of other information, we are unable to explain or interpret this with any confidence. The other – linked difference - relates to the number of cases where children were first subject to a CPP

(n=1931) for one form of maltreatment, and later recorded as subject to another (row **i**). We explore these further in the next section.

4.3.2 Exploratory Analyses

Profile of harm The profile of harm to the children was explored further. When comparing *all* children with a CPP to those without, unsurprisingly, they are significantly more likely to have primary need code of 'abuse or neglect' or 'family dysfunction' and significantly less likely to be 'absent parenting' or 'not stated' in the control group. For children in the SAAF group, those with a CPP are also less likely to be categorised as 'Cases other than children in need'.

Section 47 These are 'patterned differences' in the use of primary need codes between SAAF and control groups for section 47 cases, but they are not easy to explain. In both arms of the trial, those with a section 47 are significantly more likely than those without, to have a primary need code of 'abuse or neglect'. The differences lie in the codes each group is less likely to use.

For children with a section 47, social workers in both groups are less likely to use the primary need codes 'absent parenting' or 'not stated'. In the control group, social workers are significantly less likely to use the primary need codes 'parental disability or illness', 'family in acute stress'. In the SAAF group, social workers are less likely to use the primary need codes 'family dysfunction', 'socially unacceptable behaviour', or 'cases other than children in need' for these children.

Those with a previous CPP For those with a previous CPP compared to those with none, there is no significant difference in relation to primary need code for controls. However in the SAAF group, they are significantly more likely to have primary need code of 'absent parenting'.

Minimally, it suggests that once a social worker judges a threshold of risk to have been exceeded, they are more likely to rely on the primary need code 'abuse or neglect'. Below this threshold, other factors may influence the likelihood of the choice of primary need codes e.g. custom and practice within teams or authorities.

All of the above analyses were performed on data for the 5 LAs combined. Although there is a significantly higher number of CPPs in the control group overall, there is much variation between each LA. There is no significant difference between groups for LAs 3, 4 and 6. However LA 2 and LA1 have significantly more CPPs in the control group with LA 2 having the larger percentage difference of 12.7%. LA 6 and LA 2 reported less use of

SAAF, so we explored the effect of excluding them. When LA 2 is excluded the difference between the groups ceases to be statistically significant, but excluding both LA 2 and LA 6 still shows a highly significant difference. A further (hypothetical) exploratory strategy would be to adopt a per protocol analysis, treating all of LA 2 and LA 6 as being in the control group. Doing this still resulted in a significantly higher number of CPPs in the control group (last row of Table 6).

In short, the evidence for significantly higher number of CPPs in the control group appears robust despite some local authority variation.

Table 6: Primary analysis by Local Authority

	Intervention	Control	P value
Number of children who become subject to a Child Protection Plan (CPP) following an initial referral within the time window:			
All LAs (n=12899)	796 (11.8%)	948 (15.4%)	<0.001
Excluding LA 2	648 (11.2%)	584 (12.0%)	0.16
Excluding LA 2 + LA 6	465 (9.5%)	529 (11.8)	<0.001
LA 3 (n=1689)	63 (6.8%)	65 (8.6%)	0.17
LA 2 (n=2247)	148 (15.5%)	364 (28.2%)	<0.001
LA 4 (n=2475)	76 (5.4%)	49 (4.6%)	0.32
LA 1 (n=5199)	326 (12.8%)	415 (15.6%)	0.004
LA 6 (n=1289)	183 (19.7%)	55 (15.4%)	0.08
Per protocol analysis- treating LA 2 and LA 6 as control group	465(9.5%)	1279 (15.9%)	<0.001

4.3.3 Multivariable analysis

It is important to ascertain whether the findings are stable when we control for relevant baseline characteristics. To this end we undertook a number of multivariate analyses, adjusting for differences in age, ethnicity, primary need code, number of assessment factors recorded, section 47 status and local authority variations in CPP allocation.

Logistic regression was used for the number of CPPs at first referral to adjust for the significant baseline characteristics i.e. age, ethnicity, primary need code, number of assessment factors and Section 47 status. Also included in the adjusted model is the LA. We could not do this for repeat CPPs as the number of these was too small.

For the *unadjusted* analysis the odds ratio is 1.4 (95%CI 1.2, 1.5, p<0.001) i.e. the odds of child having a CPP in their 1st referral if assessed in the control group are 1.4 times greater than for a child in the experimental group. Identical results were obtained when including all referrals i.e. OR 1.4 (1.2, 1.5), p<0.001.

Adjusting for the above potential confounders and LA the odds ratio (OR) suggests that, for a child in the control group, the odds of having a CPP on their 1st referral are 1.8 times greater (or 80% higher) than for a child in the SAAF group (95% CI 1.5, 2.1, p<0.001). Consistent results were obtained when including all referrals i.e. OR 1.8 (1.5, 2.1), p<0.001.

Practice in CPP allocation varies across LAs so we also controlled for this and for possible interactions between authority and other variables. The detailed analyses are reported in Appendix H. In summary, they did not noticeably affect the headline odds ratios discussed above.

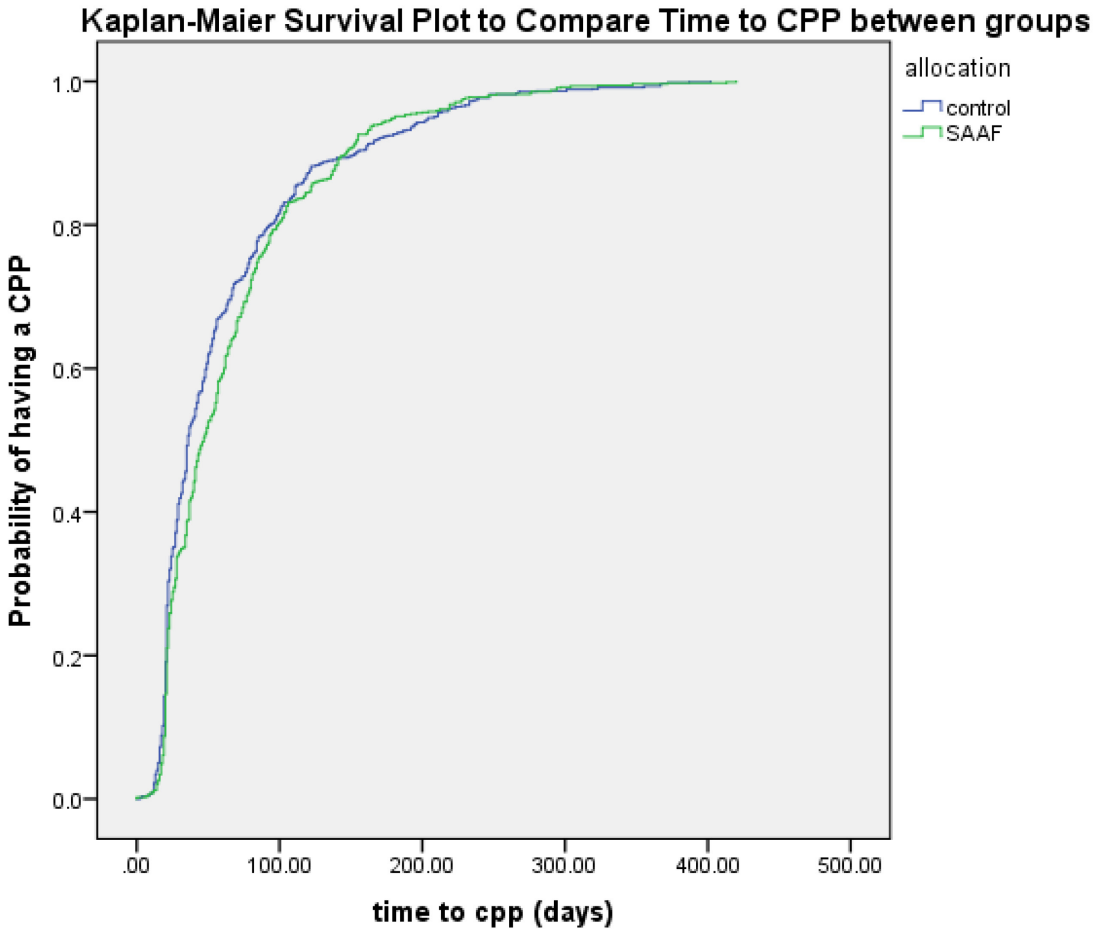
4.3.4 Survival Analysis for Time to CPP

The median time from referral to CPP is 36 days in the control group (n=1044) and 47 days in the intervention group (Table 7).

Table 7: Time to CPP

		95% Confidence Interval	
allocation	median	Lower	Upper
control	36.0	33.4	38.6
SAAF	47.0	42.5	51.5
Overall	41.0	38.5	43.55
(n=887) – log rank test p=0.02			

Figure 4: Time to CPP between Groups



The difference between groups is not significant (p=0.40) when adjusted for the baseline covariates specified in Appendix H for the logistic regression.

The above is for all referrals, however a similar trend is found for 1st referrals only, with controls having a significantly lower median time to CPP (36 days) compared to the intervention group (52 days) (Table 8).

Table 8: Median time to CPP between Groups

		95% Confidence Interval	
allocation	median	Lower	Upper
control (n=948)	36.0	33.3	38.7
SAAF (n=796)	52.0	47.7	56.3
Overall	43.0	40.4	45.6
p<0.001			

The difference between groups is borderline not significant (p=0.055) when adjusted for the baseline covariates. This provides some evidence for a longer time from referral to CPP for cases assessed by SAAF teams compared with teams in the control group; the substantive import of this is, however unclear.

Time from 1st to 2nd referral

The median time from 1st to 2nd referral is 92 days in the control group (n=462) and 90 days in the intervention group (n=527) – log rank test p=0.60. See Table 9.

Table 9: First to second referral between groups

		95% Confidence Interval	
allocation	median	Lower	Upper
control	92.0	86.3	97.7
SAAF	90.0	84.3	95.7
Overall	90.0	85.9	94.1

The difference between groups remains not significant (p=0.85) when adjusted for the baseline covariates specified above for the logistic regression.

The survival analysis was repeated for those 1st referrals that had closed but subsequently went on to have a 2nd referral. The median time from 1st to 2nd referral is 126 days (95% CI 116, 138) in the control group (n=25) and 128 days (95%CI 75, 181) in the intervention group (n=69) – log rank test p=0.40.

4.3.5 Conclusions

We found no evidence to suggest that SAAF was effective in improving outcomes for children, as measured in relation to the primary outcome of (repeat) maltreatment, measured by repeat referrals or second CPPs. However, the results are most accurately interpreted as no evidence of effectiveness, rather than evidence of ineffectiveness, because our ability to fully assess the impact of SAAF was hindered by some aspects of study design (see Chapter 8), and may well have been undermined by a variety of issues relating to implementation (see Chapters 6 and 7).

We did find a difference between the two groups in respect of the number of children who became subject to a Child Protection Plan following an initial referral, with children in the SAAF group being less likely to become subject to a CPP than those in the control group. Similarly, of those children subject to a CPP for one form of maltreatment, those assessed by SAAF social workers were less likely to be later recorded as having been subject to another. How this is best interpreted is difficult to determine in the absence of other data, particularly as these were not outcomes the study had specified as measures of effectiveness. It *may* indicate that the assessments completed by SAAF social workers and the resultant CPPs were more likely to be more appropriate than those in the control group.

5. Secondary outcomes

5.1 Assessing assessment quality

In order to assess the impact of SAAF on the quality of assessments, two researchers independently assessed a sample of assessments from each of the four local authorities that fully participated in the trial, after the data collection on SAAF's impact was complete. The assessors were the Principal Investigator and two experienced child and family social workers, both of whom had held team leader posts. Assessors remained 'blind' to the status of the assessments (experimental or control) until all judgements were entered into an Excel Spreadsheet. These were then compared, differences in judgements were discussed and a final 'judgement' (score) was agreed.

5.2 Sample

We received assessments from 4 of the 6 LAs. After removing duplicates we had a sample of 174 assessments. Samples were requested/selected in proportion to the LA size. The number of assessments provided by one authority was fewer than planned on account of their decision (taken late in the day) to seek the permission of families before sharing the redacted assessments with the research team. Final numbers of social work assessments independently assessed by two members of the research team were as follows:

- LA 1 = 61
- LA 2 = 46
- LA 3 = 19
- LA 4 = 48

For the one LA using Initial and Core assessments we read both but focused primarily on the Core Assessment. In relation to some assessment domains, it was clear that the information needed to answer them was not likely to appear in the document marked 'Assessment' e.g. intervention plan, smart goals, arrangements for monitoring. We therefore asked local authorities to include any Child in Need Plan or Child Protection Plan, plus review documents and – where relevant – case closure forms. Where available, we also drew on social workers' reports to the CiN or CPP conference, but rarely did this contain information not included in other documents, though it sometimes included the social worker's recommendations, which were not always evident in other

documents. In short, we gave every opportunity for assessments to be positively judged in relation to the quality criteria set out in the User Guide (see below and Appendix I).

5.3 Approach

The approach taken to assessing the quality of social work assessments was to look at a number of factors relating to 10 quality domains. Table 10 lists these with an indication of how many items were examined in each domain. Full details of the factors examined can be found in Appendix I.

Table 10: Assessment domains assessed with items per domain

Domain	Number of items
Structure and organisation	3
Background	4
Sources of information used	4
Coverage of Assessment Domains	6
Critical appraisal and analysis	3
Assessment of risk of significant harm	4
Assessment of parental capacity to change	5
Identification of changes required in the family and environment	2
Intervention plans	7
Arrangements for monitoring and evaluation	2

In some cases, a plan was available but the case was closed to children's services. In these instances, we entered 'not relevant' or 'not relevant, case closed' for items in the final five domains (from Risk of significant harm). These plans were not qualitatively different from those we did assess, but to have 'scored' them would negatively skewed the quality profile of these cases in ways that were not appropriate.

There was considerable agreement between the independent reviewers (inter-rater reliability). This means that two people reading the same report independently came the same judgement about a particular aspect of assessment quality, though for some items this was better than others (kappas ranging from 0.42 to 0.95). Differences were easily resolved upon discussion (after both reviewers had completed their assessment).

The key challenge encountered was the extent to which one should credit an assessment as featuring a particular characteristic when explicit detail was not provided e.g. obtaining the views of all children in an age appropriate way and without undue influence by another party. Again, in general, when available, we credited indirect evidence as evidence that something *had* been done, even if not explicitly articulated or reported by the author.

5.4 The impact of SAAF on assessment quality

It is not possible to summarise this body of evidence, particularly given our inclusion of quality judgements that allowed for embedded evidence that something was addressed, even when it was not addressed explicitly. Certainly, we noted some overall strengths, such as the attention given to listening to children's views, but generally the picture was very mixed, with many causes for concern. In particular, we found few examples of good practice in those areas that required analytic skills e.g. understanding family functioning, estimating the risk of significant harm, assessing parental capacity to change.

Overall, we found no evidence that social workers in the SAAF teams were producing better quality assessments than those in the control groups. We found only three areas where there were any statistically significant differences in the quality profile of assessments conducted by social workers in the experimental arm (trained in/using SAAF) and those in the control arm. These statistically significant differences in fact favoured the control group, but were not 'substantively meaningful' and a conclusion of 'no difference' is most appropriate. Given our inability to detect differences in the quality of assessments between the two arms of the study, the following profile is based on the sample as a whole, only occasionally drawing attention to what are, in effect, very minor differences. Details of the profiles of assessments in each arm can be found in Appendix L.

5.4.1 Purpose and approach taken (structure and organisation)

Three questions were posed in relation to the assessment reports overall:

- Is the purpose of the assessment clearly stated?
- Is there a summary of what was done to complete the assessment, with an indication of why (where appropriate)?
- Is there evidence that the purpose of the assessment was explained to the parents and, where appropriate, the children?

Sense of purpose

Just under one quarter of assessments (24%) were judged to include a clear statement of its purpose. For example:

> 'This assessment is to be undertaken to explore the concerns and assess mother's ability to protect; (father's) case history and any concerns about his behaviour to be included in the assessment.'

Such statements were sometimes provided by the manager (e.g. following an initial assessment or referral); they were sometimes evident in the referral, and (less frequently) sometimes in the assessment conducted by the social worker.

In some assessments the purpose could be discerned, but was less clearly articulated:

> ‘Considering the initial information in the police referral and given the history relating parental substance misuse and the use of PLO procedures (‘child’) is a child who could be at risk of significant harm’

> ‘An Initial Assessment was agreed in order to see the children in school, meet (father) and visit his home address to assess home conditions and discuss the concerns raised’ CA says ‘Given that the information has come from a number of sources and given the children have said there are visitors to the flat when they are there, if was felt further exploration was needed’.

More commonly, the purpose of the assessment ‘emerged’ during the opening section (and sometimes later), but the reader had to piece this together. In 110 cases (63%) the author reported that an assessment was required in relation to an incident or referral raising concerns about a child or children. For example:

> ‘Referral received from school on <DATE>…stated the following.” The information from the referral is presented verbatim and includes a description by a member of staff of the child drawing a picture of himself, his parent and a stick, followed by the child providing answers to non-leading questions from a member of staff which are suggestive of the child being hit with the stick by his parent. After providing the referral information, the author of the assessment writes “Due to concerns arising in the referral, the case was progressed to assessment.’

This may not appear to matter, given that most social workers work to a clear assessment framework, but arguably a social worker’s clarity about the purpose of an assessment is fundamental to ensuring its relevance and quality. Simply focusing on a trigger event for an assessment seems to result in a general trawling for information, the relevance of which is not always clear (or clearly articulated), and may be responsible for some information not being gathered or appropriately appraised.

In 13% of cases (n=23), we judged there was no clarity about the purpose of the assessment, neither explicit or ‘emergent’. In the LA that still operated initial and core assessments this was sometimes the more striking as the initial assessment (IA) often

ended with a clear brief for the core assessment (CA), but this was rarely reflected in the CA undertaken.

Looking across the four local authorities, there were some differences, with LA 3 outperforming the others in terms of the percentage of cases where the purpose was clearly stated, and LA 2 doing least well (see Table 11).

Note: for the rest of this Chapter we do not provide analyses by trial site, as there were no striking differences between them. Systematic inter-local authority differences appear to be, in large part, a function of the assessment forms provided to staff, and we return to this issue later.

Explanations to parents and children

Given the limited number of assessments in which the purpose was articulated, it is perhaps unsurprising that in only 11 assessments did the author indicate that they had explained the purpose of the assessment to parents or, where appropriate, the child(ren). Most often, we judged that something had been said to the parents by indications of their reactions, but this was an ambiguous indicator e.g. they might have objected to social work involvement irrespective of the purpose. There were no notable differences between LAs in this regard.

Table 11: Was purpose of the assessment clearly stated?

Judgement	Local Authority				
	1 n (%)	2 n (%)	3 n (%)	4 n (%)	Total
Yes – clearly stated	14 (23)	5 (11)	9 (47)	13 (27)	41 (24)
No, but emerges during document	42(70)	30 (65)	8 (42)	29 (60)	109 (63)
Neither stated nor emerges	4 (7)	11 (24)	2 (11)	6 (13)	23 (13)
Total	60 (100)	46 (100)	19 (100)	48 (100)	174

All percentages rounded. Pearson chi^2 (6) = 15.8076 Pr = 0.015

What was done and why

One third of assessments included a summary of what information had been gathered from whom. This could usually be attributed to the fact that a section of the LA assessment form required a record of who had been contacted, who had provided information and – in some authorities – if no information had been obtained, the reason was requested. In the majority (58%, n=100) of assessments these summaries provided no comprehensive ‘at a glance’ summary of all sources of information, but this was discernible within the body of the assessment.

For the most part, the profile of informants was standard e.g. professionals involved with the family/children (teachers, GP, HV/School nurse, probation officer). Within the body of the assessment, the views of these people were presented, sometime verbatim (e.g. cut and pasted from an email) or summarised by the social worker, and usually comprised what 'was known' i.e. rarely was there evidence that the content was elicited in relation to specific queries. In short, the 'why' was never clear.

5.4.2 Family background and history

The following four questions were posed in relation to social workers' attempts to understand the child's current situation, and how this had come about:

- Is there a clear summary of who is in the household?
- Is there a clear summary of family relationships?
- Is there a chronology of events leading to the referral or enquiry?
- is there an adequate social history?

Household summary

In 81% of cases (141), the assessments included a summary of who was in the child's household, because most assessment proformas specifically ask for this in tabular form. Where assessments were judged not to provide this, it was largely due to finding new names being introduced in the body of the assessment but not otherwise being recorded. For example, towards the end of one assessment made in relation to twins, the reader learns of an older teenage sister living in the home with no further information provided; in another case an older daughter is listed as living in the household when she was in fact staying with her maternal grandparents. In both cases, this information was mentioned almost 'in passing', towards the end of the assessment, and with no consideration of its significance or otherwise.

Family relationships

Although important, knowing who is in the child's *household* provides only a very partial picture of family relationships, and their significance for a child. We therefore examined assessments for the extent to which they clarified the relationships between parents (who may be living apart), between children and parents, and other family members or significant others. We were looking for a 'clear summary' i.e. not a picture that gradually emerges (or fails to emerge) in different sections of the assessment. Only 13 out of 174 assessments provided this information in a succinct form.

Chronologies

Most proformas included a section relating to the family's history of contact with children's services, albeit in various degrees of detail. Often, these comprised a *very* brief summary of referrals, whether or not an assessment had been conducted or the case closed, but with little content. For example, the entries might indicate the frequency of contact, and the general nature of contact, but nothing more. They often raised more questions than they answered, and the import of the chronology was rarely factored into the assessment. A typical example (anonymised) is provided in Box 4.

Overall, we judged half of the chronologies we read to be 'inadequate'. Only 8% (n=13) were judged 'well organised' and a further 30% (n= 52) 'quite well organised. Ten percent (n=18) had no chronologies when one should arguably have been provided. In just 4 cases (2%) an absence of chronology seemed entirely appropriate e.g. a new case.

Social History

A social history is a way of identifying potentially significant factors in the lives of parents or other carers that might have an important bearing on one's understanding of a current situation. In only six cases did the research team identify anything that could be described as a social history. Four of these were conducted in the control group, and in all six the material presented was very sparse. In a further 35 cases (20%) we identified *some* information that was relevant to a social history, but in these assessments the information was sparse, not organised as a social history, and was rarely used to understand the present situation.

Box 4: Typical (unsatisfactory) chronology

NB Dates changed but length of time between contacts retained. The term 'Social Care' is used in order to anonymise the particular LA.

"2004 Referral – child admitted to hospital with scabies. Following this hospital admission it was recommended that a CAF was completed with the family.

2007 Request for Service – Health visitor made a request for service to 'Social Care' requesting parenting support for mother as she was struggling to cope parenting three young children. A CAF was recommended to take place with the family.

2012 CAF – lead professional is member of staff at school. The CAF is in place to support mother with child's behaviour.

01/2014 – Child and Family Assessment was completed. There were concerns around mother's drinking and child's behaviour. It was recommended the case should be managed by a CAF and closed to 'Social Care'.

04/2014 – Child and Family Assessment. Concerns regarding. The case was closed to Social Care with recommendation of a CAF."

08/2014 – Current Child and Family Assessment; concerns include mother's drinking, child's behaviour, domestic violence, parental lack of engagement.

5.4.3 Sources of information

Good assessments include information from different people, and information gathered in different ways. Whilst checking written records, talking to other professionals and interviewing significant people are all important, so too are the use of direct observation, assessments by experts, and the use of standardised measures. Observation can be done informally (e.g. in the course of an interview), and or it can be organised in more structured ways e.g. asking a parent to undertake a task with a child, something one might do as part of a parenting assessment. Standardised measures provide less subjective measures of strengths and weaknesses or problems, and a means of measuring progress or deterioration. Expert assessment of issues that can impact on parenting capacity can also be important e.g. of mental health or substance misuse problems.

The following questions were posed in relation to the use of appropriate sources of information:

- Does the assessment draw on a range of sources of information?

- Does the assessment demonstrate that the views of children were obtained, using appropriate methods?
- If children's views were not obtained, does the assessment provide an adequate reason for this?
- Does the assessment make use of standardised measures of similar tools.

Sources of Information

We judged 25% of assessments to draw on an appropriate range of sources of information 'with no obvious gaps' (n=43) and in only 6% (n=10) did social worker fail to do this at all. In some cases, social workers were aware of gaps in the available information, provided an explanation for these and took into account the significance of missing information (16%, n=28). However, in just over half, there were significant gaps that had not being taken fully into account or acknowledged by the assessor or their manager.

Standardised measures

We took account of the fact that standardised measures are not relevant in all cases, and identified 30 cases (30%) in which not using such tools was appropriate i.e. they would not have provided 'added value'. In a significant number of cases (66%) we judged that the use of standardised measures would have strengthened the assessment, and placed an associated plan on a better footing for monitoring progress. The candidate tools in these cases were those that assist in the assessment of domestic violence e.g. CAADA DASH (Richards, 2009); in assessing parental stress e.g. Parental Daily Hassles, (Crnic & Greenberg, 1990); poor home conditions e.g. Home Conditions Scale (Davie, Hutt, Vincent, & Mason, 1983) , checklists for identifying the (children at risk of) Child Sexual Exploration and children's behaviour e.g. SDQ (Goodman, 1997).

The only truly standardised tool used in the sample we assessed, was the Adolescent Well-being Questionnaire (Birleson, 1981). On one occasion this was relevant to the situation, but the results were poorly interpreted given the context (child being seen by CAMHS, frequent disagreements with mother / step-father and father had committed suicide when child was younger):

> 'An adolescent well-being questionnaire was administered with child which scored 12 (13 is likelihood of depression) this indicated that at that time child does not have depression.'

In a further five, the assessment incorporated data from the ROSPA home check (RoSPA, 2000); and the Fowler checklist of risk indicators (Fowler, 2002). In one assessment the social worker had used the Duluth Wheel, and in several assessments social workers had used the 'Three Houses Tool' to obtain children's views.

Incorporating children's views

Almost all assessments (79%) included the views of those children 'with whom it was possible to communicate'. Many included evidence to suggest that this was done in ways that were developmentally appropriate and 'minimised the chance of undue influence by another party or other forms of bias' (54%, n=94). The views of children were most often clearly represented when the case involved a s47 investigation. In some cases we felt that the coverage was incomplete (13%, n=22) and in a further 12% (22) the social worker had either not used the most age-appropriate ways of communicating or took the views of children in circumstances that may have compromised the information gathered. In 37 assessments (21%) the views of children were not included when, in our judgement, they could and should have been. There were no differences between assessments produced in either arm of the trial, and no significant differences between local authorities. When the views of children were not obtained, the reasons given were often not deemed adequate (see Box 5).

Box 5: Example of children's views not being obtained when they arguably should be

An assessment of a family with 5 children explored concerns of inappropriate touching between the siblings. The assessment describes good practice in eliciting the views of three of the children, notes that the youngest was "shy and reluctant to speak to workers alone" but then provides no views from the fourth child and no reason for the absence of views. The child not spoken to is 7 years and has a physical disability but there is no information that suggests any communication impairment.

It was fairly common to find that, when an assessment was triggered by an incident involving one of the children in the family, the views of siblings were often *not* obtained, even if they were present during the trigger incident or the social worker noted that the incident / child's behaviour was affecting their siblings or the parenting of their siblings (Box 6).

Box 6: Importance of obtaining siblings' views: example of omission

In a family with 4 children between the ages of 13 and 8, there were concerns of CSE for the oldest two children and a description of lack of emotional involvement or any assertive guidance or boundaries from their mother in relation to all the children. In this assessment, the two oldest children are spoken to (although one refuses to speak to any professionals involved) but there is no indication that the two youngest are spoken to and this is not acknowledged.

'*Too young to give views*' was often cited as the reason for not talking with children, but this was sometimes applied to children who we perceived as quite able to provide views e.g. children who were old enough, and who had no apparent additional needs.

Often the 'no views given' related to the children at either end of the family e.g. oldest (above 16) or youngest (2 and under), and generally this was not commented on further. It is possible that younger children may not have been able to provide their views, but a judgement of this is needed, especially when information elsewhere in the assessment suggests they are able to communicate e.g. a 2 year old whose views are not included is described as 'chatty with his father during contact.'

5.4.4 Coverage of assessment domains.

This section of the assessment guide was based on the Assessment Framework domains, and asked questions about the extent to which the assessment gave adequate consideration to:

- a child's development and developmental needs
- the parenting capacity of the child's carers
- an adequate account of the family's history and family functioning
- relevant environmental factors

Box 7 summarises the issues covered in each domain. Clearly not all factors or issues would be equally salient in each case, and so our judgements were made 'in the round'. In particular, we focused on whether or not there were significant gaps, whether the information gathered was relevant or made use of in assessment children's safety and wellbeing. If there was little or no information on a particular aspect of a child's development or family functioning, this only influenced the judgement reached if there was a reason to think it might be relevant.

All the forms used by LAs reflected these four key domains, albeit in slightly different ways.

Box 7: Assessment domains

- **Child's development**: children's health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self-care skills.
- **Parenting capacity**: parents' ability to provide basic care, ensure safety, provide emotional warmth, stimulation, guidance and boundaries, and stability
- **Family's history and family** functioning: personality issues, carers' physical and mental health including substance and alcohol use, life experiences that might influence their interpersonal relationships and relationships with their children; inter-parental relationships (how they cooperate, communicate, support each other, cope with change etc.), history of violence and how this was dealt with, physical and mental health of siblings; information about the wider family.
- **Environmental factors**: housing, employment, income, social integration and access to/use of community resources

Child's development

We looked to see the extent to which the assessment covered '*all relevant areas of development, in sufficient detail to provide a good picture of this child's/these children's development and his/her/their developmental needs'*. Using this admittedly quite high threshold, we judged 57 cases (33%) to achieve this. In a further 43% (74 cases) we deemed assessments to lack appropriate depth in some key respects ('*information provided is sometimes superficial or perfunctory'*), or to have missed out some important developmental considerations. In just under a quarter (24%, 42 cases) we considered the assessment provided only a very partial picture of the development and developmental needs of the relevant children. Box 8 provides examples of the range of responses we identified.

Parenting capacity

We judged just 28 assessments (16%) to adequately cover all six areas of parenting capacity (see Box 7 above) and to provide '*a clear and detailed picture of their (carers') current and future capacity to respond to their child/ren's needs, well supported by appropriate evidence*'. In just over a third, the assessment was judged to provide '*a*

reasonable picture of current and future capacity to respond to their child/ren's needs, supported by appropriate evidence' but in almost half of cases the assessment of parenting capacity was seriously limited (48%, n=83). Limitations were due variously to important areas not receiving attention, sparse information or the absence of supporting evidence, or combinations of these. Given that this is a major focus of SAAF, it is disappointing that here too we found no evidence of any difference between assessments conducted in either arm of the trial.

Box 8: Examples of adequacy of coverage - child development

Good coverage

Some assessments provided information on the child's needs / development from a range of sources, explained what was meant by the available data e.g. 'school attendance is 98%' which is good attendance, described the child's personality and gave some sense of their daily life, likes and dislikes e.g.:

> <Child> is registered with GP Surgery and she attends appointments when necessary, although she is usually well and healthy with no ongoing health concerns. <Child's> immunisations are up to date. On recent date, <Child> was seen by school nursing for a routine health surveillance check and no concerns were identified in respect of child's health or development. The school nurse stated that mother has sought medical intervention when appropriate to do so e.g. sought advice from health professionals following child sustaining an accidental burn to her hand.
>
> <Child> is in year X at school and reportedly settled well into school. <Child> attends school on time, wearing the correct uniform and she is clean and well presented. Child also has the equipment required to engage in school activities. <Child's> attendance is currently 95% which has improved slightly since the start of this assessment. Staff member has stated that mother's communication with the school is very good and they tend to see one another on a daily basis when she takes <Child> to school. Staff member states child is 'forward' and she would feel confident that child would feel able to talk to adults in the school if she had any worries. <Child> continues to achieve within her age-related levels and there are no concerns with her academic ability therefore she requires no additional support in school. <Child> engages well during class and there have been no concerns raised in relation to her behaviour. <Child> has good peer relationships in school and interacts well with adults. <Child> attends dancing after school club with her friend which she enjoys.
>
> <Child> enjoys attending school and also completing her homework every week. She has a homework diary and she has achieved an award for completing her homework on time and to a good standard. <Child> will be able to attend the 'homework party and she is very much looking forward to this.

<Child is a happy and bubbly child who enjoys social interaction with her peers of a similar age and also adults in the family she sees on a regular basis. <Child> can be independent and she can complete age appropriate self-care skills such as dressing and brushing her teeth when prompted. <Child> is caring and affectionate and she responds well to positive praise and attention.

<Child> presents as being confident, however child does require clear and consistent boundaries from her mother when she is misbehaving and not doing as she is told. <<Child>> likes to be clean and tidy and she tidies her toys away in her room. <<Child>> likes to play with her dolls and pram. <<Child>> likes to wear clothes from her favourite clothes shop and she likes to make jewellery and wear nail varnish when she is not at school.'

Partial coverage

This assessment took place following a referral regarding general neglect, poor school attendance and children attending school hungry, dirty, tired and ill-equipped and sometimes sad. The assessment makes no comment on the presentation of the children and focuses on the crowded sleeping arrangements in the home. The following is a full description of one of the children's needs:

'<Child> is 11 yrs old and white British. She attends <SCHOOL>. I spoke to her at home and she was very quiet and timid. She said that everything was OK and she was happy enough at home.'

Superficial coverage

Some assessments made statements that were not 'explained' or left the reader wondering about whether or not they were positive features or not, e.g.:

'<Child> attends sporting group'

So? Does <Child> like the sporting group or hate it? Does she feel good about it?

'<Child> has friends in local area'

So? Does she see them, spend time with them, have them to their house, get bullied by them?

This also occurred when concerning issues were being described e.g. a case where a young adolescent with complex needs is educated at a residential school for children with Emotional and Behavioural Difficulties and spends holidays with his grandmother.

A number of descriptions are applied to this child such as “demanding”, has “attachment issues”, has “irregular contact with parents”, but none of this starts to explain how (or why) his behaviour has resulted in his grandmother being hospitalised on two occasions.

Family functioning

As we had a question on social histories, we used the item ‘family history and family functioning’ to credit other information pertaining to the family, particularly in relation to how the family *currently* functioned. Few assessments provided ‘*an adequately clear and detailed picture of family functioning past and/or present, supported by appropriate evidence’* – just 25 in fact (15%). As an example: we judged the following to be an adequate picture of family functioning:

> ‘Mother has been married four times and all of these relationships had an element of domestic violence in them. Mother stated that her current relationship is the first which has been good, with them both being affectionate with one another. She acknowledged they did have some issues but nothing that could not be worked out so they were more solid and stable….Partner informed that he saw himself with Mother for the rest of his life…which was why he became so very upset when mother spoke about their relationship ending. There is no information to indicate that either have any issues with drugs however they both acknowledged that most of their arguments have been fuelled by alcohol and that rows have escalated to the point where they have had to call the police. Of the 11 incidents of reported domestic violence nine have involved alcohol (police reports)… Both [parents] have their respective parents to support them. Partner will often stay with his parents when he and Mother have had an argument to give her some space. Mother has her own mother and older daughter as well as friends who form her support network. Mother and ex-partner now have an amicable relationship which was not always the case but she does feel he is supportive of her despite their negative history.’
>
> [This is supported by evidence provided elsewhere in the assessment by Mother’s ex-partner].

Of the other 148 assessments, 78 (45%) provided ‘*some* information about family functioning, supported by appropriate evidence’ but without adequate coverage of some areas. Seventy (41%) failed to provide an adequate assessment of family functioning,

either due to significant gaps in information, an absence of supporting evidence, or weakness in the supporting evidence.

Environmental factors

Almost half of assessments covered this well (48%, n=82). Of the remaining 91 cases, there appeared to be some significant gaps in 40% (n=69) and in 13% (n=22) the author had not adequately considered relevant environmental factors, either because it focused on few or none of the relevant areas or was rather 'thin' or perfunctory ('something in the box'). Box 9 (overleaf) provides examples from each of these categories.

Attention to strengths

In relation to the adequacy of the coverage of key assessment domains, we also scrutinised the assessments for evidence that social workers had given due consideration to *strengths* within the family (including resilience amongst children)

Box 9: Coverage of environmental factors

Good coverage: example

> ‘The couple live with <Child> in mother’s house. This is a council owned property where she has lived for 18 years. The family home is nicely decorated throughout and is neat and tidy with no cleanliness or hygiene issues.
>
> The couple have reported that they are just about able to manage with father’s wage and the tax credits they are in receipt of but they do struggle financially and have debts of approximately £1000 between them…has been the cause of tensions between them. Father is the main wage earner in the family. He works as an assistant manager at PLACE. He works mainly shift work. Mother has not worked in five years following an accident which caused her to have a broken back. Prior to her accident she had worked as a care assistant.’
>
> The family are located within an easy distance of all the local amenities and school is within walking distance of the family home.”

Adequate coverage: example

> ‘Mother was living in a one bedroomed council property however she has moved to stay with her mother after the incident of domestic violence…she doesn’t want to go back to the property as father knows the address and would pose a risk when released. Mother is currently not employed however she receives all the appropriate state benefits. Mother reported she is aware of the different facilities available in their area.’

Thin coverage: example

‘Towards the end of the previous assessment mother and <Child> returned back home. Mother and father moved with <Child> to their current address on DATE.’

Generally, assessments took care to include positives about the family, particularly parents. However, this often took the form of bullet pointed lists of ‘protective factors’ in the section on analysis (we do not consider strengths to be interchangeable with protective factors). Rarely did the assessment explain in what ways these ‘strengths’ or ‘protective factors’ operated to the benefit (protection) of the child. The list of strengths

(or ‘protective factors’) usually read as a means of softening a report that might otherwise be a ‘difficult read’ for parents or children. For example:

- ‘<Child> is registered with a GP, immunisations are up to date’.
- ‘<Child> is meeting his / her developmental milestones’.
- ‘<Child> attends (mainstream) school’.
- ‘Parents have engaged with the assessment process’.
- ‘There have been no previous concerns raised’.
- ‘The children are healthy and there are no health concerns’.
- ‘The home is clean and tidy’.

In just 31 assessments (18%) did the social worker set out *how* the child’s safety and wellbeing were enhanced by the strengths identified.

- ‘Mother and father appear to have an amicable relationship which allows them to support child well.’
- ‘<Child> has a stable home environment given mother has had the house for more than 15 years.’
- ‘<Child> has spoken of good family relations and appears to have a good relationship with her parents.’

In most cases (70%, n=120) strengths were listed or otherwise identified, but no link was made as to how these benefited the child. In only 20 cases (12%) did we find no reference to strengths of any kind. No difference were found between assessments undertaken by social workers in the experimental group and those in the control group.

Perceived relevance of missing information

In this domain we also assessed the extent to which assessors appreciated the significance of missing information. Missing information was not an issue in 13 assessments. Of the remaining 160, social workers noted that information was either unavailable or not well understood in 84 cases (49%). For example:

> ‘It is clear <Child> is having association with gangs, but it is not clear whom he is meeting, with whom he is staying. It is also not clear how <Child> is meeting his basic care needs when he goes missing from home. It is not very clear

whether <Child> is selling drugs as he has unexplained money and expensive clothes.'

Sometimes the responsibility for information not being available at the time the assessment lay with 'third parties' who had failed to respond to request for information from the social work. However, all too often the social worker appeared not to have taken the necessary steps to obtain that information:

> 'father's role and his views on the assessment are not known. He has not responded to attempts to engage him with this assessment.'
>
> 'Mother did not want father to be informed about children's services involvement as he might take the children into his care. However it is essential he is informed.'

In the remaining 76 cases (44%), information appeared to be missing that was not recognised as important by the social worker responsible for the report, or by the line manager signing it off.

Only rarely did the social worker go on to consider what remained unknown e.g. In the case of a child who has lived with her grandmother since a young age, we read:

> 'It is unclear what <Child> understands about her own early history, unclear what she really feels about her parents, and some concerns have been raised about her ability to understand information she is given.' (paraphrased).

5.4.5 Critical appraisal and analysis.

Having collected information relating to each of the assessment domains, the assessor needs to consider the relationships between factors within, and across, domains. In particular, it is important to identify those relationships that might explain the pattern of harms and strengths/protective factors in the child's health and development, adducing relevant evidence for each. We therefore judged the extent to which an assessment:

- identified (or presented hypotheses about) relationships between family and environmental factors, parenting capacity and the child's development, including the risk of significant harm (focus on the present);
- provided an hypothesis about how the author believes the situation in the family has come about (development over time), and what factors are maintaining it, or preventing the resolution of problems;
- considered other plausible explanations in reaching its conclusions.

It is fair to say that we interpreted these criteria extremely generously, crediting *any* attempt at linking *any* issues in an explanatory way, whether via explicit hypothesis (which we never encountered) or more implicitly, as illustrated by the example in Box 10. Taking that into account, around 40% of assessments (n=71) made *some* links between family and environmental factors and the child(ren)'s development, though rarely was parental capacity addressed. In a handful of cases, the nature of the referral was such that this issue was not relevant (n=6), but in the majority of cases 56%, n=97) we found no indication of this kind of analysis.

Similarly, in only 20 cases (12%) did the social worker engage in any clear description or analysis regarding how the situation had come about and what factors might be maintaining it, or preventing changes from taking place.

In 88 cases (50%) we found some indication as to what the social worker deemed to be the problem, but the assessment *either* lacked any detail about *how* this had arisen or the problems were framed in such a general way that they could not be shown to be easily falsified, if incorrect.

Box 10: Linking issues within an assessment: example

"Mother's alcohol use and the impact upon her children has been a feature of two previous assessments and continues to be a concern today. Her ability to parent is impaired by alcohol related problems….Alcohol clearly has an impact on mother's ability to provide basic care such as food and electric as well as meeting more complex needs such as the children's emotional needs. Child C is being hit as a form of discipline…by both mother and her partner putting him at risk of significant harm. Child C is extremely vulnerable due to his age and inability to protect and defend himself. Furthermore, Child C is not spending time away from the family home as his siblings do, meaning he spends long periods of time alone or witnessing and exposed to inappropriate behaviour and lack of stimulation."

Disappointingly, some social workers described the presenting concerns but did not make a professional judgement about what had happened or why. Unsurprisingly perhaps, given that critical appraisal so rarely featured in assessments, little attention was given to other possible explanations for the situations that had prompted the referral or present situation. Such thinking was discernible in only 3 cases in control group assessments. Box 11 provides some typical examples.

5.4.6 Estimating the risk of significant harm.

With regard to the risk of significant harm, we looked to see whether assessments:

- explicitly considered the consequences for a child if no action was taken;
- where relevant, made clear the likelihood of maltreatment if no action was taken;
- where relevant, made clear the changes required to make the child safe
- where relevant, made clear the changes required in a child's care to provide them with adequate parenting.

Box 11: Description of concerns

Example of clarity over concerns but lack of professional judgement:

"<Child> has been very clear that he has been hit by both his mother and father, parents appear to be struggling with this information and state that it is not true and that he has been bribed to say that he has been hit [by school]. If parents cannot accept responsibility for the chastisement then CSWS would struggle to implement support to support them with <child's> behaviour.

List of concerns without details:

<Child> is not currently in mainstream education due to her behavioural difficulties, <Child> is overweight, there are doubts about whether <Child> will be able to return to Gran's care, Gran is not meeting <child's> needs and their relationship is breaking down, the child has shown aggression towards her Gran. (paraphrased)

Good example of thinking about how the concerns may have arisen:

'It is my assessment that the key push factor in <Child> going missing is the current economic and living conditions of the family as well as his high aspirations to have a better and comfortable life. It is assessed based on the direct work that <Child> may go missing again as he is not satisfied with the family home environment, legal and financial status. <Child> also thinks he will go missing again and by doing this is helping himself. It is very important that child needs to be encouraged to focus on his education and be protected from any further contact with gang members…<Child> has less interest in continuing his studies…as <Child> thinks his legal status will not allow him to continue his education anyway after secondary school.

I remain concerned about the impact on siblings as they may get influenced by child's behaviour as they are observing child with more freedom and having the luxury of expensive clothes and gadgets. The current economic and legal status of the family will always remain as a push factor for the children to be attracted towards gangs or other means of getting money.'

Consideration of consequences if no action taken

In 37 assessments (21%) the social worker articulated the consequences for a child if no action was taken to safeguard them. In 96 cases (55%) the assessor did not make clear what the consequences would be for a child if no action was taken, where such consideration would have been appropriate. In the remaining 41 assessments the

absence of such a consideration was judged entirely appropriate, given the nature of the referral or subsequent investigation.

Likelihood of future maltreatment if no action taken

Similarly, very few assessments (n=36, 21%) included a clear statement about the likelihood of future/ongoing maltreatment if no action was taken, and in 87 (50%) cases where it would have been relevant, it did not feature. Box 12 provides examples of where the consequences for the child and need for intervention are clearly outlined.

Box 12: Consequences of harm and likelihood of further maltreatment: example

<Child> is at risk of experiencing trauma from witnessing assaults between his parents and there has been indication of child being in a daze or hyper-aroused on visits following altercations indicating this. <Child> is at risk of experiencing unresolved anxiety or depression due to the situation. By normalising violence in the home his parents are teaching child this behaviour is acceptable, for instance I have witnessed child hitting mother in the face which was out of character for child and difficult to challenge when it is modelled at home. <Child> is not having his need met to be kept safe nor for guidance and boundaries – both his parents are modelling poor impulse control. Within violent episodes <Child> has not been protected, comforted or considered – this means his feelings are left unresolved and causes damage for him… <Child> is at risk of cortisol the stress hormone causing damage to his development if he remains in state of hyper arousal due to exposure of extreme threat and violence by the people he cares about. This can impact on cognitive functioning now and in later life. There is also a risk of accidental injury during episodes of violence – it cannot be stressed enough that the flat is small. Both parents in the latest altercation argued over who would care for child…sends a message to <Child> of being a problem rather than a priority…Tracking the need for change and timescales for the children will be critical in this case, the CPP and PLO processes will aid with this.

Mother is extremely emotional and upset about the whole situation [child's deteriorating behaviour at home and school]…it is thought she is at breaking point and if she is unable to be rational when addressing <Child's> behavioural issues then she may…inappropriately physically chastise child or even refuse to care for him anymore as she feels so stressed out by the situation.'

Changes required for safeguarding and providing adequate parenting

There was some attempt to specify the changes required to safeguard a child in 73 (42%) assessments where this was relevant. In a case where a child alleged his father had hurt his penis during an overnight visit, the plan was clear that:

> 'Contact between children and their Dad needs to be supervised until we are clear in understanding child A's worries and the connection to Dad and contact with Dad. Mum to supervise Dad's contact.'

In a further 50 cases where it would have been appropriate, no such statement was included. Similarly, in only 73 (56%) of 130 cases where the adequacy of a child's parenting was an issue, was there a clear statement made regarding the changes required to provide them with adequate parenting. We found no differences in these issues between assessments conducted in either arm of the trial.

5.4.7 Assessing parents' capacity to change

When children are not receiving appropriate parenting, it is important to determine whether parents have the capacity to change before deciding how best to intervene. This helps to avoid decisional drift, and to optimise children's development, as well as protecting them for potential harm. Assessing capacity to change is a particular focus of SAAF and indeed of current policy initiatives. When examining assessments we looked to see if the assessments

- Provided evidence of parents' strength of commitment to the child
- Indicated whether parents' accepted responsibility for their role in concerns about the child
- Made clear the parents' capacity to change
- Made clear the basis of their judgements about motivation or capacity to change
- Indicated parents' preparedness to engage with professionals to bring about the changes required

Strength of commitment

Strength of commitment is an indication of motivation to change, and an indicator of the likelihood that the parent will be able to put the child's needs before their own. This issue was judged to be relevant in 139 of the assessments reviewed. In 50 (36%) of these, the

social worker made explicit reference to evidence of the parents' strength of commitment to the child, for example, parents being committed to make changes or being able to prioritise their child's needs:

> 'During this assessment both parents have demonstrated a clear sense of responsibility to promote and protect their baby's needs and well-being.'

In a further 51 (37%) cases there was evidence of the parent's strength of commitment, but the social worker had not clearly identified it as such. This often occurred where there was mixed evidence about a parent's commitment e.g. a comment from one of the file assessors stated:

> 'Mum's behaviour and the way she responds to concerns raised for oldest four children suggests she is committed to them, however, she has lied to Social Care about ending her relationship with her current partner who is perceived as a risk to her children which suggests she is not prioritising their needs nor committed to change. This needs to be spelt (sic) out.'

In both cases, strength of commitment might involve evidence that the parents were *not* committed to the child. In 38 cases (27%) no consideration was given to this issue.

Accepting responsibility

Parents who accept responsibility for their role in the concerns being expressed in relation to their child(ren) are thought to be more likely to cooperate with proposals to improve matters. We identified 133 assessments where this was relevant and of these, the social worker specifically addressed this issue in 52 cases (39%). In 41 (31%) cases the reader could find evidence on this matter within the assessment, but it was not articulated by the social worker, and in 40 (30%) assessments, the matter was not addressed when it arguably should have been.

Capacity to change

In only 11 of the 126 assessments where this was judged relevant, did social workers explicitly address the issue of parents' capacity to change. Evidence bearing on this issue was available within the assessments in a further 48 (38%) cases, but not drawn together or commented on by the social worker. For example:

> 'There is evidence that there were incidents of DV before Mother moved with child A to City X it is concerning that knowing this Mother still made the decision to move to X without considering or prioritising the wellbeing of child A. There is evidence that there continued to be DV in couple's

relationship…Mother chose to remain in this relationship and as a consequence kept child A in the negative home environment. Previous history shows that Mother left the relationship on one occasion and stayed in alternative accommodation with the support of the police, however she quickly resumed the relationship and there continued to be further incidents of DV.'

In the remaining 67 (53%) assessments, it was not addressed in any form. Where an explicit statement was made, the social worker almost always provided the evidence for their judgement. Here is a good example:

'The couple acknowledge they have some issues, however they also minimise the concerning nature of the incidents and one must consider that there are more incidents that may have taken place but not necessarily been reported. If the couple are unable to accept true nature of incidents then not a far stretch to assume they are unable to provide a safe environment for child and also to effect positive change.'

The evidence provided in this case was more than ten calls to the police by one or other parent to report a physically abusive DV incident and ask for assistance, which both would then state was 'no more than an argument' the following day.

Parental preparedness to engage

The majority of assessments commented on parents' willingness to engage with professionals, though sometimes the evidence for this was based purely on parents' self-report or on engagement during the assessment period. For example:

'Parents have engaged with the sessions required to complete this assessment.'

'Probation Officer stated that Mother had begun to engage with him, though did not appear to feel she needed his support.'

Of those128 cases where this issue was deemed relevant, it was addressed in 96 (75%), though in 14 of these cases it was not evidenced. In the remaining 32 cases (25%) it was not addressed at all. Again, there were no differences between assessments conducted in either the SAAF or the TAU group.

5.4.8 Changes needed in family and environmental factors

We looked for evidence that the assessment at least outlined the changes needed in both environmental factors (e.g. housing, employment, income etc.) and a wide range of

other family factors e.g. factors arising from difficulties in current relationships, the management of conflict, factors from a parent's childhood that might be impacting on their parenting, substance misuse.

In 113 cases, children were living in adverse physical conditions. It is not surprising then, that changes in these factors (notably housing) were explicitly flagged by social workers in 81 assessments, and were implicit in a further 12. In only 20 cases where changes in environmental factors were deemed to be needed did social workers not identify these.

Given the wide range of family circumstances covered in this group, it is surprising that changes were only clearly identified in 61 of the 123 cases where these seemed pertinent. In 30 cases there was no reference to changes required that were arguably required, and in 12 cases there was only indirect evidence of changes needed but these were not identified as required changes.

5.4.9 Intervention plans

Child Protection and Children in Need Plans are agreed in a multidisciplinary group meeting or family group conference. Therefore, when examining the relationship between the assessment undertaken by the social worker and the decisions made about what to do, we considered the social worker's assessment, subsequent reports to a conference, and the plan itself. We looked to see whether, in either the social worker's assessment, any subsequent report to a conference, or the plan itself, we could identify:

- clear recommendations (or identification) of interventions needed to bring about the required changes in the parents/carers or other systems
- a clear account of how recommended interventions would address the problems identified
- an estimate of the overall prospects of successful intervention and how long this would take
- evidence that any recommendations made took appropriate account of the child's age and stage of development
- evidence that recommendations considered the need of the child for help to address the consequences of maltreatment or mental health needs, and why these were appropriate

Recommendations

In 44 cases (25% of the entire sample) there were no recommendations because the case was closed. Given that we had asked for, or selected, cases designated ‘complex’, this is of some concern. There was clear evidence of a revolving door effect in very many of these assessments, with a series of referrals leading to no further action (NFA) or, often an initial or core assessment, followed then by NFA. As in the chronology, the rationale for closing the case was often either absent or questionable e.g. accepting the word of a parent that an abusive relationship had ceased, when such an assurance had been given and breached a number of times already.

In five (3%) cases, the nature of the concerns was such that interventions were clearly not required e.g. parents taking decisive action when their daughter reported inappropriate behaviour by a peer; an incident of adolescent drunkenness and persuasive evidence that it was a ‘one off’.

Of the remaining 125 cases, we identified clear recommendations in 85 (68%) regarding changes needed in the parents (rarely were other systems identified). Box 13 provides a typical example. No clear recommendations were available in the remaining 40, despite the existence of a plan. In many of these cases, the plan focused on further assessment, or work of an unspecified kind. For example, in one case the recommendations were for:

- a parenting assessment
- ‘Direct work to be undertaken with all the children’ (code for assessment).
- A professionals’ meeting … to gather and assess the information in relation to the concerns raised.

Box 13: Example of clear recommendations

- In a case where frequent DV is an issue, recommendations for changes included:
- ‘Work for mother and step-father around healthier relationships and how to manage difficulties between them.
- Work around anger management as they both clearly over-react to certain situations.
- Mother and step-father to ensure they do engage with mental health services to address their therapeutic needs.
- Some work around alcohol and the impact of excessive drinking on their relationship.’
- Services that would carry out the above work were named in the plan.

Mechanisms of change and prospects for success

Considering only those 85 cases where clear recommendations were made, around half of the assessments were specific about how the recommended intervention would bring about change.

Only two assessments or related plans included a statement resembling the prospects of successful intervention. Here is one:

> ‘It is fair to say that risks do remain which mainly pertain to the vulnerability inherent in Mother’s ongoing difficulties with her mental health and parents’ history…of drug misuse…Over the past few years both parents have made significant progress and sustained positive change in their lives. Drugs professional W has commented that mother is presently the most stable she has ever been. It is clear that parents have a sincere desire to provide love and care to their child, and it is the recommendation of the Local Authority that they should be provided with an opportunity to do so as it is felt that the couple could meet the needs of their soon-to-be-born daughter to a good standard with the support from professionals and their extended family members.’

In only three cases was there an estimate of how long it would take for changes to take place, though in a fourth, the social worker was clear that the plan should be ‘time limited’.

Appropriateness of recommendations

Specific attention was rarely given to a child's age or stage of development, with only 63 assessments clearly taking this into account, though even then not explicitly. Recommendations made in the remaining 50 seemed not seriously to have considered the implications for children's development or wellbeing.

In considering children's needs for help to deal with the consequence of trauma or the distress that they might have encountered, we defined therapeutic help very broadly - from the opportunity to talk to an adult (usually referred to as 'direct work') through to a referral to CAMHS. In 43% of cases (n=73) this was not deemed necessary or appropriate, either because of the age of the child or because they had not been present at the incident leading to the referral. Of those 100 cases where it seemed to us that children would have benefited from a focus on their own needs for support, this was only done in 43 cases. In most of these cases (28) the social worker or CPP/CIN plan made it clear why the particular service identified was appropriate e.g.

> 'There are identified support needs for both child A and child B. Child B presents with emotional and behavioural needs and she needs to be supported to explore her feelings and manage her emotions. A referral has been submitted to CAMHS and this needs to be followed up to access an assessment and any recommended support. Child A has been identified in supporting her Mother and helping to care for her younger siblings. Mother has agreed to a referral to Young Carers for child A.'

In the remaining cases, it was not clear why a particular service was identified or how it might help.

5.4.10 Goal setting, monitoring and evaluation

We examined assessments and intervention plans for the use of clear, measurable (SMART) goals to enable the monitoring and effectiveness of those interventions identified. We also looked to see if there was a clear mechanism or process in place for assessing the effectiveness of those plans in improving outcomes for children.

Ignoring the 44 cases that were closed, no clear goals were discernible in a further 40 cases, and in only 24 cases could we find at least some goals that were sufficiently clear that progress against them could be monitored. Of these, only 12 provided information as to how progress would, in fact, be assessed e.g. who was responsible, what measures might be used.

Box 14 provides some examples of the range of specificity we encountered.

Box 14: Goal setting

Process-led goal

Risk: Multiple assessments of the family and ongoing concerns with Mum's parenting.

Action: Attend parenting course.

Outcome: No further assessments in relation to the children.

(Paraphrased)

Typically generic goal

'Child to live in a warm and safe environment where all her basic care needs are met and not impacted by parental drug use.'

Clearer goal with measures of progress

'No further injuries or physical harm [to children], living in an environment which is free of domestic abuse, which is stable and consistent. Evidenced by parents accessing support and services to prevent further incidents of harm.

Child A to access the Children's Centre groups / activities for development / stimulation. Evidenced by Child A accessing the children's centre.'

5.5 Discussion

This trial was designed to test the effectiveness of SAAF, and *not* as a test of social work practice. However, the review of assessment quality raises a number of issues that shed light on typical assessment practice, rather than what some might see as 'aberrant practice' in cases scrutinised under the spotlight of serious case reviews or enquiries. In this concluding section we consider some of the key themes to emerge concerning how the task of assessment is approached, executed and managed in busy social work offices. Some appear to be systemic, driven by the 'tyranny' of the forms used; others seem indicate areas where further development of skills would be beneficial. Some may simply represent 'poor practice', at an individual level or an organisational level.

5.5.1 The advantages and disadvantages of proformas

All local authorities used a proforma to structure the collection and analyses of information. Differences in the structure and headings often contributed to assessments

in one authority being stronger or weaker in some areas than others. For example, the lack of a section specifically asking about parenting capacity in LA5 assessments made it particularly difficult to unpick what social workers thought about the parents' abilities. In another LA6 the form included a section to list the professionals involved, but provided no place or prompt to indicate whether or not they had in fact contributed to the assessment. This was exacerbated if the social worker then wrote in a generic third person style e.g. 'it was said / observed /reported that'.

That said, having an excellent proforma (or sections of a proforma) did not guarantee an uplift in assessment quality. For example, in LA5, the proforma included excellent prompts and hyperlinks to sources of help and guidance, yet there was no evidence that these made any difference to the quality of the assessment. For example, one of the sections asked for a picture of what a day in the life of this / these child/ren was like. This struck us as an excellent way of obtaining a picture of a child and his or her circumstances, but we did not find one that had been completed, or which included similar information elsewhere.

In LA3 the form had a section entitled 'The Child's Story' which appeared to help ensure that the child's views were well represented. Its position early in the assessment reinforced its importance. However, in this authority, the proforma did not reproduce more specific headings relating to the Assessment Framework (triangle). In the absence of such headings, or subheadings, coverage of the wider aspects of children's development were generally less well developed, likewise coverage of how parents met their child's needs. In those that did include headings based on the triangle, the information was not always very full or pertinent either. The issue seems more to do with an absence of a clear sense of purpose behind the assessment, as well as a lack of basic curiosity – see below.

5.5.2 Recycling information

There was a major problem with 'cutting and pasting' in all local authorities, irrespective of whether they were using the Single Assessment format or the Initial and Core. To some extent this is understandable when there are time constraints, and when, for example, the IT systems require a social worker to complete a *different* proforma for submitting a report to a CP or CiN conference, even though 90-100% of the information is exactly the same. However, such cutting and pasting also occurred *within* assessments. For example, it was extremely common to find Core Assessments that included very little text that was not available in the initial assessment, even when the

author of the Core Assessment (CA) was a different social worker (which was most often the case). Indeed, only rarely did the social worker completing the CA make more than one or two additional visits to that undertaken by the social worker conducting the IA (in both cases the number of contacts was most often one).

In local authorities using the Single Assessment the situation was not much better, with a good deal of material cut and pasted from one point in time to another, making it very difficult for the reader to work out 'whose voice' one was hearing, how current the issues were, and what had been done to improve the understanding of a situation. When considering Single Assessments it became evident (because these contained earlier as well as current assessments) that very rarely were any contradictions between previous and current information explored. For example, in the first assessment in one case the father was deemed unsafe to be around children, and had no contact or relationship with them, according to mum. In a review Child Protection Report, the child was reported to be living with the father, albeit in the primary care of paternal grandmother. Nowhere was there any information as to what, if anything had changed.

5.5.3 Absent fathers

There was little evidence of social workers' engaging with fathers or the current partners of children's mothers. Very often they were not seen or talked to, and the only rarely featured in social workers' comments on the adequacy of parenting within the family – and then most often in relation to partner violence or substance use.

In situations where a father is not present in the home, but where he is nonetheless the person of concern, then he is sometimes (though not always) spoken with on the phone, rarely met (explained by the social worker as due to work commitments or lack of interest), and more rarely still is any work undertaken with him. This places the onus of responsibility on mothers to protect their children, and they are blamed when they do not, yet the cause of the abuse remains unaddressed. This is of particular concern given the numbers of cases we reviewed where domestic violence was a primary concern, including controlling relationships, and where it is unlikely that mothers *can* be in a position fully to protect their children. This is also why we were so concerned that so many cases were closed on the grounds that the parents 'had signed an agreement' not to engage in abusive behaviour, or a mother had said she had ended an abusive relationship – often, when this was a cycle evident form a chronology of contact with children's services and the police.

5.5.4 Uncritical information gathering

The approach to gathering information was largely process driven e.g. gathering information from relevant agencies, interviewing family members, talking to children etc. However, the 'dose' and 'depth' of information gathering was often limited, as indicated above. Sometimes, the significance, or potential significance of information gathered appeared not to be appreciated, and in some cases blatant contradictions went unexplored or even noticed. For example, in one assessment we read:

> 'School have had no welfare concerns for the children … School reported that both children are tearful and emotional generally'.

There was no follow up to this. In another case, the author reports mum as describing her child as 'sly, a good liar, tries to get siblings in trouble' and under 'Emotional warmth the author writes 'all children have a good relationship with Mum.

In one short paragraph in one assessment, under family factors, the social worker states that Mum was sexually abused as an older child by a step-father. The previous paragraph notes Mum has little contact with her mother. The possible connection between these two issues is not explored, and the issue of the sexual abuse and when Mum disclosed is not considered anywhere, or any possible connection between this and the type of relationships she finds herself in (abusive) or any of the difficulties she is experiencing in parenting her children.

Very often we encountered statements that posed more questions than they answered. For example, we read that 'child attends sporting group' – but we are not told whether this was a good thing or a bad thing. The child might love it or hate it; it might be a means of countering other bad things in his or her life, or completely irrelevant. A child is said to have friends in his local area, but not whether he sees them, spends time with them or goes to their houses. Often, social workers populated sections of the form that ask for information, but simply did not use this to determine the child's overall situation or consider their implications for their wellbeing.

Sometimes information from parents or professionals was simply reported, with no opinion vouchsafed about the accuracy or sufficiency of the information. Rarely, for example, was there any attempt made at 'triangulation' of information.

5.5.5 Limited Analyses

The SAAF is designed to help social workers do a number of things that should improve their analyses, including focusing their attention to the profile of harm and impairment of

the child's health and development, predicting the likely outcome for the child if no action is taken, including the risk of (further) abuse; and determining the prospects for successful intervention. As the profile of assessment quality presented above makes clear, not only were there no significant differences between the experimental and control groups in these respects, but the overall basic quality of analyses was generally rather poor for both groups

Most commonly, in the sections entitled Social Worker's Analysis, the author simply repeated a long list of concerns, cut and pasted verbatim from earlier sections of the form, alongside bullet pointed lists of 'risks and protective factors'. Box 15 provides an example of this.

Box 15: Risk and protective factors

Risk Factors: examples

Mother's mental health

(Child 1) reported to be self-harming and exposed to mother's mental health

Lack of emotional warmth from mother towards Child 1.

Concerns about parents arguing in the home

Child (2) has complex health needs.

Protective factors: examples

Mother admits to self-harming but states she hasn't done so for months she states she has sought support from the GP and uses ITalk. Recent update from school that mother has self-harmed in 2015

Mother described 3 incidents where it was alleged that (Child 1) reported to have self-harmed. Mother has explained all the incidents which appear to have occurred in play. Mother denies that (Child 1) has witnessed her self-harming.

Mother states that she is not a naturally cuddly person she says she tries with Child 1 but finds it difficult. Mother also needs to deal with the issues from her childhood which I believe have a detrimental impact on the parenting of her own children.

There have been arguments in the family home this is mainly due to two reasons. Issues with (Child 2's) education provision and relationships problems. Mother has spoken to (father) about the arguing and shouting she states this has stopped. This has also been addressed with father who states he was not aware that his shouting impacted on Child 1 (who has) reported recently that there is less shouting in the home.

Taken together with the results of the analyses of the primary outcomes, it appears that those social workers working in the experimental group did not produce noticeably better assessments than those in the control group. Within this sample of assessments, the patterns of re-referrals and repeat CPPs did not differ either. Despite the training and focus SAAF was intended to bring, it did not make a difference to the quality of assessment practice. In the next section, we consider the implementation evidence that might help to explain why this might be.

6. Results - Implementation study

The implementation evaluation explored what happened in relation to implementation of SAAF in each study site. Its purpose was to aid interpretation of the trial findings and to provide insight into what would be required for its roll out to other local authorities, should the trial indicate this was appropriate. In this chapter, we present information about how SAAF was perceived, used and viewed by those involved in its implementation. Our analysis is based on qualitative in-depth interviews and supplemented by findings from the on-line implementation survey where this adds to the picture, noting that the on-line survey should not be regarded as representative of the wider evaluation sample, due to low response rates.

6.1 A new way of working

Implementing a new way of working is often a challenging process, and – to varying degrees - all six local authorities faced difficulties. At the time of the Wave 1 site visits (June to September 2015) use of SAAF had become reasonably well established in one local authority (LA 1). Progress was more uneven in three (LA 2, 3 and 4), with use beginning to become established in some teams. Use was very limited in the remaining two authorities, (LA 5 and LA 6). Some teams who were at an early stage of implementation at Wave 1 subsequently increased usage by the end of the implementation period, but in others there was little or no increase in use in teams where, at Wave 1, use was low. Indeed, there was some evidence of diminished use. Below we summarise

- **LA 1:** LA1 was more advanced in implementation at Wave 1 than the other study sites. Expectations about the use of SAAF seemed to be clear to social workers. The assessment team manager was systematically alerting social workers to the need to use SAAF as cases were allocated to social workers and its use was beginning to be routine practice. Some systems to track and monitor the use of SAAF had been set up, and confirmation of the use of SAAF (and completion of the CRF) was required before cases could be transferred or closed. It was also beginning to be established practice in longer-term teams. Not all social workers had yet used SAAF (either because they had not been allocated a case requiring its use, or because they were reluctant to), but some had used it on multiple cases. It had been decided that the *Systemic Analysis* tool would routinely be made available to Initial Child Protection Conference chairs, although this was not

yet happening consistently[5]. Use of SAAF also seemed to be well established as routine practice in the assessment team and in longer-term teams for the rest of the trial period, although in one team its use had diminished when caseloads had risen in Summer 2015.

- **LA 2:** The assessment team manager in LA 2 (seven months after implementation went live) was routinely identifying the requirement to use SAAF when cases were allocated: for some staff it was becoming standard practice, but others were said to be reluctant to use it. Shortly before the site visit, it had been decided that cases should not be transferred or closed until SAAF had been used, but this was not yet being implemented systematically and awareness was low. Implementation was not proceeding at all in one longer-term team and in others was at an early stage. There was a system for monitoring the use of SAAF in the assessment team, but not in longer-term teams. These patterns persisted for the rest of the trial implementation period. Use became routine in the assessment team and it was on the case closure/transfer check-list, although the requirement was not always enforced by the manager. However, we were told that it was most commonly completed after the assessment had been completed (see further Section 1.3.1 below). In one district team, it had not been used at all; in others, there was very little use.
- **LA 3:** In one team, managers were routinely identifying the need to use SAAF as they allocated cases, social workers were beginning to become familiar with using it (although sometimes only using some elements) and it had recently been agreed that cases could not be transferred or closed unless SAAF had been used. It had been agreed that the *Systemic Analysis* tool would be used at case review meetings (undertaken either 10 or 15 days into the assessment) in place of the agency's own risk analysis template, although this was not yet happening consistently in all teams. The other two teams were beginning to use SAAF. By the end of the implementation period, use varied between teams and between social workers, but had become more embedded in all three teams.

[5] This had been introduced to aid the evaluation, because it was expected that chairs' perceptions of the impact of using SAAF on assessment quality would be sought as part of the evaluation, and this was a way of highlighting to the chair the cases where SAAF had been used

- **LA 4:** In at least one team, use of SAAF was becoming routine, with the manager identifying the need to use SAAF as cases were allocated, a requirement that it be used before cases could be transferred or closed, and early work to set up monitoring processes. In other teams it was not being used and team managers were not requiring its use. These patterns of use persisted for the rest of the trial implementation period.
- **LA 5**: the assessment team manager was not yet systematically identifying the need to use SAAF at case allocation, and it was being used only sporadically in that team. One longer-term team described fairly widespread but informal use of SAAF: social workers looked at the tools when they needed guidance with a case, and sometimes completed all or some parts, but did not upload them on the case management system nor complete CRFs. In the other longer-term team, SAAF was not being used at all. Some efforts were being made to monitor the use of SAAF, and at the time of the site visit there were plans for more activity to embed it. At Wave 2 we interviewed only one senior manager and one team manager. We understood it had not been used to any degree in the assessment team in the remainder of the implementation period, and had been used actively although informally by some social workers in one longer-term team, with little use in the other.
- **LA 6:** after some sporadic early use of SAAF in the assessment team, use had effectively been suspended by the time of the Wave 1 interviews, and SAAF appeared not to have been used at all in the longer-term teams. This remained the picture at Wave 2.

Senior management sometimes understood implementation to be more advanced than was described by team managers and social workers in their local authority, or than was evident from CRF returns.

At Wave 1, only a little over half of the 30 social workers interviewed had used SAAF at all, and only a minority of these had used all four tools in two or more cases. By Wave 2 there had been more use of SAAF in multiple cases, both by the social workers we interviewed and as reported by team managers (although, as we note above, it was still used rarely or not at all in some teams). In this section, we look at how social workers were using SAAF, and at its use in supervision and child protection conferences.

6.2 When and how SAAF was used

We detected four distinctive ways of adopting or using SAAF in practice in the local authority trial sites: more 'thorough' adopters who (to varying degrees) tried to use SAAF on an ongoing basis throughout the assessment process with *some* fidelity to the framework as intended by the developers and as reflected in the logic model; 'post hoc' users who only implemented SAAF for the purposes of the trial, and after they had completed their usual assessment processes in full; an intermediate group who did not use SAAF to gather data but did adopt it to aid analysis and interpretation for the purposes of their final assessment report, and finally a group that (probably) did not use SAAF at all, and who are likely to have been over-represented in the non-responders to the request for CRFs and the on-line implementation survey (the 'non-adopters')

The expressed expectation of most team managers and senior managers was that SAAF would inform social workers' practice *throughout* the assessment process, influencing assessment planning, information gathering, ongoing analysis and decision-making, and the assessment report. This was in line with the intentions of the developers of SAAF, and it is how some social workers in most study sites were using SAAF. We are unable to quantify this finding due to poor survey returns, but nevertheless it is the case that there was such a group of distinctively 'thorough' users. These social workers described themselves as reviewing the tools before visits, and began completing them shortly after visits (occasionally repeating their use of the tools as their work progressed, although this seemed to be very rare). Some explained that they had been able to use SAAF earlier and in this more thorough way as they became increasingly familiar with it. Social workers in this group were more likely to say SAAF had influenced their practice (see Section 1.4.5 below).

> 'Initially we had more where it was a tick box exercise. I think the more we talked about it, the more we embraced it and used it, the less it became a tick box exercise.' Team manager, Wave 2, LA 1

A second group of social workers were using SAAF *after* they had completed information gathering, but *before* reporting, at the stage where they were formulating and writing up the analysis and recommendations, and thus can be thought of as '*intermediate*' users. A third group reported completing the SAAF tools only after they had completed the assessment report, in the spirit of compliance (as they saw it) with the research trial but not as part of their real-time assessment practice; we called these *'post hoc*' users. By Wave 2, this appeared to be prevalent practice in the assessment team in one local

authority [LA 2], despite efforts by the team manager to encourage use earlier in the process, and reflected an apparently very widely held view in this authority that SAAF did not add value to usual assessment practice. This 'post hoc' use was also the practice of some social workers in other sites, and arose because they did not feel the use of SAAF would be sufficiently beneficial to justify the substantial investment of time they believed it required, and so wanted to complete it as quickly as possible. In some cases, they were directed by managers to complete it at this stage. These social workers were fulfilling the trial requirement in completing and uploading the tools, but not using SAAF in a way that informed their assessment, and unsurprisingly, not experiencing benefit from using it.

> '… [I]t was taking people through many of the same things that they would already have completed as part of the [local authority's] child and family assessment and, therefore, they would just whizz through it ticking a box thinking 'I've done that bit and I've done that bit, and I've covered all this in my child and family assessment'.' Senior manager, Wave 2, LA 2 SMT

> '…[I]deally we were trying to start it at the start of getting a case but I think in practice, because of the issues with it that I spoke about [at Wave 1], it did end up being a bit of a tag-on at the end, to be honest.' Social Worker, Wave 2, LA 2

Finally, it is clear that there was a group of social workers in the experimental group who did not in fact use SAAF at all during the trial. Such people were not much in evidence in the qualitative research, but in the on-line survey, notwithstanding our caveats about low response rates, there is evidence that this amounted to a substantial group:

Just over two thirds of the experimental group responding to the survey reported having used SAAF '*wholly or in part'* during the trial period (67%, n33). Of those who had not used SAAF (n16), the most common reason given was lack of time (half of this group, n8). A small number of participants had not had to undertake any complex assessments during the trial period or were not in an active assessment role (four people) and a further two reported problem with access to materials and one cited *not knowing how* to use the Tools. There were only two cases of electing not to use SAAF because it was *unhelpful* or *irrelevant.* Overall, as far as they go, these results suggest that a majority of respondents had been willing to use SAAF, and where they had not, lack of time or opportunity was the key reason rather than a rejection of the Tools.

Assessment and longer-term teams were involved in 4 sites, but use of SAAF was limited or non-existent in longer-term teams in three of these[6]. Some social workers described reviewing the tools completed, reflecting on how their own judgements compared, and repeating the use of all or some tools as they thought helpful. More generally, the view was that, on their own, the tools added little to a subsequent social worker's understanding of the case, and it was expected that any insights from their use would have been included in the assessment report itself.

6.2.1 Comprehensive or partial use of SAAF

In all user groups that adopted SAAF to at least some degree, there were differences in whether social workers were using all four 'mandatory' tools, and whether they completed individual tools fully or partially[7].

In the qualitative research, of those who had used SAAF at all, most had used all four tools in at least one case. But there was also quite frequent partial use, with social workers using only the tool or tools they felt likely to be useful to a particular case, completing only some parts of tools, or using them for reference or guidance without completing them. This appeared to become common practice as the trial implementation period continued, particularly in three sites (LAs 3, 4 and 6). To some extent, this selective use reflected a sense of familiarity and confidence with SAAF materials and approach, a view that only some elements added value; time pressures; and the embedding of particular tools in assessment processes (see further below, Section 7). Selective use appeared to be emerging as the 'preferred approach' in one local authority [LA 3], where it was seen as more reflective and meaningful.

> 'I think [social workers] like picking and choosing, to customise [SAAF] to the families.' Team manager, Wave 2, LA 5

> 'I don't think they've rigorously applied it in a systematic way …. I suppose what they seem to have done is connected to something that either helped them or was presented in a style or structure or format which they found useful

[6] In addition, in the fourth site [LA 1], the agreed arrangement was that the assessment team would complete only the first two tools, the *Profile of Harm* and *Systematic Analysis*.

[7] As noted, in one site, different tools were to be completed by the assessment and longer-term teams

or was their preferred way of working, rather than following the whole script.' Senior manager, Wave 2, LA 4

'I think I'm one of those people that really look at SAAF as being not just about … using the tools but a way of thinking that helps you to process information that you have in a very analytical way.' Senior manager, Wave 2, LA 3

There were a few references to other SAAF materials being used, most often the various versions of the SAAF Assessment Framework triangle model *Organising Assessment Information*[8] based on the Department of Health (2000) Assessment Framework. The Department of Health report model was already in wide use in most of the sites before the trial, but in one (LA 3) we were told that its use had fallen away until SAAF was introduced. The more detailed versions of the *Profile of Harm* and *Prospects for Successful Intervention* were occasionally used, particular to 'anchor' scoring. Some social workers described referring to the text book and training materials (particularly the *User Guide*) for more general guidance, for example, looking at the summary information about child development or suggestions for interviewing approaches. There appeared to be more use of these non-mandatory elements at Wave 2 than Wave 1, suggesting that greater familiarity with and use of SAAF had encouraged some social workers to make more use of other materials too.

Some insights from the on-line implementation survey add weight to these findings. For example, of the 32 respondents who provided data in the survey on using SAAF, all but three had used the *Profile of Harm* and *Impairment of the Child's Development*; all but eight had used the *Systemic Analysis* diagram; all but three had used the grid for *Determining the Prospects for Successful Intervention*; and all but four had used the *Summary of Safeguarding Analysis*. Those who had used the Tools had mostly used them in a small number of cases (up to four) but a small number had used them in a substantial number of assessments. See Table 12 below. This table represents the responses from a very small group of people (between 29 and 32, percentages rounded) but they mirror the picture emerging from those who completed the CRF in the

[8] The SAAF materials include several versions of this, e.g. with empty boxes alongside each domain, or with boxes completed to illustrate risk and harm factors, protective and resilience factors, and intervention goals.

experimental group, where 35% indicated that they had used none of the grids in their assessments.

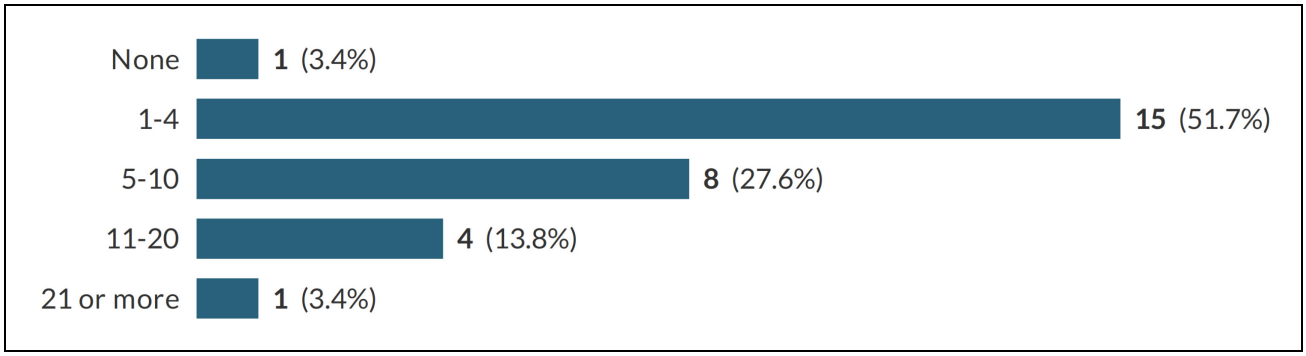
Some respondents (n=28) had 'looked at' one or more of the tools for the purposes of informing an assessment, although had not formally completed them (see Figure 5). This suggests that although formal use of the tools *per protocol* had not been universal amongst the experimental group, there had nevertheless been a degree of interest in and 'pragmatic' use of the tools. This was supported by information that 27 staff also reported referring to other SAAF materials informally, again, sometimes in a substantial number of cases.

Table 12: Use of SAAF Tools

Base 29-32	Number of times used (%)				
	None	1-4	5-10	11-20	21 or more
Profile of harm and impairment	4 (9)	19 (59)	6 (19)	4 (13)	0 (0)
Systemic analysis	8 (25)	16 (50)	5 (16)	3 (9)	0 (0)
Determining prospects for successful intervention	3 (10)	19 (65)	5 (17)	2 (7)	0 (0)
Summary of safeguarding analysis	4 (14)	17 (59)	5 (17)	3 (10)	0 (0)

Some respondents (n=28) had 'looked at' one or more of the tools for the purposes of informing an assessment, although had not formally completed them. This suggests that although formal use of the tools *per protocol* had not been universal amongst the experimental group, there had nevertheless been a degree of interest in and 'pragmatic' use of the tools. This was supported by information that 27 staff also reported referring to other SAAF materials informally, again, sometimes in a substantial number of cases.

Figure 5: Looked at one or more SAAF tools but not completed them[1]



[1] Base 29

The diffusion of the SAAF approach or way of thinking had not, however, spread widely into other aspects of the safeguarding process, at least as reported by this small sub-sample. Of the 32 staff who said they had used SAAF during the trial period, only 7 staff said that their use of SAAF had *contributed directly* to discussion in child protection conferences; 5 thought it had *contributed to decisions about care proceedings*; and 6 reported SAAF had had some *influence on court documentation preparation*. Rather more encouragingly, 12 respondents reported that SAAF had *directly contributed to discussions with partner agencies*.

6.2.2 Use of SAAF in direct work with families

It should be noted that, aside from possibly using the assessment triangle itself, the SAAF was not designed for direct use with families. Nevertheless, some respondents thought that the tools could (or ought) to have suitability in this respect.

There were mixed views in the qualitative data about whether it would be useful or appropriate to use the tools in direct work with families. Those supporting this felt it might be particularly helpful in explaining social workers' concerns. The Department of Health (2000) Assessment Framework triangle diagram was already sometimes used in direct work, and some thought use of the SAAF version, or other tools, was consistent with this. But rather more social workers and managers had reservations, and it was felt the materials would need significant re-design to be appropriate for use with families. The materials were thought to be too formal and detailed, and likely to be confusing or *'almost degrading'* for families. Generally, it was felt that forms and checklists do not encourage constructive interaction with families and should be used sparingly in direct work. The strong preference here was that the tools should inform work with families but not be used directly.

> 'I do not like the idea of social workers going in with books like this. I think that puts families off. Some of the best social workers are the ones that take very brief notes and are there engaging with families. I'd be very anxious about a social worker doing a tick box with these families.' Senior manager, Wave 1, LA 2

Albeit that SAAF was not intended to be used in direct work, its lack of 'fit' in this respect was seen as a distinct disadvantage of SAAF, particularly in sites or teams where there was a strong emphasis on transparency, openness and collaborative working with

families. This lack of alignment with the culture of some teams may have contributed to the failure to adopt SAAF more fully, especially as there is some evidence that the culture of some sites was to reject or discount tools or information collected that could not be shared with families and with all relevant multi-agency professionals (see below. 6.2.4)

6.2.3 Use of SAAF in supervision

The *User Guide* describes ways of using SAAF in supervision, to provide structure and a systematic approach to discussion of cases. Some social workers felt that having used the tools had helped them to focus the discussion in supervision, and there were also instances where practice managers or team managers had either completed SAAF tools with a social worker in supervision, or reviewed tools previously completed by the social worker. Some managers found this helpful to clarify their understanding of the case and provide guidance to the social worker. The tools were also used in one local authority in review meetings undertaken by practice consultants. However use of SAAF in supervision – even just the *Summary of Safeguarding Analysis* - seemed to be quite rare, and generally featured mainly in work with early career stage social workers. Frequent use of SAAF in supervision was generally not seen as feasible because of time constraints, given the number of cases that needed to be reviewed in supervision.

> 'Our workers now have got supervision that's lasting three or four hours, and often done over two sessions, because they've got … so many cases. So if you fit in an additional tool like that … they'll be in supervision for a whole day.' Practice Consultant, Wave 2, LA 1.

6.2.4 Use of SAAF in child protection conferences

In the Logic Model, the SAAF tools are positioned as informing the decisions taken at Child Protection Conferences. However, the SAAF tools were not being shared with child protection conferences in any of the local authorities, despite plans to do so in three. Two [LAs 1 and 2] had, at Wave 1, planned to make the *Systemic Analysis* tool available to Conference Chairs and one [LA 5] had planned to replace the conference report with the four SAAF tools. These plans were not implemented, either because they were not fully communicated to the study teams, or because social workers and team managers were unconvinced they would add value. Other local authority sites had deliberately not made conference chairs aware of SAAF to avoid contamination, where the same individuals chaired cases from both experimental and control group teams.

There were mixed views about the potential value of making the SAAF tools available to conferences. Some managers and social workers felt it might be useful to share all the tools, or specifically the *Systemic Analysis* tool, either with all those attending or just with conference chairs. Conference chairs themselves said they generally prepared for a conference by reviewing cases on the case management system, including chronologies, genograms, and notes of family visits, supervision sessions and other meetings. None had seen the SAAF materials in this online reading, which might reflect either low levels of use in their cases, or the part of the system to which SAAF materials were uploaded. Although not familiar with the materials, they were in principle open to including them in their online reading. It was less clear, to chairs, managers and social workers, whether SAAF tools would be useful at conferences, because of a preference to keep additional paperwork to a minimum, and particularly if the tools were not easily understood by other professionals and by families.

> 'I don't think more paper would be helpful. I personally ..as a chair.. only want to see what the parents are seeing because I think that then I can see it from their perspective, and that's what I'm always trying to do …. Also, the other people sitting round the table are having to make their decision on what's in front of them and I want to be in the same position as them, I think.' Child protection conference chair, Wave 2, LA 2

In two sites (LAs 3 and 4), the 'Strengthening Families' approach (an element of Signs of Safety) was used in child protection conferences, involving identifying (and, in LA 3, scoring) risk and protective factors. There had been no discussion of whether and how to link the two approaches, in part because only some teams were using SAAF. The initial view was that SAAF and Strengthening Families were complementary, but that it may be preferable to use one or other rather than both.

Overall, the dominant view was that the most useful role for SAAF was to inform the conference report, and the social worker's contribution to the conference discussion, and that it might be a useful part of the chairs' background reading, but that there was not an obvious role for the tools in the conference itself. The on-line survey findings tend to support this interpretation:

The diffusion of the SAAF approach or way of thinking had not spread widely into other aspects of the safeguarding process, according to the survey. As reported by the small number of staff (n=32) who indicated in the survey they had used SAAF during the trial period, only seven staff said that their use of SAAF had *contributed directly* to discussion

in child protection conferences; five thought it had *contributed to decisions about care proceedings*; and six reported SAAF had had some *influence on court documentation preparation*. Rather more encouragingly, 12 respondents reported that SAAF had *directly contributed to discussions with partner agencies*.

6.3 Views and beliefs about SAAF

Research highlights the key features of innovation that are associated with effective implementation. These include characteristics such as: clarity of purpose; fit with a recognised need; simplicity and feasibility; quality of design and presentation of materials; compatibility with professional and practice norms; systems alignment; relevance to daily work; and differentiation from and relative advantage over usual practice (Damschroder et al., 2009; Durlak & DuPre, 2008; Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004). We therefore explored views about SAAF, in relation to these issues, within the study sites.

6.3.1 Understanding of SAAF and its underpinning principles

An important issue in the implementation of any new approach, and particularly a complex one, is how consistently its purpose, features and underpinning principles are understood by those involved in using it. This is important both in building support for a new approach and in informing how it is implemented. It also becomes important in considerations about adapting the intervention or its use.

> 'I think what we've done with social workers in the past … is we've been very quick to give tools to people and say 'use this, it will make things better' without that basic principle of what is it that we're trying to do …. They need to understand the principles, there need to be real principles that underpin it.'
>
> Senior manager, Wave 2, LA 4

SAAF was widely understood among staff at all levels in the study sites as intended to aid assessments, and particularly analysis. However, many staff found it difficult to say what they saw as the features of SAAF, and people tended to refer to just one or two characteristics as key. The features identified among those we interviewed were that it:

- was based on the Assessment Framework (i.e. the triangle model) in the 'Framework for the Assessment of Children in Need' (Health, Education, et al., 2000)
- provided a structured and systematic approach for information gathering and analysis, helping social workers to organise information and identify core issues

- emphasised the significance and impacts of events and information for the child
- was holistic, thorough and in-depth
- identified strengths as well as weaknesses and aided assessment of the balance between them
- emphasised the connections between issues identified, *'cause and effect'* and patterns
- involved exploration of parental and family history, family dynamics and *'family systems'*
- included consideration of the prognosis for the child and of parental capacity to change

These perceptions are generally in line with the key features of SAAF highlighted by the developers. However, C&FT representatives placed particular emphasis on the future outlook for the child and prospects for change, and on family processes, history and dynamics – issues highlighted by only some staff as key features of SAAF.

In early work between evaluators and the developers of SAAF to inform how it was operationalised in the trial (see Section 4.3.1), the developers were asked to set out the principles underpinning SAAF as one part of a logic model. The developers approached this by outlining features of *'assessments and interventions'*, with the implication that these are the impacts SAAF is designed to achieve. The principles outlined by C&FT were:

- *'Child centred'*: This seemed clear in users' accounts of SAAF, which was widely described as helping to ensure a focus on the child and particularly on the impact for them of events and family functioning
- *'Rooted in child development'*: There were occasional references to SAAF encouraging more focus on child development, but overall this principle appeared not to be particularly obvious to the staff we interviewed, although SAAF was widely seen as based on the Assessment Framework in which child developmental needs are a key domain
- *'Ecological in their approach which means the child should be understood within the context of their family, culture and environment':* there were no specific references to this among study site staff, although SAAF was quite widely seen as encouraging more holistic information gathering and consideration

- *'Focused on identifying strengths as well as difficulties*': this was quite widely noted by staff as a feature of SAAF
- *'Open minded and analytical'*: there were occasional references to SAAF helping social workers to develop and test hypotheses, widen the focus beyond what had triggered the referral, avoid confirmation bias, and structure and strengthen analysis, all broadly consistent with the principle as expressed by the developers
- *'Grounded in evidence based knowledge*': SAAF was seen by some staff as prompting better use of what was said or observed in family visits and learnt from discussions with other agencies, to evidence judgements and recommendations in the assessment report. There were also occasional references linking SAAF to the use of published research in assessments
- *'Aimed at improving outcomes for children*': this was widely recognised as an aim of SAAF

The social workers and managers we interviewed generally found it very difficult to identify underlying principles when asked directly about this, and their comments suggest that not all those articulated in the logic model were apparent. Nevertheless, our analysis does not point to significant discordance between the developers and study sites in their understanding of SAAF; however, it does suggest that this is an area where SAAF could be strengthened to ensure users have a more confident and consistent understanding of key features of, and principles underpinning, SAAF. It might be clearer if the articulation of principles underlying SAAF focused on assessments rather than referring to interventions. A clearer articulation of the principles in training, and in the SAAF materials, might aid work by agencies using SAAF to engage staff, determine how to use SAAF, and consider whether and how it might be adopted.

6.3.2 Clarity of need for SAAF

Senior managers An important question was whether SAAF was acknowledged by front-line implementers to meet an identified need. During Wave 1 data collection in 2015, senior managers across all the study sites described a clear need to improve assessment practice, particularly analysis. This was seen as a longstanding issue of national concern, highlighted by local authorities' own quality audits and Ofsted inspections. Assessment quality was widely seen as too variable, and analysis and report writing as weaker than information gathering. Reports were criticised for being long, repetitive and descriptive. The significance of the information reported, and the evidence

and reasoning behind judgements, was often not sufficiently clear. Some senior managers also said that recommendations for interventions tended to be somewhat standardised and to reflect available provision, insufficiently tailored to the specific needs of individual families and children. All these factors meant that, for senior managers, there was - in principle - a clear need for SAAF.

> 'A lot of senior social workers and team managers were constantly saying the analysis is the poor bit of any report that we write. Some social workers really get it, know how to write an analysis, but there are others who really struggle and will just repeat what they've said in the main body of the assessment and come up with an opinion. To see a really good analysis, I wouldn't say it's few and far between but it's not everybody who's able to do that .... The majority of social workers are pretty good at gathering the information but how they make sense of that is the hard bit really in terms of the future for the child.' Practice consultant, Wave 1, LA 1

> '[Children should get] something that meets their needs, rather than what does happen is that … we're service led and we actually arrange services around families rather than looking at their needs.' Senior manager, LA 6

Team managers and social workers It is a moot point whether front-line staff, who would be using SAAF, agreed with this assessment. In the on-line survey in 2016, social workers in the experimental group were asked, as part of a series of questions about the working context for the implementation of SAAF, to what extent they agreed there was a local need for quality improvement in assessment practice 'before SAAF'. Interestingly, the mean average score for social workers in the experimental group (n=45) was 2.85 (sd 1.01), below the mid-point of a scale where 1 was 'strongly disagree' and 5 was 'strongly agree', and indicating that they tended to disagree there was a need.

Among team managers and social workers who took part in depth interviews, the perceived need for SAAF was also mixed. Some recognised the issues discussed by their senior managers, but others felt that poor practice was not widespread and that, although there was always scope for improvement, SAAF had not been a necessary innovation for themselves or for their team. It was seen as of more benefit for early career stage social workers than those with more experience.

These perceptions could have undermined the salience of SAAF particularly if, as we discuss below, there was relatively little communication about the agency's rationale in deciding to use SAAF. In general, these views persisted, and indeed often appeared to

have strengthened, at Wave 2. Those who did not see SAAF as addressing a priority need for themselves or their team at Wave 1 were no more convinced of its salience, and sometimes less so, by Wave 2.

Child Protection Conference Chairs The small group of child protection conference chairs we interviewed at Wave 2 did however echo the view of senior managers, and particularly emphasised the need for more consistent understanding in assessment reports of family history, the relative significance of different aspects of risk, the prognosis for the future, and the impacts on and viewpoints of the child. It was striking that, despite not being familiar with SAAF, their comments were very much in line with the intentions behind SAAF.

6.3.3 The fit of SAAF with existing assessment practice

The degree to which a new practice is aligned with existing practice is important for effective implementation. A number of issues arose concerning the alignment of SAAF with current assessment practice.

Overall, the issues covered by the SAAF tools were seen as important, consistent with 'good' assessment practice, and relevant to the work of the teams asked to use it. The possible exception here was the assessment team in one site [LA 2] where all assessments were scheduled to be completed within 15 working days, and where the breadth of the SAAF tools was seen as poorly aligned with the narrower focus required for speedy completion. In retrospect, the manager wondered whether it might have been more appropriate to have designated only some of the SAAF tools for use by this team.

The fact that it is rooted in the Department of Health (2000) Assessment Framework, which in all sites was the basis of assessment processes, meant SAAF was generally seen as consistent with agencies' assessment templates and described as *'familiar'*. Two sites (LAs 5 and 6) had recently modified their own assessment templates, removing headings and checklists in order to leave more scope for social workers to develop their own narrative about the case. SAAF was viewed as having particular benefits here as the new approach had left some social workers needing more prompts to indicate, and provide structure for, the required content. In both these sites, some managers also commented that use of the Assessment Framework triangle model had diminished somewhat before the introduction of SAAF, and that SAAF had usefully foregrounded it again.

However, the recognisable foundation of SAAF in the Assessment Framework served to underpin the views of some respondents that there was little that was genuinely new in SAAF, little to differentiate it from usual assessment practice, and that it therefore conferred few real benefits. The on-line survey results tended to amplify this finding, revealing only lukewarm endorsement of the value of SAAF by the end of the trial. Mean scores on a series of scales where '1' is 'Disagree strongly; and '5 is 'Agree strongly' are presented in Table 13; the mean point of such a scale is 3. As can be seen, all of the responses other than to the first question are mildly supportive of SAAF, as being a reasonable tool in itself. But the overall judgement of whether the time spent using SAAF is worth it is marginally negative. Nine of the group (38%) disagreed that *SAAF helps me to do my job better,* (2.66; sd 1.15) and sixteen of 31 (52%) disagreed that *the SAAF tools fit well with our assessment process* (2.61; sd 1.23).

Table 13: Users' views of SAAF from the online survey

Agreement on a scale with the statement, where 1 = '*strongly disagree*', and 5 = '*strongly agree*', with 3 indicating the mid-point (*neither agree, nor disagree*)	**Experimental Group** (base = 32)	
	Mean score	Standard deviation
The time I spend using SAAF is well worth it	2.7	0.9
SAAF does a good job of guiding me through the key considerations in complex assessments	3.2	1.0
SAAF makes it harder for me to use my professional judgement	2.2	0.9
SAAF *oversimplifies* what is involved in complex assessments	2.5	0.9
SAAF *overcomplicates* what is involved in complex assessments	2.6	0.8
Using SAAF gives me a better understanding of the level of harm experienced by the child	3.2	1.0
Using SAAF gives me a better understanding of the risk of the child being harmed	3.1	1.0
Using SAAF gives me a better understanding of how likely it is that parents will be able to change with our help	3.1	1.1

This is admittedly a small sample but the data cohere with our analyses of the Case Report Forms. These indicate that the use of grids was far from extensive, with only a minority of social workers reporting them as 'quite helpful' or 'extremely helpful' – see Table 14 and Table 15.

Table 14: Frequency of use made of SAAF tools

I did not use any of the tables in this assessment	122 (54%)
I used one or two of the tables in this assessment	64 (28%)
I used most of the tables in this assessment	20 (9%)
I used all of the tables in this assessment	20 (9%)

Table 15: Use and perceived usefulness of SAAF tools

SAAF TOOLS	Used the grid	Reported usefulness			
		Not at all helpful	Marginally helpful	Quite helpful	Extremely helpful
Profile of harm	135 (58%)	19%	45%	34%	2%
Systemic analysis	106 (47%)	10%	45%	39%	6%
Prospects for successful intervention	79 (36%)	14%	46%	35%	5%
Summary of safeguarding analysis	85 (38%)	12%	48%	31%	8%

These views may explain why social workers felt justified in taking shortcuts in the use of SAAF, making various un-systematic and un-documented adaption in their individual use of the tools. In a sense, for these social workers, SAAF did not 'disturb' assessment practice or change it sufficiently radically for real improvement.

> 'It's so closely based on the Assessment Framework, that's what we all work to anyway, so where's the value added?' Social worker, Wave 1, LA 2

> 'It is too close to what people think they are already doing so it enables them to do a shortcut and just say 'well I'm doing this anyway' ... It's not like using something which they almost have to relearn from the bottom up. So it almost will be diluted and fed into their normal habits .... We are prone to take shortcuts and I think because it's fairly close [to usual practice] they will take shortcuts.' Senior manager, Wave 1, LA 5

For some, SAAF was seen as a separate and *additional* exercise to the agency's own assessment. It was often described as *'a separate assessment'* which, because it covered some of the same ground as the agency template or the usual content of assessments, was duplicative and repetitive.

> 'It's almost like it's being used as a separate assessment and not incorporated, so you almost feel like you're doing two assessments.' Social worker, Wave 1, LA 1

This is at odds with the intention of the developers, who regard SAAF as an aid to thinking, and as displaying the developing thinking that informs the assessment report, and therefore complementary to the work involved in completing the agency assessment template. It was understood in this way by some managers and a few social workers, and used in this way by some particularly as social workers became familiar with it. However, the social workers who used it as 'aid to thinking' tended to use it less comprehensively, and more as a *'reflective tool',* completing only parts and using it in only some within-scope cases.

> 'It's starting to feel like it's a way of doing things [rather than an additional thing to do] …. At the time when you start it, it is extra work. As you learn to do more, it becomes part of the same work, so it's not as difficult.' Team manager, Wave 1, LA 1

> 'The people that got the most out of it [are] the ones that used different aspects of it in their assessment, as opposed to having to follow it prescriptively …. I think the people that were most resistant just viewed it as two separate things' Team manager, Wave 2, LA 3

These considerations led to a widespread – although somewhat ambivalent – view that SAAF should be fully integrated with the agency's assessment template.

6.3.4 Feasibility and ease of use of SAAF

Senior managers in some study sites viewed SAAF as easy to use, although they felt that they had under-estimated the work involved in integrating it into agency processes (see also 7.3). These senior managers generally saw SAAF as designed specifically for use in social work child protection assessments, rather than as a multi-agency whole system approach, and felt this aided implementation: it was compared positively in this respect with approaches such as Signs of Safety. Some social workers and team managers similarly saw it as feasible and easy to use. However, many social workers, and some team managers and senior managers, held strong views to the contrary. They saw the SAAF tools as being too long, over-detailed and internally repetitive, with too many individual items in the *Profile of Harm* and *Prospects for Successful Intervention*. Some social workers reported that they had come away from the training somewhat overwhelmed, feeling that they did not really understand the purpose and intended use of each of the tools. The language used was overly technical or unclear, in their view, and the names of the tools did not easily differentiate them. This is significantly at odds with

the evaluations of the training made immediately after the courses had finished, and may be the result of participants' 'externalising' the reasons for not using SAAF, either because they found it difficult or had simply not used it, for whatever reason. Some argued that in the gap between receiving the training and the 'live' data collection for the trial, they had forgotten what they had learned – hence the refresher training, but again, all participants were encouraged to use SAAF immediately after training.

One agency (LA 1) numbered the tools and used these numbers, rather than the names of tools, for much easier reference.

> 'It's going to take me probably a good few hours to get my head round what I'm doing. I don't think I've got that time to spare really, and I feel a bit overwhelmed by it.' Social worker, Wave 1, LA 6

> 'They're all called these kind of longwinded names … something that isn't very catchy. So when [in the training] they're saying 'refer to this' you're going 'what one's that?'.' Social worker, Wave 1, LA 2

By Wave 2 some of these concerns had eased, and some social workers who had initially thought SAAF confusing or complicated viewed it as less challenging as a result of the experience of using it (or using it more frequently).

However, a major, recurrent, concern among social workers and team managers was that SAAF was too time-consuming to use, given caseload levels, and this view was sustained and, indeed, for many, expressed more strongly at Wave 2. Some senior managers, and a few team managers, took a robust line here, saying that SAAF essentially required social workers to do what they anyway ought to do, and that it therefore should not add significantly to the time spent – or that if it did add, this was beneficial. Their estimates of the time involved (generally under 30 minutes) were much lower than those of social workers, and they also felt there was scope for saving time at the analysis and writing stages.

> 'It's always going to add to your workload to do a more quality assessment isn't it? .... The SAAF won't slow down a quality assessment. It will help your thinking.' Senior manager, Wave 1, LA 1

> 'I think it definitely does improve practice on the ground. …. The ideas of it are excellent because it slows down your thinking and that's the most brilliant thing.' Practice consultant, Wave 2, LA 3

Social workers said it had required less time as they became familiar with the tools. However, they widely said it took at least an hour, and sometimes up to two hours[9], to use all four tools in a considered, rather than mechanistic, way, and this was seen to make routine use unfeasible. The time required was seen as being in direct conflict with the need to complete assessments within a fixed timescale. Since this timescale was a key performance indicator not only within the local authority but also one on which it reported to the Department for Education, it was clear to social workers that completing assessments on time took priority over using SAAF.

> ‘Our expectations are really high about the work turnaround so it’s really difficult, because of course we’re going to prioritise … our assessments’ completion in the timescales [over SAAF], so I think [teams] probably have felt a bit of a conflict there.’ Senior manager, Wave 2

> ‘Nothing’s ever late …. You would want your assessment to be in on time because it affects our figures.’ Social worker, Wave 2, LA 4

In several teams, this led to what appeared to be a tacit acceptance among social workers and managers that SAAF could not be used. In other teams, these concerns led social workers to take short cuts in their use of the tools, for example completing them at speed after they had written up the assessment, using only some parts, or using it only in selected cases where they thought it would be beneficial – generally cases viewed as more difficult, those with repeat referrals, or long-standing cases that might have become *‘stuck’* (see Section 6.5).

> 'Realistically we're a very busy team and there just isn't the extra time there. It's extra work on top of what you've already got. I think that is a massive, massive issue.' Social worker, Wave 1, LA 4

The on-line survey findings supported these qualitative findings. Although all bar one of the 32 respondents who had used SAAF, thought it was useful to some degree for undertaking complex assessments, most thought that SAAF was not especially easy to use, with over a quarter of users finding it continuing to be difficult, even with practice, at the trial progressed. The time required to implement SAAF was perhaps the most striking

[9] It was sometimes difficult for social workers to discount the time spent on the CRF in these estimates, but some were clear that the SAAF alone took this amount of time to complete.

implementation barrier reported by the survey participants. No one felt that SAAF helped to speed up the assessment process, and the overwhelming majority of this group felt that use of the SAAF tools *increased* the normal amount of time required to complete a complex assessment (23 of 32 who responded). Estimates of the extra time required varied widely, from 10 minutes to two hours, but the average reported by 21 respondents who could make an estimate was 48 minutes extra per assessment: a substantial amount of time. Although it is to be expected that a new tool would take longer to use than one that had become familiar with practice and incorporated into business as usual, and estimates taken during a trial can be expected to reflect this, nevertheless, this appears likely to be a significant barrier to adoption.

The overriding message from all data sources was that SAAF, in the model operationalised in the trial involving full completion of the four tools, could not feasibly be implemented in widespread and sustained practice in an already overstretched system.

6.3.5 Relative advantages

Perceptions of the relative advantage of SAAF compared with 'assessment as usual' influenced, but were also influenced by, whether and how staff used it. It appeared that social workers who initially saw SAAF as having little or no advantage over usual assessment practice were reluctant to invest time in using it, and either did not use it or used at it speed and 'post hoc'. They tended not to experience any benefit from using it, which reinforced their negative perceptions of it.

> 'SAAF is an additional task which we are required to do, and unfortunately this is done after the assessment is completed. I don't really feel I have used SAAF properly, due to high caseloads and not being given the time and space to get used to using it whilst undertaking the assessment' Social Worker, on-line implementation survey

Staff who initially had more favourable views tended to invest more time in it, and appeared to derive more benefit from it. There was some movement in views over time, and the experience of using it changed some initially negative perceptions:

> 'I'm very much more on the champion side that I ever was before. I hadn't had a sense of – I didn't appreciate it, but I have a different appreciation [now].' Manager, Wave 2, LA 3

Where SAAF was used by social workers during the course of assessments, it was generally the case that they perceived benefits from using it. Benefits stemmed from the

features described above, in particular the perception that it encouraged structured and systematic thinking, holistic information gathering, a focus on connections and dynamics, and consideration of the prognosis for the child and prospects for change. These staff were not necessarily uncritical of SAAF – they too often saw it as over-detailed, repetitive and time-consuming. But they felt they obtained value from using SAAF, irrespective of whether it was used comprehensively or partially, provided it was used with the intention of informing the assessment rather than 'post hoc'.

Positive impacts that were somewhat emergent and tentatively expressed at Wave 1 were described more emphatically by some staff at Wave 2. They were described in the following areas:

- **Information gathering**

Some social workers and managers felt that using SAAF had led to better planned, more in-depth information gathering, with more focus on the impact of events and behaviours on the child. They said that using SAAF had widened their perspective beyond what had triggered the referral, to encompass family functioning and children's wider needs. Several social workers particularly referred to paying more attention to family history and parents' own upbringing.

> 'It helps you to think about, before you go out to the family, additional things that you may not automatically think of when you're there .... [It] makes you think a bit more about the purpose of why you're going out and what information you're going to need to obtain and to help with the quality of information that you get back, really.' Social worker, Wave 1, LA 1

> 'I think it's making you question things that you might not have questioned before, like about how the parents were brought up. I never really thought about it, but now I can see how useful it is .... So yes, I think it does open your eyes a little bit more to everything that's going on, rather than just the incident itself, that one thing.' Social worker, Wave 1, LA 3

> '[In the past] I'm asking them about the GP, eyesight, any health issues, that's it. I [didn't] go any further than that. Now I go a little bit more further about those health needs, how they're met, how they're not met, why they're not met.' Social worker, Wave 2, LA 3

- **Family engagement**

Some social workers and managers felt that using SAAF helped to improve engagement with parents during assessments. This arose both from being able to explain more fully the nature of social workers' concerns about the child, and from more focus on parents' own upbringing and needs and the impact of this on family dynamics. One social worker said that using SAAF meant that she was *'making parents think more'*.

> 'Once we started [using SAAF] and we opened up [the mother's] history using the tools [her engagement changed] …. Parents engage a lot around the predisposing factors because it's about them .... It's actually a different narrative. You're going in and it's not the usual social work kind of thing that people come and say 'We're coming here because of these concerns'. That conversation is relevant but ... it will make the child safe for the next three months and [the case] will come back to us because the issues here have not been dealt with.' Practice consultant, Wave 1, LA 3

This was the area of impact most emphasised at Wave 2. SAAF was said to have helped to clarify thinking and *'get to the core of the problem'* particularly where there were multiple issues and in more complex cases. Social workers and managers saw SAAF as having led to more balanced assessments, more focus on family strengths and protective factors as well as on risk, and more *'subtlety'* in understanding of family functioning, underlying processes, interactions between factors and implications for the future. They felt social workers using SAAF expressed their professional opinion more confidently, and marshalled evidence in support. More generally, social workers and managers described SAAF as having encouraged social workers to *'slow down', 'stop and think'* and as having triggered *'reflective discussions'*.

> 'There's been a case that I've been looking at and I was a bit confused, I didn't know which way to go. After using [the Profile of Harm tool] I think I got a clearer picture of what is needed.' Social worker, Wave 1, LA 1

> 'It's the ability to link those causes and effects together, the ability to say 'this is the issue, this is causing a deficit in this area, and this is the consequence' …. I think the assessments I write are better as a result of having [had] that reminded to me.' Social worker, Wave 2, LA 2

- **Multi-agency working**

There were very occasional references to SAAF as having improved multi-agency working, helping social workers to understand the totality of a family's engagement with services, making information collection from other agencies more purposeful, and helping to identify which services were central to further work.

> 'There's a lot more relationship building between agencies ... a lot more proactive contact, not waiting for an agency to phone us ... There's been a lot more cohesion, I think, with the services that are involved .... People think of the bigger picture.' Team manager, Wave 2, LA 5

- **Assessment reports**

SAAF was also said to have been positively reflected in assessment reports. Reports were described as more in-depth, better structured, more succinct, less repetitive, more analytical and less descriptive, and clearer about the implications for the child of the issues discussed. Social workers were said to be evidencing their judgements and recommendations by reference to what they had observed or been told: the evidencing of neglect was particularly noted as an area where reports had improved. Two team managers whose teams did more court work also said they saw an improvement in the quality of court reports and social workers' oral evidence.

> 'I know I do waffle on a little bit and I will put everything in [an assessment] but I need to sort out my structure and I think this just helps me with my structure.' Social worker, Wave 1, LA 1

> 'The quality of analysis [in assessment reports] has gone up …. Which is resulting in more positive outcomes I would say for children, whether that's with the family or without ... I think there's more study and focus on the interaction between the parents and the children, and about the parents' ability to meet the specific needs of each child ... much more focus on individual needs .... There's observations of the child's interaction, attachment, eye contact is there, the parents' response to that is there, so we're measuring the needs of the child based more on the observed interactions between the parents which I don't think were there before we started using the SAAF.' Team manager, Wave 2, LA 5

> 'We got some good assessments that were very clear and we got the right outcomes for children …. And certainly, the ones that have been to court ….

> the judges have agreed and the care plans have been approved …. I did four hours [oral evidence] myself the other day and it was all about your analysis: 'Why do you think that? How do you know?' If you've rehearsed that, going through your tool and then writing it down, it's the confidence to then say it … rather than thinking 'Oh, I didn't think about how that affected that'.' Team manager, Wave 2, LA 4

- **Decisions and recommendations**

This was an area where there was more ambivalence about whether SAAF has had an impact. Some managers and social workers felt that SAAF had helped social workers to determine whether a case had reached a threshold for further intervention. Several cases were cited where a SAAF-informed assessment had led to a decision to manage a case at a lower level than might otherwise have happened (early help rather than Child in Need, or the discontinuation of a child protection plan that would otherwise have been continued). There were also a couple of examples of cases where a SAAF-informed assessment had identified risks that might have been missed, and thus raised the level of intervention. Using SAAF was also occasionally said to have helped to make the case for a referral or intervention to the service or a resources panel.

> *'I feel really proud of that piece of work and how it came together and how for three of these children I've made a difference ... Without further input [it could have] escalated into something more dire for these children'* Social worker Wave 2, LA 3

However, social workers often felt their decision and plan had not been affected by the use of SAAF, despite the assessment being stronger. Some felt that the SAAF materials needed to be strengthened to inform plans, with a clearer connection between the issues identified and intervention options. The developers also commented on this and were already exploring ways of developing this aspect of SAAF.

- **Aiding coaching and staff development**

Finally, some team managers, practice consultants and senior managers felt that SAAF had provided a tangible method to improve challenge and support for staff and a visible framework for coaching and staff development

Some of those we interviewed felt that SAAF was more likely to have advantages, and to produce positive impacts, for social workers with less strong assessment skills, including those at early career stages (particularly ASYE). There was a weaker perception of impacts among social workers who viewed themselves, or were viewed by managers, as

more skilled in assessment and who felt their own approach had generally incorporated what they saw as the key features of SAAF.

In the on-line survey, 32 respondents who had used SAAF at least once were asked to what extent SAAF had contributed to improvements in varied areas of practice. Generally, the findings resonate with the qualitative data. Overall, two respondents thought the use of SAAF had contributed to worse practice or outcomes for children, primarily because of the time consumed in completing and inputting the forms; seventeen (55%) thought that SAAF had not improved outcomes generally, four were undecided, and ten (32%) reported some degree of improvement. Responses to more detailed statements were given on a scale of one to ten, where a score of one was the most negative answer (*not contributed to improvement at all*) and ten was the most positive (*contributed to a great deal of improvement*). The mid-point lies between 5 and 6. Results showing how many respondents indicated a degree of improvement (a score above 5.5) are shown in Table 16 below. In this small sample, in these early days, respondents were generally lukewarm about the scale of improvement to practice, although two fifths thought that SAAF had improved the process of complex assessment to some degree.

Table 16: Perceived outcomes of using SAAF

Outcomes of using SAAF		
Using SAAF has….	**Experimental Group** (base = 32) **Scores above midpoint**	
	N	%
Improved my complex assessments	13	41
Improved the discussion of assessment in my supervision	11	34
Improved the support provided to children and families	8	25
Reduced the risk of children being re-referred for abuse or neglect	8	25
Improved the credibility of social work evidence in court proceedings	5	16
Improved the discussion of assessment in child protection conferences	5	16

6.3.6 Perceptions of no relative advantage

In teams and agencies where the SAAF tools were not used, the consensus was that it had no relative advantage – indeed, often a clear disadvantage – over usual assessment practice. This may seem an obvious point, but it is worth noting the implication that the two-day training alone was not sufficient to improve assessment practice. In addition, in

the site where it was predominantly used after the assessment was completed and at speed (LA 2), the near consensus view was that it had not produced benefits. This highlights that it is possible to 'use' SAAF without seeing benefits from doing so.

The perception of SAAF as having no relative advantage stemmed from a number of factors. For some, it was not sufficiently different from usual assessment practice. Even where staff saw SAAF as *potentially* beneficial, the time involved meant that the costs were often seen as outweighing potential gains, particularly if these were expected to be only small, incremental improvements to assessment quality. The fact that SAAF was viewed as over-long, too detailed, with too many tools and too repetitive, contributed to this.

> 'It was very repetitive. I think it was quite hard to get your head around what was actually meant... I do think it was quite clunky and academic as opposed to something that was accessible for you to use with families …. [It] was so long.' Social worker, Wave 2, LA 2

A fundamental criticism was that the structured approach - and particularly the use of ratings in the *Profile of Harm* and *Prospects for Successful Intervention* – was too task- or process-based and *'tick boxy'*. It was seen to take practice back to what was viewed as the unhelpful and mechanistic completion of checklists, a feature of previous versions of the core assessment, and not in line with modifications made more recently by local authorities and their ambition for more analysis explanation and narrative in assessments. This was the very clear view of staff at all levels in one local authority (LA 2) and appeared to be the key reason why it was un-used or used mechanistically here, but it was also a criticism made by staff in other local authorities.

> 'It's a lot of paperwork. I'm not in the pro-paperwork category. I think generally probably everyone above me is. Everyone below me definitely is not.' Practice consultant, Wave 1, LA 3

> 'I do think that ticking boxes leads to a tick box mentality .... I think social workers can do better than that.' Senior manager, Wave 1, LA 2

> '[Forms are] the bane of social workers' lives …. A social worker might just be looking at it at the end of a busy day and just start ticking boxes, not actually [using it analytically].' Team manager, Wave 1, LA 5

> 'That tick box culture, I strongly don't like, because it leads to sometimes a lack of thought because you just get into ticking rather than actually explaining

what you're talking about …. I think that's why we don't like tick boxes and why we took them out of our assessment.' Senior manager, Wave 2, LA 2

Staff critical of the structure felt it meant the tools captured a view they had already formed, rather than influencing or shaping their analysis. The scaling was criticised as personal or subjective, and the idea that there might be inconsistency in the rating given by different social workers in the same case undermined confidence in the tools. The fact that the scale points are not anchored with detailed descriptors also contributed to this. Some recognised that the more detailed versions of the *Profile of Harm* and *Prospects for Successful Intervention* provide this, but these non-mandatory tools were rarely used.

6.3.7 Observability of benefits

A final point here concerns the observability of benefits. Where staff were positively disposed towards SAAF, it was thought plausible that it might produce better outcomes for children, and reduce demands on the system overall by reducing re-referrals and repeat child protection plans. However, a fundamental challenge for SAAF is that these longer-term potential benefits were of limited visibility *to the staff who bear the cost of using SAAF*, particularly those in assessment teams. Although, in principle, reduced demand could translate into reduced workloads for the teams involved in the study, the general view of team and senior managers was that it would, at least partially, be offset by other pressures on the system. Better outcomes for children as a result of more effective interventions were also distant from assessment teams, and to some extent also from the longer-term teams using it. Although social workers might derive some personal satisfaction from doing a better assessment, longer term benefits were therefore largely not visible to them.

None of the study sites were able clearly to point to evidence, from their own data systems, of positive impacts from using SAAF. None of the teams using SAAF reported positive feedback about its use from the teams to which they referred cases. The small group of child protection conference chairs we interviewed were positive about the assessments where SAAF had been used. However, they had not perceived an improving trend in assessments generally, nor a divergence in quality between experimental and control group teams (although the structure of their posts of some meant this would have been difficult to discern). The study sites' own assessment quality assurance either showed no clear trend of improvement, or not one that could confidently be attributed to SAAF. And finally, although some sites had seen a reduction in referrals to longer-term teams or in re-referrals to assessment teams, they could not confidently

say that SAAF had played a part, either discerning no difference between experimental and control group teams, or not having carried out this analysis.

This is a potential challenge to sustained and wider use of SAAF. For local authorities that continue to use it, it would be helpful to explore how agency management data and feedback (for example from other teams working longer term with families, conference chairs and legal teams) might be used to evidence whether impacts accrue across the system, and if so to demonstrate these to the staff actually using SAAF.

6.4 Views about the individual SAAF tools

Senior managers were generally not sufficiently familiar with the four SAAF tools to express views about each. Among social workers and team managers - who were familiar with them - views were quite diverse, encompassing both positive and negative commentary about each. These views were generally sustained, and indeed often expressed more strongly and clearly, at Wave 2.

6.4.1 Profile of Harm

The *Profile of Harm* was seen as relatively easy to complete, providing a visual display of key areas of concern and of strengths as well as weaknesses, and aiding comprehensive consideration of the child's circumstances and needs.

Negative views were that it was over-detailed, the terminology was unclear, and the items included were already considered in assessments. In addition, many viewed the rating system as problematic, as noted earlier.

6.4.2 Systemic Analysis

For many, this was seen as the most helpful of the SAAF tools. It was widely described as focusing on *'what would happen if we did nothing'*. It was seen as useful for its focus on underlying processes and dynamics, and provided a structure to an aspect of analysis that was often challenging. It was also often described as providing a summary of the case, and thus potentially useful in supervision, child protection conferences and legal planning meetings.

> 'You don't have to go into too much detail, you can just use this and the information you get – because it's amazing when you start writing things down and when the picture starts forming, this is very useful.' Team manager, Wave 1, LA 3

The main criticism came from those who found it unclear and confusing, particularly the meaning of and distinctions between the box descriptors, and the significance of the arrows. The formatting of the electronic version also made it awkward to complete. In addition, social workers who felt they already focused strongly on family systems and dynamics felt it added little to their thinking.

> 'That was the most complicated thing of the whole training. I mean, I've got two degrees and I didn't understand it …. I think there are better ways to do it, I don't think it's that useful in that form .... I think you can do it in a lot quicker, punchier, more appropriate way really.' Team manager, Wave 1, LA 5

6.4.3 Prospects for Successful Intervention:

Some regarded this as the most useful tool. They felt it emphasised parents' engagement, histories and capacity to change, and particularly capacity to do so within the child's timeframe. They saw these as areas to which insufficient attention was often given in assessments and, some said, not sufficiently explicit in their authority's assessment template.

> 'Those bits of information you think don't mean much because it's not talking about the child, it's about the parents' behaviour within the assessment session - it's here.' Team manager, Wave 1, LA 4

Criticisms were quite rare, but it was sometimes seen as over-detailed and internally repetitive, and not sufficiently differentiated from usual practice for those social workers who felt they already gave full consideration to the issues covered.

6.4.4 Summary of Safeguarding Analysis:

Many described this tool as being about whether the threshold for social work intervention had been met. Those who liked it saw the three questions it raised (the overall level of harm or impairment, the future outlook for the child in the absence of intervention, and the prospects for successful intervention) as key strategic considerations in any assessment, and felt it helped social workers to pull together their analysis. However, more than the other tools, it was also seen as duplicating what was already in the agency's own assessment template, and as capturing analysis and judgements already made (rather than stimulating new thinking). Several social workers talked about *'cutting and pasting'* text between it and their assessment report.

Some social workers viewed all four tools positively, but it was not at all uncommon, in all six sites, for people to see only one or two tools as really beneficial. This encouraged a tendency to incomplete usage, as described above.

> 'I've always felt [the Profile of Harm] is really pointless, because it's so subjective and it doesn't really sit in a box. The fact that they're complex assessments means that box ticking doesn't cover anything – that's why we have an assessment where we can free write, because these are complex cases and we need to explain what it is we're saying. Rating it out of high, medium, low [sic], I don't think is a useful way of doing it at all, but actually [referring to Systemic Analysis] breaking it down into the child's needs and the potential outcomes and the history, that was a useful tool.' Social worker, Wave 2, LA 2

> 'The more experienced social workers didn't find [Profile of Harm and Systemic Analysis] very useful, so were saying 'Well I can work that out, I can already do that, I've got enough experience to have done that in my head', whereas they found [Prospects of Successful Intervention and Summary of Safeguarding Analysis] really useful. Whereas the inexperienced, the ASYEs, really embraced [Profile of Harm and Systemic Analysis] because it was about helping them develop their skills in risk analysis and identification.' Team manager, Wave 2, LA 1

6.5 Most appropriate cases for SAAF

There were also diverse views about the trial requirement that SAAF be used in all within-scope cases. There were two views here. First, that early career social workers (or those who particularly struggle with assessment practice) should be encouraged to use it, but that it should not be mandatory for all social workers. Second, there was a widespread view, expressed in all sites, that the definition of within-scope cases was too wide. Some social workers and managers felt SAAF was potentially useful in all cases within the trial definition. However, a much more recurrent view – and one held by those with more positive attitudes towards SAAF as well as those more critical of it - was that its use should be reserved for a narrower set of cases where it is most likely to add value. These were described as cases:

- where there are more issues, and especially if they interact in particularly complex ways

- where the judgement whether the child can be cared for at home is particularly finely balanced
- where there have been repeat referrals, and particularly where the threshold for child protection has not always previously been met
- where there have been repeat child protection plans, with a danger of the case *'drifting'* or *'being stuck'*, and a need for fresh insight

> 'Where you've got multiple issues and you just couldn't even hazard a guess on the basis of the information, what's going on for that child in that family, and there are so many competing things that could be having any number of effects, that for me is where [SAAF] really comes into its own. How do you then pull all that together and analyse what all of that means for the child, not individually but cumulatively.' Team manager, *Wave 1,* LA 4

> 'We have some pre-births [where] you know just from the referral, there's so much concerning information, and after a few sessions you can tell, or people don't even come to the sessions, and it almost writes its own story a little bit. Whereas some of the more difficult ones where there's ... a lot more grey information, the SAAF tools are definitely more useful to clarify and check we've done everything right.' Social worker, Wave 2, LA 5

These views led to the conclusion that SAAF should either be required in a narrower set of cases than as operationalised in the trial or, more commonly, that its use should be a matter of discretion for social workers and their managers. Findings from the on-line survey on future uses of SAAF (after the trial), drawn from those in the experimental group illustrate these views, where 75% agreed that discretionary use was the way forward (see Table 17).

Table 17: Future uses of SAAF

After the end of the trial….	**Experimental Group** (base = 48)					
	Agree		**Disagree**		**Don't Know**	
	N	%	N	%	N	%
We should use the SAAF tools in all complex cases	10	21	20	42	18	38
It should be up to the social worker to decide whether or not to use the SAAF tools	36	75	6	13	6	13
We should not be expected to use SAAF at all*	9	20	23	50	14	30

*base = 46

6.6 Uploading SAAF tools as formal assessment documents

The final feature of the model, as operationalised in the trial, was the requirement for completed SAAF tools to be uploaded to case management systems. At Wave 1, there were some concerns about SAAF being treated as a formal part of the assessment documentation rather than as a personal working document for the social worker. A few social workers (particularly in one local authority) were concerned that if SAAF was used early in the assessment, it might record perceptions that subsequently changed, and so might be inconsistent with the assessment report submitted to the conference. Similarly there was some uncertainty about sharing SAAF tools with child protection conferences and in court if they captured personal ratings and judgements that later changed.

> 'You should be very careful because if you tick high level of concern and your analysis [shows] low level of concern - that should not probably clash' …. 'I feel it should be in synch with my assessment' …. 'There should be a linkage with your assessment'. Discussion between social workers in focus group, Wave 1, LA 3

One team manager felt this reflected a wider discomfort with making visible the developing analysis during the assessment process.

> '[W]e're trying to work reflectively … trying more in supervision to record the different options. It's almost as if you've got to show your working out, how you've got to that. I think there's a tendency to shy away from that in case that was ever challenged. 'You thought about that, why didn't you go with that?' [We need to] Make it clear that's what we do, we hypothesise different ways and we gather the information.' Team manager, Wave 1, LA 4

There appeared to be fewer such concerns at Wave 2. Approaches to uploading background notes and other tools appeared to vary, both between social workers and between sites, and it was recognised that all information or analysis is contingent and subsequent to change during the course of an assessment.

Overall, the analysis of staff views about SAAF helps to explain why implementation was challenging. Many viewed SAAF as valuable, at least in principle. However, the developers' intentions were not always well understood and did not come across to users sufficiently clearly, and the tools were seen as not optimally designed for practice. Concerns about the time required were acute, and became if anything more so as the implementation period continued. Overall, a key message is that the model as operationalised in trial, involving completion of all four tools in all 'complex' cases as

defined, was not one that could feasibly be sustained. In the next Chapter we look at experiences of, and activities involved in, implementation, including the challenges of case selection criteria and the CRF.

7. SAAF – implementation strategies and contexts

Research on the adoption and implementation of innovation highlights that effective implementation requires multiple and purposeful support strategies, adapted to local context (Damschroder et al., 2009; Fixsen, Naoom, Blase, & Friedman, 2005; Powell et al., 2012). Damschroder et al. describe this as *'an active change process aimed to achieve individual and organizational level use of the intervention as designed'* (p.5). In this chapter, we report on the implementation strategies employed, or subsequently identified as needed, by the study sites.

7.1 The decision to adopt SAAF

Evidence about effective implementation highlights the importance of work leading to the decision to adopt an innovation, including identifying and prioritising the problem to be addressed, reviewing possible options, considering their appropriateness to the problem and context, and assessing whether the resources and capacity needed are available. This is sometimes called the 'exploration' stage of implementation (Fixsen et al., 2005; Metz, Naoom, Halle, & Bartley, 2015). Real world decision-making can also be opportunistic. This study provided the local authorities with an opportunity to develop practice in an area recognised nationally as requiring improvement. The fact that the approach came from the Department for Education also exerted some influence.

Senior leaders and managers in all six sites said that they had, prior to being invited to take part in the study, identified a need to improve assessment practice, particularly analysis. Three sites (LA 1, LA 2 and LA 5) appeared to have gone further and had identified a 'tool' as a possible or preferred approach rather than, for example, staff training or redesign of the authority's assessment template. Consideration had previously been given to Signs of Safety or the Graded Care Profile as possible options, and some sites had some previous experience of using them. For these sites, the approach by DfE about SAAF was *'timely'* and in line with their own developing thinking. For other sites, the decision to implement SAAF was less directly connected with their recent planning.

The SAAF method and tools were explained to the senior management teams at each site, in initial meetings involving DfE, C&FT and the evaluation team. The meetings lasted around two hours, and also involved an explanation of the evaluation and some discussion of the cases and teams that the trial might involve. Senior managers generally felt they knew enough about SAAF itself from these meetings to make the decision to take part. On reflection, however, several felt that they should have given more

consideration to what implementation would involve, and should have consulted more widely with other managers (e.g. team leaders), before committing the local authority. Team managers and some social workers also made this point forcefully. They felt there was insufficient consideration of whether SAAF was the right approach and whether it could feasibly be used, both in principle and given current conditions in the local authorities. In some sites we were told the absence of consultation was not untypical, but elsewhere we were told consistently by those we interviewed that consultation was usually part of the decision-making surrounding innovation, and its absence in the case of SAAF was unusual.

> ‘We just rushed in without really thinking about how we could implement it effectively. I just thought we would, rather than thinking about how we were going to make sure we did …. We saw the carrot without thinking about how we were going to make the carrot work for us.' Senior manager, Wave 1, LA 6

> ‘There was a lack of clarity for our senior managers about exactly what we were choosing to take on board and how it would be put into practice.' Practice consultant, Wave 1, LA 1

> 'There weren't really any discussions before it [involving the assessment team]. It was basically 'You're going to be doing this'.' Team manager, Wave 1, LA 2

7.2 Engagement of staff

Consultation plays an important part in securing the engagement of staff, and their enthusiasm for an innovation, and is an important predictor of implementation success (Durlak & DuPre, 2008). Our analysis highlights that staff engagement needed more focus than it received, in all six sites. Before teams were randomised, all staff in the trial teams were asked to attend a briefing by the evaluation team; this covered both SAAF and the trial, and what would be expected of participants. It was important that the briefing did not include information or commentary that might influence the behaviour post randomisation of teams, for example, showing the tools themselves, or describing their potential impacts in ways that might encourage people to access and use them. The briefing was therefore fairly neutral in its commentary on SAAF, and positioned the project clearly as a research study, emphasising that this trial was a test of SAAF and not of social workers themselves.

However, this briefing appears to have been relied on as the primary orientation of staff to the study and to SAAF itself, rather than a 'briefing' that would be followed up by further activity within each LA. In some sites, senior managers explained their decision and aspirations in using SAAF at staff and team meetings, and in other communications. However, most respondents felt that more communication had been needed about why their authority was involved in the trial, the impacts hoped for, and how SAAF fitted with local needs, priorities and strategies. This would have provided an opportunity to *'take ownership'* of the decision to implement SAAF and to position it as a potential improvement initiative for the local authority, as well as it being a research study (Meyers, Durlak, & Wandersman, 2012).

> 'If you've got everybody on board and they're enthusiastic about the process initially you would get a better outcome.' Team manager, Wave 1, LA 5

> 'If you're coming from outside it's very hard to locate it in that particular authority's context, whereas I think if we'd had a bit more preparation time and been able to think it through better we might have been in a better position to [communicate the vision] .... 'We've been doing all of these audits of assessments, we've collected this information, what we know is you're very good at this, but you're not quite so good at that, but we've found something that can help. This is it and this is what we're going to do.' I think if we'd been able to connect it more and link it to existing processes and almost personalise it a bit …. So maybe if we'd had more time or had more opportunity to think about how we were going to launch the idea and implement it we might have been able to do it better I think.' Senior manager, Wave 1, LA 4

At Wave 2, little had changed, despite further efforts being made in some sites to generate a sense of ownership amongst staff. One senior manager, for example commented that they had realised very late into the trial period that not all team managers had *'bought into'* SAAF. The high numbers of staff joining teams during the course of the study meant that this work needed to be sustained so that the local authority vision is conveyed to new staff.

> 'We don't own SAAF. It's come from somewhere else. We haven't really invested in it.' Social worker, Wave 1 Social Workers focus group, LA 5

> 'I do think some of [the negative view of SAAF] is about how it was implemented…. It was kind of, 'Right...' I think it was 'In about ten days' time, you've all got to clear your diaries for two days and do two days' worth of

> training on this tool that now you're going to have to use.' …. No one … has come and talked to us about what we actually would find helpful in a new tool or the things that on the ground people would benefit [from].' Social worker, Wave 2, LA 2

7.3 Operationalising SAAF within local assessment systems

Before the trial 'went live' in each site, staff in the experimental group teams were trained by the developers and received a briefing note from the evaluation team outlining the requirements for implementing SAAF (and completion of CRFs). In retrospect, staff in the sites felt they should have anticipated the training was not, on its own, sufficient to initiate use of SAAF, and that they needed to 'operationalise' SAAF by mapping the trial requirements on to their own assessment processes, specifying the actions, decisions and timescales involved and providing clear guidance on this to staff. In fact, staff at all levels at Wave 1 described SAAF as not having initially *'got off the ground'*, and one agency subsequently relaunched it.

> 'It ended up being a bit like quite a lot of other trainings where -...- we say 'Oh this is a really good tool you could use in everything. Yes, great' and then people not having the support directly then and there to actually do it.' Senior manager, Wave 1, LA 5

Take-up was slow in all the sites, and some, but not all, subsequently did further work to operationalise SAAF in their local assessment system. Key elements – discussed in the following sections - were interpreting the definition of within-scope cases, establishing a process for identifying cases where SAAF was to be used, incorporating individual SAAF tools at specific stages of assessments, and arrangements for uploading completed SAAF tools and logging their use on case management systems.

Operationalising the definition of cases within scope for SAAF The developer's training materials outline that SAAF is intended for use in 'complex' cases, defined as shown in Section 4.3. The definition used reflected earlier discussions with the local authorities, but nonetheless all sites found it more problematic than anticipated. There were diverse interpretations of it among staff, and it was felt not to be clearly aligned with how the sites themselves differentiated cases, for example as Section 17 assessments or Section 47 enquiries, or requiring shorter or longer assessments. Further, one site was using the Initial and Core Assessment categories throughout the trial implementation period.

There were different views (both within and between the study sites) about whether all core assessments, all Section 47 cases, or all longer assessments could be deemed 'complex'. This, in combination with other issues, acted as a brake on initial implementation. There was also some suggestion in people's comments that it may also have undermined confidence in the salience of SAAF, because it seemed at odds with the reality of caseloads and practice.

> 'I think one of the main barriers to us implementing it was people's understanding of 'complex.' Team manager, Wave 1, LA 1

> 'To me, your [sic] definition of complex and mine would very much differ, and would also differ from the workers' experience.' Team manager, Wave 1, LA 6

For most people, a 'complex' case would be one that was particularly challenging or multi-faceted by comparison with their caseload as a whole, where it was more uncertain whether the child could be cared for at home, or that stood out for being unusual or more technically difficult, such as an unaccompanied asylum-seeking child. Cases were not necessarily seen as complex simply because they required information gathering from a variety of sources and consideration of significant harm: for some this was *'the bread and butter'* of assessment work.

The six study sites eventually chose to operationalise the definition of 'complex case' as follows:

- LA 1: SAAF to be used in all Section 47 cases, and in all Section 17 cases involving a Core Assessment
- LA 4: SAAF to be used in all Section 47 cases, and in Section 17 cases judged 'complex' by the assessment team manager
- LA 6: SAAF to be used in all Section 47 assessments and in other assessments expected to take 45 days, subject to team manager's discretion
- Other local authorities: no specific operationalising of the definition; decision about eligibility to be made by team manager or social worker.

All allowed for the decision whether or not to use SAAF to be reviewed as more was learnt about a case during the course of assessment.

These ways of operationalising the definition had the potential to create a perverse incentive to categorise a case as being Section 17, an Initial Assessment or a shorter assessment, to take it 'out of scope' for SAAF and hence save time. However, the recurrent view of those we interviewed was that the significance of these decisions (often

made by the intake team rather than the initial SAAF study team) and management oversight meant this was not a real concern. We asked social workers who categorised an assessment as a 'simple' or 'straightforward' assessment to state briefly (in one or two sentences) why they designated an assessment as 'straightforward'. Bearing in mind that we only received a subset of case report forms, we undertook a qualitative analysis of the reasons given in two of the larger LAs. We grouped the reasons given into four categories, from 'Apparently complex' to 'Likely to be straightforward', plus a group where there was insufficient detail even to form a tentative judgement. Table 18 summarises the results.

Table 18: Analysis of descriptions give of 'straightforward' cases

Site	Cases	Valid[1]	Reasons suggest case likely to be simple/straightforward n (%)	Reasons suggest case might be other than 'simple' or 'straightforward' n (%)	Reasons suggest that case likely to be complex n (%)	Insufficient detail to form a judgement n(%)
A	1653	1556	468 (30%)	190 (12%)	86 (6%)	812 (52%)
B	613	574	175 (30.5%)	98 (17%)	31 (10%)	270 (47%)

[1] These are cases where information was provided and was possible to make sense of.

It is important to note that in around half of the cases it was not possible to determine whether or not the case for 'straightforwardness' was made; our judgements are based on a very small amount of information, and the explanations given might say more about reporting than the cases themselves. However, focusing only on those cases where sufficient information was provided to hazard a judgement, we thought that around 40% of cases in each LA might well require complex assessments i.e. 276 out of 744 (37%) in Site A and 129 of the 304 cases (42%) in Site B led us to believe they might be complex e.g.:

> 'Assessment identified attachment difficulties, many professionals involved reporting concerns, case transferred to CIN'

> 'Concerns re; home conditions after father had left the family home. Parents have separated and father remained in the family home for five weeks. Mother moved in with maternal grandmother when she gave birth to youngest child born in [DATE]. father then moved out and mother and her family undertook repairs and redecoration of family home and moved back into property. Father has care of two of the children, mother has care of three of the children and

one child remains in the care of maternal grandmother. Concerns are neglect, basic care and home conditions and parenting capacity. Further assessment recommended.'

'The concerns raised were in relation to father's ability to parent, as he has been a child in care and he is a first-time father. Information on services, courses and advice was given'

The definition of 'complex' remained unclear, contested and interpreted differently by different social workers and team managers, even at Wave 2, with staff within the same site sometimes giving different accounts of the cases to which it had been agreed SAAF would be applied.

Identifying cases within scope for SAAF Irrespective of the definition, there also needed to be a clear point in the assessment process at which it was actually decided that a case was within scope for SAAF, and a social worker *'tasked'* with using it. In practice, team managers commonly worked to a narrow definition of within-scope cases, increasingly so as the implementation period proceeded, requesting that social workers complete it only in cases that were at the upper end of complexity. This reflected not just a lack of clarity about the agreed definition, but also concerns about the feasibility of using SAAF in significant numbers of cases

Generally, the team manager receiving the referral issued the instruction to use SAAF in the course of allocating the case to the social worker, noting the requirement to use SAAF in the case management system, where it was already common practice to give guidance on the key issues or expected process. Sites that had an early review stage within the assessment process also used this meeting to consider whether SAAF should be used, and some thought this was a more appropriate point since more was, by then, known about the case. One local authority also set out specific timescales for using each of the SAAF instruments.

These processes for decision-making were routine practice by Wave 1 in some (but not all) of the teams in four local authorities (LAs 1, 2, 3 and 4), although they were vulnerable when teams came under particular workload pressures. In two sites (LAs 5 and 6) no process was specified, and managers only infrequently identified assessments as requiring the use of SAAF, or it was left to the social worker to decide to use it.

Case management systems Operationalising SAAF also involved determining how the requirement to use SAAF would be logged on case management systems, where the

SAAF tools should be uploaded, and how the actual completion of SAAF (and the CRF) would be noted or otherwise made visible in case management systems. In practice the scope for systems to facilitate or automate this was very limited, see further Section 4.5.

Guidance materials Three sites (LAs 1, 4 and 5) had, at Wave 1, developed guidance documents and materials summarising decisions about how SAAF was to be operationalised within their own processes. These guidance documents also provided an opportunity to remind staff why the agency was involved in the SAAF trial and where further support could be accessed. For example, LA 1 produced a short guide, a grid showing which SAAF tools should be used in each assessment type, and a flow diagram capturing timescales for completing each tool and transfer from the assessment to longer-term teams. LA 4 subsequently adapted these documents for their own system.

Operationalising SAAF was more complex in those agencies where two sets of teams (i.e. assessment and longer-term) were involved in the trial. Where guidance was available, it was seen as vital in implementing SAAF, although we were told that misunderstandings persisted nevertheless. In sites where guidance was not available, there remained more uncertainty about arrangements, and sometimes a distinct lack of local ownership.

> 'Once we had a document [of the process] and it was ours, it was very much, right, this is happening.' Team manager, Wave 1, LA 4

> 'We are quite process driven as managers. If something is introduced that hasn't got a process or doesn't fit in with the process we have, it's hard.' Team manager, Wave 1, LA 1

7.4 Skills development and ongoing training

Social workers and team leaders who had attended the two-day SAAF courses were generally very positive about them. The trainers were seen as knowledgeable, experienced, skilful and engaging, and the course as achieving a good balance between theory and practice. Some staff however felt the course was longer than needed or too theoretical; some found SAAF over-complex and confusing, and some felt there was too little that was new or that added to their current practice.

The developers recognised that this might be the case for more advanced social workers, but their experience was that it was necessary to cover basic principles of good assessment work and use of the Assessment Framework in information gathering as

prior knowledge and skills could not be assumed. And we were widely told that most staff came away feeling enthusiastic and positive about SAAF. Not all those who subsequently became leads for implementation had attended the course, which they felt was unfortunate. The developers also told us that it was unusual for team managers to attend the two-day training, but viewed this as important for implementation, and this was certainly reinforced by what we heard from site staff.

> 'I was really impressed with the training. I think the course material was absolutely fabulous, the booklets we got as managers. I think it was very well delivered. We had a great facilitator. The use of DVDs was very much focusing on practice ... I walked away from there feeling really quite enthusiastic about it.' Practice consultant, Wave 1, LA 5

Despite these generally positive views, it was not always clear to staff how they were expected to use SAAF in practice. This was clearly exacerbated by delay between the training and the point when the trial 'went live'. The trainers – and the evaluation team - encouraged staff to start using SAAF informally immediately after the training, but few did, and by the time of the follow-on training much learning had become rather remote. In addition, staff turnover in some local authority sites meant that there were significant numbers of team members, including team managers, who had not been trained in SAAF. This staff turnover continued during the course of the trial implementation period, in both arms of the trial.

Many staff felt that more learning opportunities were needed after the training to develop practice in using SAAF well. The 'refresher' sessions subsequently provided by the developers were seen by many local authorities as very helpful, and in one authority in particular appeared to have been key in supporting use of SAAF. The developers saw these sessions as an enhancement of their usual delivery approach and reported that their work with the local authorities had highlighted the importance of this coaching element. This is endorsed by research showing that coaching is an essential aspect of implementation and that training alone is rarely sufficient (Fixsen et al., 2005; Joyce & Showers, 2002; Meyers et al., 2012).

> 'If we had not had [the trainer] and we just had the training and used the tools, I don't think we would have got to where we are. I think we would have probably got lost somewhere along the way …. Having [the trainer] come back at different points did actually make things a bit more interactive and lively so

you could see – you could actually test it live rather than having to just test it in a controlled environment of a training session.' Senior manager, Wave 2, LA 3

However, sessions were often poorly attended, and the developers provided additional sessions to try to reach more staff. For those social workers who had not attended the two-day training, these sessions were felt to be too short; for those who had attended the two-day training but had not practiced using the tools (the majority) their original learning had faded. In some local authorities, refresher sessions were side-tracked by discussion of caseloads and other implementation challenges, and trainers also reported that the sessions felt rushed and that more time was needed.

The amount of other ongoing support for social workers to develop skills in using SAAF varied considerably. In the more active local authorities (LA 1 and 3 and some teams in LA 4), quite extensive one-to-one support was provided by team managers and practice managers, and there were also group sessions and discussions at team meetings. For example, in one team the practice consultant provided one-to-one support to every team member, including: working through all four tools on at least one case; providing further *ad hoc* support and advice, and training staff who joined after the training had ended. This continued during the implementation period, until it came under pressure from high caseloads. In other local authority sites, however, there was little or no further support for skills development and no arrangement for training new staff. The only support provided focused on technical rather than practice issues (i.e. how to log on, where to upload completed SAAF tools). Several site leads felt, on reflection, that they should have anticipated the need for ongoing support for practice development and been more proactive in setting it up.

Overall, our analysis highlights that multi-stranded skills building activity was needed:

- a process for training staff who joined after the initial training: either a rolling programme of 2-day training sessions by C&FT, or regular training sessions provided by a member of local authority staff with enhanced or 'train the trainer' training, or both

  'The turnover of staff recently - we never factored in how are we going to train up those [new] people?' Team manager, Wave 1, LA 6

  'Unless you have a real sense of it and a real in-depth knowledge about [it], then that knowledge transfer can't really happen in the same way.' Practice manager, Wave 2, LA 3

- regular on-site coaching, by either the developers or an expert user within the local authority, or both, following the initial training. Several people suggested weekly on-site availability for a few weeks following the courses, to support social workers as they used SAAF. This is a significant commitment, and the request probably reflects the gap between training and initial use of SAAF. Nonetheless, post-training coaching is well evidenced as an important implementation strategy.

  ‘You'd need the SAAF team to be coming in regularly to coach rather than just leaving it, you know, coming and doing a piece of training and then saying 'right, over to you now'.’ Team manager, Wave 1, LA 2

  'We would have really benefited from having people in the office to guide us through doing our first couple … that's my style of learning. I would have benefited from that hands-on learning rather than just being sat in a classroom and taking all this information in.' Social worker, Wave 1, LA 6

- continued support as needed from champions or *‘super-users’* with enhanced training. The importance of champions who advocate for an innovation, build support among intended users and help to resolve problems that arise is widely noted in the implementation literature (Durlak & DuPre, 2008). See also below.

- group learning and practice sharing sessions, for example using team meetings, peer supervision, action learning sets or user groups, so that social workers could share examples of cases where SAAF had been used and discuss different approaches to building it into case work.

7.5 The role of leaders and champions

The implementation literature highlights the importance of leadership which is aligned and coordinated at multiple levels (Aarons, Ehrhart, Farahnak, & Sklar, 2014; Birken et al., 2015; Fitzgerald, Ferlie, McGivern, & Buchanan, 2013). Local leadership and championing of SAAF was seen as important across all local authorities, and our analysis highlights that it was needed at multiple levels.

Senior managers Senior managers needed to support implementation through:

- communicating the local authority’s rationale and vision for SAAF, and its sustained commitment to it
- encouraging and supporting team managers to mobilise staff in the use of SAAF

- authorising significant aspects of the operationalising of SAAF or changes to usual assessment practice, such as the use the *Systemic Analysis* tool in place of the local authority's own risk analysis template
- providing governance and oversight
- problem-solving, ensuring that barriers to the use of SAAF were addressed.

Most senior managers felt that they should have been more involved throughout the implementation process. They felt they had underestimated the leadership role involved, relying too much on project leadership from the evaluation team. This was particularly true in the early phase of implementation.

Implementation leads had faced challenges in making enough time available for SAAF among competing priorities. In agencies where implementation of SAAF was less advanced, senior leaders sometimes seemed quite distant from the operation of SAAF and not well sighted on problems and barriers.

> 'If there had been maybe a bigger drive from the powers above, we would have been more inclined to use it. But it's sort of just, sort of, petered out' Social worker focus group Wave 1, LA 6

> '[Senior manager] is very much respected and if [she] says 'how's SAAF' the workers want to be able to have that conversation with her and say, 'I've done this, I've done that' because she's very well respected.' Team manager, Wave 2, LA 4

Team managers Team managers played a crucial role in operationalising SAAF, particularly with regards to:

- setting expectations about the use of SAAF in their team
- identifying within-scope cases and assigning the task of using SAAF in these cases
- communicating positively the rationale for using SAAF, and its potential to improve practice
- monitoring the use of SAAF and following up with social workers where it was not deployed
- providing continuous encouragement, support and guidance

In most local authorities, it was felt that team managers should have been brought into plans for implementation at an earlier stage. Arrangements for practice-sharing between team managers were also seen as potentially helpful so that effective implementation strategies could be shared and problems resolved.

Champions Several of the Local authorities identified a need for champions for SAAF, although only after the 'go live' point and in response to low levels of usage and misunderstandings. The role was taken on by staff at different levels: a senior manager, principal social worker, team manager, practice consultants or social workers. It appeared to work more effectively where there were champions at multiple levels, since there were constraints at each level. For example, some social workers commented that the senior manager champion was not very accessible; but, at the same time, social worker champions felt somewhat inhibited about providing practice guidance in individual cases, or pressing colleagues to use SAAF, as they felt this bordered on the work of practice consultants or team managers. Our analysis suggests that the local authorities needed to clarify the expectations of champions and provide support for them, particularly to those in less senior roles and where there was more resistance among staff to the use of SAAF.

> 'To try and encourage and motivate, not only those who felt lost, but also those who actually possibly didn't want to change their ways ... that was difficult. When you're trying to change the mind-set of people, that's a tough job.' Social worker, Wave 1, LA 3

In some agencies, there appeared to be no clear champion for SAAF and, in others, awareness of who the local champion was was patchy, but the role was everywhere seen as vital.

> 'The team manager in the assessment team [champion] has been absolutely fabulous actually, absolutely fabulous.' Senior manager, Wave 1, LA 1

> 'Senior practitioners that are able to [say] 'actually I've used this and this is how I've used it before and this is how it works really well'. I think that's what convinces people ... Just getting a few people excited about it helps encourage everyone else to be a bit more enthusiastic.' Social worker, Wave 1, LA 3

How champions interpreted the role depended on seniority and when they were asked, or put themselves forward, to be champions. Across those we interviewed, the following activities were seen as necessary parts of the role:

- operationalising SAAF within the agency's own systems, clarifying and documenting the actions and pathways involved, circulating guidance and updates
- mobilising (other) team managers, clarifying agreed procedures or the trial requirements, encouraging full participation and sharing learning
- seeking feedback from social workers and team managers and problem-solving
- providing training and support to groups of or individual social workers on practice issues (how to use SAAF well) and on technical issues (how to access and store SAAF and the CRF) through attending team meetings, ad hoc sessions and being an identified point for contact and help
- spreading enthusiasm and positivity about SAAF, being *'the passion person'*
- monitoring compliance and following up on cases where SAAF (and the CRF) had not evidently been used

Implementation support teams Research highlights the valuable role played by implementation support or technical assistance teams which draw together staff at the various levels, and in the various functions affected by an innovation, or whose support is necessary to success (Metz & Albers, 2014; Metz, Bartley, et al., 2015; Meyers et al., 2012). Several local authorities described using such an approach routinely to support the implementation of other innovations. However, only one site (LA 1) had set up an implementation support team, and this team had become less active by the end of the implementation period.

> 'We now have somebody at every tier [of management] who is an identifiable lead, which we didn't have when we first started to implement.' Senior manager, Wave 1, LA 1

Others recognised that an implementation support team had, on reflection, been needed. One senior manager commented that, had they realised the limited level of use of SAAF, they would have realised that an implementation support team was necessary, but that in the absence of an implementation support team to which problems were fed back, the low level of use of SAAF went unrecognised for longer.

7.6 Embedding the use of SAAF

The study sites recognised that the initial introductory activity was not, alone, sufficient to implement SAAF, and various strategies were described for embedding its use, in both Waves 1 and 2.

Team managers and other champions played an important role here. Several implementation leads focused their attention on team managers, using supervision and group meetings as well as email communication to encourage them to ensure that SAAF was being used in their team. The team managers where SAAF appeared to be used most actively and enthusiastically used a combination of communicating positivity and enthusiasm about SAAF, alongside setting a clear expectation for its use in within scope cases.

> '[My message to team members was] 'If it works, it will come in and you'll be ahead of the game ... so you might as well just get on with it [combined with] …. This is a better way of doing your assessments and it will work out better'. It's how you put it to people isn't it, and getting them to buying into the benefits rather than [just insisting].' Team manager, Wave 1, LA 4

> 'We just kept going on about it! ... We just didn't shut up about it until, you know, we raised it at every team meeting, [the practice consultant] was talking about it in her reflective supervisions or mentoring sessions with staff ... she'd be talking about it with NQSWs. So we just kept going on about it, so you don't give people a chance to not do it really, do you, when you keep pushing it.' Team manager, Wave 2, LA 1

However, other team managers were felt by their staff to be going through the motions, passing on the message that SAAF should be used without conveying enthusiasm or commitment, and without following up. Together with senior managers, they gave staff the impression that SAAF needed to be used to avoid possible reputational harm if the local authority failed to fulfil the trial obligations, rather than emphasising the potential of SAAF to improve assessments and children's outcomes.

In several local authority sites, a tacit acceptance appeared to have emerged among staff (at all or some levels) that it was not feasible to use SAAF. Implementation leads either did not press team managers to use SAAF, or did so without conviction or follow up. Similarly, some team managers did not promote SAAF within their team and did not task social workers with using it in individual cases, because they were not themselves

familiar with it, saw other team development as a higher priority, or wanted to *'protect them from additional work'*.

> 'It has never been something that I was able to really focus on and tell people that they needed to be doing it. I mean I'd go to meetings and stress it all the time, but also whilst conscious of the fact that I can't really expect them to do any more than they're doing.' Team manager, Wave 1, LA 6

> 'It was not fully implemented because I don't think even the managers were - …. they knew the amount of pressure that we're under, so I don't think they really pushed for it. They did try their best, but I don't think they really pushed for it.' Social Worker, Wave 2, LA 1

> 'Yes, it probably would be useful to [use SAAF] but because it wasn't required, it never got there.' Social worker, Wave 2, LA 2

Alongside the work of team managers, other strategies for embedding the use of SAAF were described:

- Incorporating specific SAAF tools into existing stages of work. Several local authorities had, at Wave 1, agreed arrangements for this although they did not always proceed smoothly.

  In two local authorities (LAs 1 and 2) it had been decided by Wave 1 that the Systemic Analysis tool would be sent to conference chairs. However, this did not happen in either agency, and the conference chairs we interviewed had not seen SAAF tools. It was thought that neither social workers nor managers saw it as particularly valuable to share a document only with the chair and not with others attending conferences.

  Another local authority (LA 3) had decided to use the Systemic Analysis tool in place of the existing risk analysis template which was required in all cases, and used at 10 or 15 day reviews. However, this was described as 'allowed' rather than required: it seemed that expectations were unclear and the practice was adopted by some team managers and practice consultants only. In addition, we were told that the Child in Need teams, to whom they referred cases, objected to the tool as they found it confusing, and requested that the agency's risk analysis template be used instead.

  One site [LA 5] was, at the time of the Wave 1 site visits, considering replacing their child protection conference report with the SAAF tools. At Wave 2 we were told that

this had been agreed but not implemented, and that the key people involved in discussions had subsequently left.

- Including completion of SAAF (and the CRF) in standing requirements for case closure or transfer. This was introduced by at least some teams in five of the six LAs (all but LA 6) and was seen as an important embedding mechanism, although it fell away when teams came under particular caseload pressures and one team manager found it hard to sustain without senior level support.

  > ‘Although I’m saying, ‘I can’t close off your assessment until you do [SAAF]’, I couldn’t do that because the service managers are saying ‘if the assessment is done, close it off’, because that’s one of the data we pass to the Department [for Education], that’s one of our indicators. If our [assessments] are out of timescale, that’s not good – you can’t go over time.’ Team manager, Wave 2, LA 5

  It was perhaps more likely to have traction in assessment teams, since higher caseloads and an expectation of shorter involvement create an incentive to close or transfer cases. Equally, it is also possible it may have inadvertently positioned SAAF as a ‘case closure activity’ and thus encouraged its completion late in the assessment process. Compensating safeguards against this may be important.

  > 'It felt very real then because someone was auditing it. You couldn't move on if you didn't [use SAAF] so it became part of the process. You have to do it otherwise [the case] doesn't close.' Team manager, Wave 1, LA 4

- In one site (LA 2), when the decision to use SAAF was logged by the assessment team manager, administrators placed the SAAF tools in the relevant part of the case management system alongside the agency assessment template, a visual reminder that also effectively used the case management system to ‘task’ the social worker with its use.
- In one site (LA 1), in at least one team, packs of the SAAF tools were printed to encourage social workers routinely to pick them up as they left the office for a family visit, and laminated copies were put on display. Again, this subsequently fell away when the team came under more acute pressure
- Some sites used regular ‘admin days’ as an opportunity to complete SAAF (and the CRF): again, it is possible this could have inadvertently encouraged retrospective or less integrated use of the tools

Ultimately, there was a very widespread view that integrating SAAF into the local authority's existing assessment framework and case management system would be necessary for it to become embedded, although as we have noted this issue was not straightforward.

Indeed, it was not feasible, in the trial context, for any of the sites to incorporate SAAF fully into their case management systems (rather than being uploaded as a separate document) although again this was seen as essential for its longer-term use. Modifying case management systems was, in all sites, expensive and time-consuming, and this appeared to be a particularly significant challenge in one local authority.

> 'That's so much of our contemporary social work, the electronic recording system, and keeping that beast going.' Senior manager, Wave 1, LA 4

> 'If it's an episode or a document we actually pull through with Framework-i, then it's ours, isn't it? It's on our system, it's ours. I think that would be really significant in people's mind-set. [Current access arrangement] kind of distances it.' Team manager, Wave 1, LA 4

> '[Describes other initiatives where] we've been working on [modifications] for the last six months and not getting anywhere close to even having a quote for how much it would cost us to get it on the system' Senior manager, Wave 1, LA 6

7.7 Monitoring the use of SAAF

Several of the local authorities had introduced, or tried to introduce, systems for monitoring and tracking the use of SAAF, and this was seen as an important means of embedding its use.

> '[To ensure implementation of SAAF] - get it measured. It's the wrong way of looking at it, but we walk over hot coals to get our child protection visits done because … they're important and the children need seeing, but also they're measured by our management. So, we will get the proverbial smacked legs if we don't get them done .... Wouldn't it be nice ... for it to come from within you as a practitioner rather than imposed from above? But the things that are imposed on us from above are the things that get done.' Social worker, Wave 1, LA 2

Most, but not all, local authority sites had arrangements for logging the decision to use SAAF, either in the case management system or, if it was not flexible enough to incorporate this, on a separate spreadsheet. Some LAs also looked at how to use the case management system for social workers to record that SAAF (and the CRF) had been completed. The inflexibility of IT systems meant they were unable to routinize this, but such a system was seen as an essential part of embedding SAAF. This is endorsed by wider research on effective implementation which highlights that monitoring usage is itself a key implementation strategy (Durlak & DuPre, 2008). Some team managers used supervision to check whether SAAF had been or was being used, although this sometimes fell away under other pressures. In some local authorities, the implementation lead or team managers circulated lists of cases where SAAF had not been completed.

Overall, the reflections on implementation from within the local authorities provide very rich learning for any future implementation of SAAF – or similar initiatives - and highlight the need for proactive and purposeful strategies to support implementation, including leadership at all levels.

7.8 The impact of the trial on implementation

The trial created a structure and approach for systematic use of SAAF across a large number of cases as well as providing the local authorities with a substantial amount of training and support. The developers viewed the trial model as more systematic than the approach taken by other local authorities with whom they had worked, with enhancements such as training for team managers and coaching sessions. Very little disquiet was expressed about the use of a randomised trial *per se*. This was raised in the two local authorities where there was effectively a single assessment team which had been divided, somewhat artificially, into two parts for the purposes of randomisation [LAs 5 and 6] and appeared to have added to resistance to using SAAF, but it was by no means the only, or most significant, barrier. Social workers and managers at all levels also said they had seen little or no evidence of contamination between the Experimental and Control arms, judging the scope for this as being very limited unless teams were co-located, and appeared very conscious of the need to avoid it.

However, there were a number of ways in which the trial arrangements raised challenges to implementation of SAAF. First, some specific aspects of the trial were problematic. We have noted the very mixed views that existed about the operationalisation of SAAF as a required approach in all within-scope cases. The CRF was seen as time consuming and

cumbersome to use, with widespread problems concerning the log-in process. In addition to providing a training video and written guidance, the trial team visited each site to explain how to use the CRF and expended considerable time resolving issues where social workers had lost or not used log-in details. Nevertheless, social workers and managers at Wave 2 were still reporting persistent and widespread difficulties with the online CRF system. There was also a high level of confusion between the CRF and SAAF, and to many social workers it was not clear that one was a tool for practice and the other only intended to collect study data. The CRF does appear to have acted, to some degree and in some places, as a disincentive to use of SAAF, particularly where the distinction between the two was not clear.

Although training dates were identified as early as possible and social workers were asked to hold them free, the training was widely said to have happened at short notice and with considerable inconvenience to the teams involved. The delay in being able to provide the local authorities with electronic write-in versions of the four tools was also the focus of much criticism. It appeared to have diluted the positive impacts of the training courses in terms of learning and enthusiasm, and undermined the credibility of SAAF for some. Some senior managers said they would have appreciated more discussion with, and support from, the evaluation team (although in practice the evaluation team sometimes found it difficult to secure time with managers) as well as the opportunity to share developing learning about implementation through collaborative work across the local authorities.

Secondly, our analysis highlights that implementation efforts were also challenged by three features integral to the trial although not concerning randomisation:

- the fact that SAAF was a pilot to which the local authority study sites had made, thus far, only a short-term commitment;
- the fact that SAAF was being implemented in some social work teams only;
- the fact that the use of SAAF was prescribed, rather than these decisions being made by the local authority leadership teams.

Managers felt they had been slow to recognise and respond to the need for more activity because they had not recognised where the role of the evaluation team ended and their own management role took over. They were not able to support implementation as fully as they might at a time when SAAF was only being used by some teams, had to remain invisible to others, and might not be continued after the end of the pilot. As a result, they

had not, for example, given as much emphasis as they might to communicating the intended impacts of SAAF and their confidence in it. They had also not done substantial work on case management systems to incorporate SAAF, engaged workforce development teams to support continued training, or involved performance data or audit teams in monitoring implementation of SAAF, although staff responsible for workforce development or performance data had sometimes been involved in the initial introductory meetings.

Essentially, managers recognised that there were aspects of the local authority infrastructure (or ecology) which could have been purposefully engaged in support of SAAF - and which - we were told, had been engaged in support of other locally led innovation or change endeavours, and would be engaged if the agency decided to sustain and extend the use of SAAF. In other words, the local authorities had not fully used their 'implementation as usual' approaches. This suggests that there may be more potential for implementation and use of SAAF than suggested by the experience of the trial.

> 'There are some quite key people who are not driving it because they can't because it's a pilot.' Senior manager, Wave 2, LA 3

Overall, our analysis provides pointers in relation to the strategies for supporting implementation that would be beneficial for other local authorities wanting to adopt SAAF or similar tools, and highlights areas where more active guidance and support for implementation could be given by the developers.

7.9 Organisational and wider systems contexts

In this final section, we consider the extent to which the wider organisational and systems context provided an environment that was conducive to innovation, and receptive to SAAF. Research on effective implementation highlights the importance of organisational capacity for innovation, including features such as learning and innovation cultures, a positive work climate and absorptive capacity (Brimhall et al., 2016; Damschroder et al., 2009; Greenhalgh et al., 2004; Weiner, 2009). Our analysis identified features of organisational and systems contexts that both supported, and challenged, implementation in the local authority study sites.

7.9.1 Organisational climate, readiness and absorptive capacity

Staff skills, values and readiness for innovation SAAF is intended to provide a framework for the deployment and development of social workers' assessment skills, assisted by the training provided. Some team managers and senior managers felt that not all social workers had the underlying skills required to make good use of SAAF. Child protection conference chairs also often pointed to weaknesses in some social workers' underlying skills in analysis, and C&FT also highlighted this when justifying the content of their training. Some managers commented that introducing SAAF had exposed weaknesses in the quality of practice. Here is a typical comment:

> 'I suppose I hadn't quite appreciated the degree to which it was a significant shift in what people had been doing … because most of our social workers in the assessment teams at that time were either not very experienced or were temporary and mainly used to a more process way of dealing with assessments …. That's not to say that other people can't learn and I think in fact that … they quite like the structure [of SAAF] …. I think you can overcome that as long as you've got a - you're backing it up and you're really, really constantly supporting it.' Senior manager, Wave 1, LA 3

Using SAAF was thought to be particularly challenging for some early career social workers or those who were less intellectually able. It was also thought that social workers with less experience of UK practice might find be unfamiliar with some of the underlying constructs and terminology (an issue relevant for example to one local authority's recent recruitment of a number of social workers from overseas). However, at the same time SAAF was felt to support skill development for social workers with less (or less UK) experience.

> 'When they came back [from the SAAF course] they said, 'now I know what you were talking about' … It really made a difference for them …. You could see there was growth and development within a short time .... You could see the ...impact of the learning through SAAF.' Practice consultant, Wave 1, LA 3

A further issue was an underlying discourse in two local authorities (LA 2 and 6) of 'sufficing', a suggestion that assessment practice only needed to be *'good enough'.* For example, one social worker talked about the key task in assessments being to determine whether the threshold for social work intervention had been met, and another suggested it was sufficient to identify only the issues raising immediate risks for the child, and this was evident from our audit of a sample of assessments. Another social worker wondered

aloud whether the interventions provided need only be sufficient to take a family below that threshold, and viewed this as, in part, an ethical consideration about the extent to which the state had a duty or right to intervene. In one local authority, the move to more focused and shorter assessments was interpreted by some social workers as discouraging in-depth and comprehensive work. There was also a more general sense of higher quality aspirations being unfeasible given caseloads, work pressures, and (in some teams) the short timescales for early assessments.

> 'Basically, all you're doing is saying, right, I've done whatever I need to do to make this child immediately safe, I've identified there's some longer-term issues, I'm taking it to conference. That's all you're really doing.' Social worker, Wave 1, LA 2

> 'I've always been quite holistic, and coming over to [assessment team] I've had to go a little bit the other way and really focus on what the risks are, and why we're involved, and not so much look at maybe some of the other issues that may be going, that may be linked, but actually [focus on] what is the safeguarding risk? ... I think the tool might mean I'd get involved in maybe other things that I wouldn't need to.' Social worker, Wave 1, LA 2

> 'It depends on your view … how you view working with a family …. Do you work from a bottom up, you get all those niggly things sorted and then that will fix the top, or do you work from the fact of look, just get those [higher level problems] sorted, get under the threshold and get the family to carry on the best they can? Then you've got ethical questions about how far as a state we should reach into the family.' Social worker, Wave 1, LA 6

There were suggestions in the accounts of some social workers and managers of a compliance culture in social work, likely to be inimical to innovation. This reflected the overwhelming presence of case management systems, the persistence of process-led practice (despite attempts to address this), and workload pressures. It was manifested in a reluctance to engage voluntarily with SAAF and a preference for it to be imposed more forcefully through the case management system or, alternatively, discontinued. It is important to emphasise that this was far from the impression projected in all the interviews, or in all teams visited: many social workers and team managers had, at least initially, responded to SAAF in a spirit of innovation and improvement, and such views were expressed with regret and some embarrassment.

> ‘I wish the department would just decide what it is we are going to use … because then I think people would invest. At the moment people don't quite know what it's going to look like or what the ultimate outcome [of the trial] will be so it's quite difficult then to invest a lot of energy when energy is already short on the ground .... If I've got to do it then I'll go and find out about it and I'll do it. But actually if I have a choice ... then I'd probably [not] do it because ... that would be the easiest course'. Social worker, Wave 1, LA 2

These aspects of the current culture of social work practice pose a challenge to innovation and to practice-based research more generally.

Staff turnover Staff turnover was a very significant challenge to the use of SAAF across all local authorities (although not necessarily to all teams in each site). In one site (LA 3) there appeared to be much more workforce stability by the Wave 2 interviews, but in the others, staff turnover appeared either not to have changed, or to be a more significant problem. As respondents highlighted, this was a national issue within social work. The reasons varied somewhat across teams and local authorities, but included pay (relative to neighbouring authorities and to agency social work); greater work pressures in child protection than other areas of social work; restructuring in other parts of the local authority which created opportunities for staff in the study teams to move; and strategies to replace agency staff with permanent staff which, although important for long term stability, meant change in the short term.

High turnover had a cumulative impact on implementation of SAAF:

- post-training ‘new starts’. Even by the Wave 1 interviews, the managers in some teams, and many of their staff, had not been trained as a result of staff turnover. By Wave 2, we were told that only a minority of staff had been trained – in one case only one member of the team (others had left). Given the patchy arrangements within the teams for introducing new staff to SAAF, this was a very significant problem
- vacancies and staff changes meant cases had sometimes *‘drifted’*, and dealing with *‘legacy cases’* and stabilising practice were higher priorities than introducing or embedding SAAF
- in some teams, a practice consultant role was vacant for all or some of the implementation period, a significant gap given the role they played in supporting the use of SAAF

- the quality of agency staff was perceived as quite varied, and we were told that there was often limited investment in training and skills development by both agency social workers and the authority
- SAAF was viewed as a lower priority in induction than more established and agency-wide or authority-wide policies and approaches
- where there was a majority of new staff unfamiliar with SAAF, it was difficult to routinise practices to embed its use
- teams that had experienced a lot of staff changes were described as less cohesive or self-supporting, and staff morale was sometimes said to be low
- new recruits were disproportionately at early career stages, with protected workloads or more limited capacity to take on a new approach, putting pressure on workloads for more senior staff
- in one study site the administrative team covering several study teams changed, and the new administrators were, at least initially, less assertive about enforcing the use of SAAF as a case closure requirement.

These factors meant that the capacity to absorb a new approach was reduced and SAAF was not seen as a priority. In one site, the area selected as the experimental group had experienced considerable turnover, particularly at team management level, and this had produced other disturbance in the system. When senior staffing was eventually stabilised, there was a sense of teams needing protection from further pressures, which made the local authority's decision to put the area forward for the trial seem perverse to some. The very recurrent view was that a stable workforce is important both for sustained quality in assessments and for innovation.

> '[SAAF] gets swallowed up among everything else, and when you're forced to prioritise, it's not going to be the thing you prioritise' Team manager, Wave 1, LA 4

> 'You get improved practice with greater stability of the workforce.' Senior manager, Wave 2, LA 3

> 'If you wanted to get the good practice across the board, I do think it's about that sustainability of staff and having in-house training and the development of staff through the ASYE programme …. There are some very good agency workers that have been very committed to [this LA] as well, but I think until we

> move towards that sustainability as much as we can with employed staff, I think you're always going to have that difficulty of getting consistency.' Child protection conference chair, Wave 2, LA 1

Workloads In all local authorities, workloads were seen as demanding, leaving little space to incorporate a new practice, particularly a practice that itself required additional time. Caseloads were experienced as a very significant pressure on implementation of SAAF in some study sites. Two local authorities [LAs 3 and 6] described large increases in referrals in the period up to the Wave 1 interviews and in one [LA 6] in particular, the system appeared to be under acute pressure. Three local authorities described referral rates rising between the Wave 1 and Wave 2 interviews [LAs 1, 2 and 5], although in the others they were described as stable or declining. These circumstances were challenging to the implementation of SAAF, and in several teams, during periods of more intense pressure, practices that were becoming routine for using SAAF fell away.

> 'It's awful at the moment, it's awful .... The last four weeks, it's just not sustainable any more. Everyone's feeling they can't do any more than what's being asked .... We've just been managing to keep on top of it but it's just gone crazy' Social worker, Wave 1, LA 6

> '[When SAAF was introduced] I don't think there was a level of embracing it, even ourselves as managers, because we knew it wasn't our priority at the time, and we couldn't make it a priority even though we were being asked to. I felt I'm not going to ask staff who are bombarded with this, this and this, who are trying to catch up with things, to do this on top of that.' Practice consultant, Wave 2, LA 3

Other organisational change In some local authorities, significant service transformation and restructuring was still bedding in when the trial began, and the experience of a prolonged period of uncertainty and disturbance had left staff feeling *'bruised'* or *'still reeling'.* Helping new teams to cohere, and practice to become more stable, could leave limited residual resources or capacity for innovation. In one local authority (LA 5), the implementation lead felt that SAAF had acted as a *'lightning rod'*, attracting resentment and anger about other changes which were highly unpopular, but less easily resisted. A further significant restructure was underway in this agency at the Wave 2 interviews. In local authority sites where implementation had been more successful, service transformation appeared to be more advanced at the point when SAAF was introduced.

Organisational climate Although a complex concept to assess, there appeared to be differences between the local authority sites in their 'organisational climate' and the extent to which it was conducive to innovation. In some [notably those who stayed involved in the study] managers and staff described a culture of openness to change; of improvement, reflective practice and positive challenge; reasonably strong relationships between management and staff; and an embedded research culture, evidenced, for example, in active use of local performance data, collaboration with local universities, involvement in other research projects, and a readiness to look outside the agency for innovation and new approaches. At Wave 2, two of these local authorities were introducing a number of other innovations, mainly funded by the Department for Education Innovation Fund. Staff at all levels saw these as a manifestation of a positive and innovative culture. However, there was also a sense of these reducing the space, and senior staff time, available for SAAF - not necessarily because innovation capacity was insufficient - but because these other projects were more obviously initiated, owned and led by the agency, had more vigorous senior support behind them, and were already perceived as providing tangible benefit to social workers.

> 'They've got a big innovation fund at the minute with all sorts of different schemes going on …. [O]ver the last few years they've tried loads of different pilot schemes …. There's always something going on …. If you can see the value in it and you can see that it's going to improve outcomes and things, then, yes [people respond positively] …. I don't think, and I want to stress it really, because I know we've said a lot of negative things about [SAAF] but I don't think that's because we're a team that whatever was suggested, we'll all just go 'Oh, I don't want change.' …. I don't think we're like that.' Social worker, Wave 2, LA 2

> 'I don't think people are put off doing new things. It's just we have a lot of work and it needs to help us.' Social worker, Wave 2, LA 4

> 'It is always changing and they do try to implement new things, to improve all the time, so I would definitely say [the agency culture is] open to change.' Social worker, Wave 2, LA 4

> 'It's great but there are lots of things and competing demands, which you're expected to prioritise, but you can't always prioritise them all, can you?' Team manager, Wave 2, LA 4

In other local authorities (LAs 5 and 6) there were references to staff not being open to change and having been slow to engage with other innovation; of antagonistic relationships between staff and managers, or between team managers and senior staff; low staff morale, and with change experienced as a top-down process. Active problem-solving also seemed weak in some local authorities, where barriers to the take-up of SAAF were not acknowledged and addressed, and the dissonance between management directives to use it and practice on the ground remained unresolved. In one of these agencies (LA 5) the number of other change projects underway or planned in this site was particularly striking and we were told there was a culture of projects not being well resourced or fully implemented. Notably, this local authority presented their involvement in the trial as an 'action point' addressing a concern expressed in an Ofsted inspection, even though they were one of the two local authorities that, effectively, withdrew from the study.

7.9.2 Agency policies and strategies

If the connection between an innovation and other current strategies is good and made explicit, this can be used as a 'driver' to support implementation (NIRN, 2013). Whilst there were a number of ways in which SAAF fitted well with strategies, it was possibly in tension with others.

There was a clear fit between SAAF and objectives to increase the proportion of cases 'stepped down' by assessment teams to early help provision, and to safely reduce the number of children in care, since good assessments were seen as essential to this. Several local authorities were deliberately working towards more reflective, focused and tailored social work practice, less process-driven and with more scope for social work expertise, and with social workers equipped with tools and skills for expert practice. SAAF was seen as supporting this, although making SAAF mandatory for in-scope cases did not always fit well with the notion of expert-led practice, and the sense of it in some teams as *'tick boxy'* and process-led also did not fit well.

Several local authorities had objectives to reduce the elapsed time required for assessments and to use more proportionate assessment approaches. Although SAAF was seen as potentially useful in helping to identify key areas for focus, the time required to use it did not fit well with the ambition for *faster* assessments. Several local authorities also had clear intentions to reduce the amount of time social workers spend at their desks, and SAAF was seen as running counter to this.

In one site [LA 1], a single assessment process was due to be introduced after the end of the trial implementation period. We were told this was generally viewed positively by staff and the expectation was that, if anything, it would make the use of SAAF easier.

Some local authorities used other named approaches or tools in assessment, including some introduced during the trial implementation period. There were mixed views about their alignment with SAAF. In one agency (LA 3) a deliberately eclectic approach was emerging, with the intention that social workers should be equipped to use a range of different tools and frameworks and to select the one most relevant to their own practice and to each case. SAAF was viewed as potentially a valuable element of this, although only in a flexible model in which social workers have discretion over whether to use it, and which elements of it to use. The evolving approach was for this to be supported by what was described as *'a coaching model'* of learning and improvement, moving from a model where managers provided direction and answers to one involving reflection and dialogue with social workers. SAAF was seen to fit well with this approach. Indeed, not only was the use of SAAF potentially supported by this coaching model, but SAAF itself also supported the model, by providing a tangible tool for coaching on analysis. SAAF and this strategy were therefore, in a sense, potentially mutually reinforcing.

> ''[Team managers and Independent Reviewing Officers] will have their view about the right way to do it, but rather than going straight there and telling somebody what to do, it becomes more of a learning process, because people are reflecting and thinking about it, they're not being told, they're finding the solution. [SAAF fits well because] the tools become a way of helping to think about, reflect and then do and then look at the impact of what you've done.'
> Senior manager, Wave 2, LA 3

LA 5 and LA 4, both of whom used the Strengthening Families approach from Signs of Safety in child protection case conferences, viewed SAAF as – in principle – complementary, although consideration had not been given to the implications of using both approaches.

Another agency (LA 6) had introduced the Action for Children *Neglect Toolkit*, with the expectation that all teams (and partner agencies) would be trained and would use it in assessments. It was generally felt not to be feasible to incorporate both this and SAAF and, although there were many other challenges to implementation, there was concern that attempting to implement both had contributed to the difficulties experienced.

LA 4 had incorporated restorative practice as a key social work model[10]. There were mixed views about the quality of alignment with SAAF. On the one hand, SAAF was seen as helping to clarify issues in a way that would support clear and open discussion with the family. On the other hand, the SAAF approach was seen as possibly more structured and formal, and more focused on risks than restorative practice. In addition, some aspects of the way in which it had been introduced were not viewed as consistent with the collaborative *'done with rather than done to'* approach of restorative practice, which the agency aimed to model in its internal work as well as in work with families.

The same agency also made extensive use of family group conferences (FGCs). Again, there was ambivalence about the fit with SAAF. A good assessment was seen as key to effective FGCs. However, as FGCs were a required part of the process, there was no scope for SAAF to influence whether an FGC was used, and the assessing social worker was not involved in the FGC. SAAF was also seen as primarily focused on parent-child relationships and not easily applied to wider family relationships.

> 'Obviously if that was more explicit [in SAAF] then that would support trying to capture not just family but community, friends, people who may help.' Senior manager, Wave 2, LA 4

There were, then, some possible tensions between other innovations or approaches and SAAF. However, perhaps more significant is that there were also strategies and areas of work that could have been leveraged in support of SAAF, with connections made and purposefully engaged.

7.9.3 The fit of SAAF with the wider system

The final aspect of receptiveness to SAAF is its alignment with wider parts of the child protection system. Our analysis identifies a number of issues.

New national priorities Nationally, there had been an increased emphasis on working with children at risk of sexual exploitation and those missing from care during the trial period, and specialist assessment tools were introduced. In one agency (LA 3) SAAF had been used very successfully in an assessment which was used as an exemplar of good practice in child sexual exploitation, but some of those we interviewed were less sure

[10] Summarised as involving working in partnership with families, providing *'high support and high challenge'* and aiming to build resilience and problem-solving skills to resolve conflict and repair relationships

about its fit to these cases because they required more focus on the wider social network around the child, beyond the family.

Availability of interventions For SAAF to make a difference to outcomes for children and families, the services indicated as required by assessments need to be available. There were suggestions in some places that SAAF might expose weaknesses in local provision, and thus help to demonstrate the need for service development. Gaps were recurrently highlighted in relation to CAMHS, domestic violence survivor and perpetrator programmes, sexual abuse services, and therapeutic or specialist services more generally, all reflecting areas seen as stretched nationally. The fact that SAAF might identify a need for interventions, particularly therapy, that were not available sometimes appeared to be an additional reason for not using it among social workers who were anyway not positive about it. But the more general view was that this had not been a brake on the use of SAAF. In agencies using SAAF long term, it would be useful to explore whether it does expose gaps in provision, and whether decision-making by resource panels is well aligned with the interventions identified as needed in assessments using SAAF.

The family justice system Court work was a limited part of the work of most of the SAAF study teams. There was a recurrent expectation among managers and social workers that the use of SAAF would support court work by improving the quality of court reports and social workers' oral evidence and, as we have noted elsewhere, some managers felt they had begun to see early signs of this.

Some managers felt there was scope either to refer, in court reports, to SAAF having been used or to include completed SAAF tools in court papers, and felt this would be a useful way of demonstrating the reasoning and evidence behind the application. They noted that it would need to be introduced with the support of judiciary and through agreed adjustments to the templates in local use. In principle, it was felt that the judiciary would be supportive of SAAF, provided it was clear that it is an aid to decision-making and not used mechanistically.

The more dominant view, however, especially at Wave 2, among managers and social workers was that it would not be appropriate to use SAAF directly in court proceedings. There were concerns that social workers would be challenged on its evidence base and on whether the instruments had been shared and discussed with parents, and concerns about possible inconsistencies between tools or with other reports. The view here was

that the more appropriate role of SAAF would be to support clearer and more persuasive social work reports and oral evidence.

Partner agencies There was very limited experience of SAAF being used or discussed with staff from partner agencies, although we were told of a few cases where social workers had used SAAF tools to explain to another service why a case was being referred. In general, it was thought that SAAF had potential to support work with partner agencies by helping to clarify the reasoning and intentions behind referral to other services, and by making visible the professional framework underpinning social work assessment.

> '[SAAF would be useful] to evidence a more consistent framework from our [ie social work] side about how we reached the decision about the level of risk, how we structured the analysis.' Senior manager, Wave 2, LA 4

There was also some interest in exploring whether SAAF could be used by other services, particularly early help. However, the general view was that SAAF is specifically oriented to social work in its content and language, and that it was not useful for partners to use it or for it to be introduced as a whole systems approach. Indeed, as we noted, SAAF was specifically preferred to Signs of Safety precisely because it is not seen as a multiagency or whole systems approach. Those local authorities considering rolling out SAAF further thought other services, and the Local Safeguarding Children Board, would need to be aware of its use, but not expected to use it.

National assessment policy and Ofsted SAAF was generally viewed as well aligned with national policy and requirements for assessment, and no areas of dissonance were noted apart from the challenge of including it in the required timescale for assessments. Ofsted inspections during the implementation period had proved a major distraction to implementation efforts, but the fact that assessment is a specific area of focus in inspections was viewed as potentially supportive of SAAF. SAAF had not been referenced in any of the reports from Ofsted inspections undertaken during the study period, although its use was discussed with inspectors in one site. However, the general expectation was that Ofsted was likely to view its use positively, provided it was clearly being used as an aid to decision-making rather than in a mechanistic way.

Overall, although there were some areas of possible tension, SAAF appeared to be largely well aligned with the wider systems, and again there appeared to be connections that could have been highlighted in support of implementation.

7.10 Post-trial use of SAAF and plans for the future

7.10.1 Post-trial use of SAAF

At the end of the trial, the local authority that had been most proactive in implementing SAAF had decided to train social workers in the control group, and in another a decision was made to roll out the use of the Systemic Analysis in their assessment protocols. However, none of the local authorities continued to use SAAF *as operationalised for the purposes of this trial*, following the end of the trial implementation period.

SAAF continued to be used in four study sites (LAs 1, 3, 4 and, minimally, LA 5). It appeared to have most continued presence in one local authority (LA 3), where it was still being used, to some degree, in all the study teams. Senior managers, team managers and practice consultants were still encouraging staff to use it: one team manager was still assigning it and one practice consultant was using it regularly with social workers in reviews, and we were told that some social workers were also initiating its use in some cases. From what we were told it appeared that only selected parts were being used, particularly the *Systemic Analysis* and *Summary of Safeguarding Analysis.* There was also a view that it was more embedded in social workers' thinking and approach beyond the actual use of the tools.

In two local authorities [LA 1 and LA 4], some of the SAAF materials were still being used in a discretionary and partial way by some social workers. Usage appeared quite uneven and infrequent, occurred in some teams only, and sometimes involved just using the SAAF manual for reference. In the fourth, it continued to be used in one team but there was shortly to be only one SAAF-trained social worker in the team.

Perhaps surprisingly, even in teams where it appeared to have been quite well embedded at the end of the study implementation period, the use of SAAF had substantially fallen away. A number of explanations for this emerged. Team leaders who had been very influential and supportive had left the team, as had increasing numbers of the staff trained on SAAF. In addition, it seemed that SAAF continued to have the status of a research study, and had not evolved to be seen as the local authority's own improvement initiative. SAAF had not succeeded in *'winning hearts and minds'* sufficiently and so was de-prioritised by team leaders and social workers facing other demands, including other innovation projects. Once the trial usage period had ended, there was a sense of waiting for an authority-wide decision about its continued use.

In the other two local authorities, use of SAAF stopped at or before the end of the trial implementation period. In LA 2, where SAAF was widely poorly regarded and its use largely mechanistic, use stopped entirely as soon as the trial period had ended. In LA 6 it had been already suspended by the time of the Wave 1 interviews.

7.10.2 Sustainability

There are three broad mechanisms through which SAAF might be sustained (Brewster et al., 2015):

- as voluntary practice, on the basis of the intrinsic rewards perceived by the staff involved: if social workers perceived SAAF as advantageous, for example because it helped them produce a better assessment or had other observable benefits
- as required practice: enforced through team managers' oversight of assessment, formalised in agency policies and practice standards, monitored, with incentives for compliance (or sanctions for non-compliance)
- as integrated practice, either voluntary or mandatory: if SAAF were fully integrated into agencies' assessment templates and case management systems.

Views about whether, and if so how, SAAF should be sustained shifted over the course of the study. At Wave 1, it was still too early for many of the people we interviewed to have a firm view. Some, particularly social workers, already wanted use of SAAF to be discontinued at the end of the trial, because they saw it unlikely to delivery benefits proportionate to the costs involved in using it. Most people with a view at Wave 1, however, thought there would be merit in retaining it. The balance of opinion was weighted towards doing so by integrating it into agency assessment templates, reducing duplication but retaining aspects that were additional to, or a better way of addressing, issues covered by the agency template.

> 'If it was going to be one of those things that was embedded properly in our day-to-day work, people would engage with it much better' Social worker, Wave 1, LA 2

> 'As it stands at the moment it's a separate piece of work. You are doing everything that you need to do on the system, and it is a separate piece of work, and people are not going to do it. People cannot do it …. [Integration is essential] Because the way our assessment is, there is no deviation from it. The assessment is there and that is how we have to fill it in the information.' Team manager, Wave, LA 6

> ‘If we were going to implement it across the authority, then I think we would have to integrate it somehow. It wouldn't make any sense to have a standalone process.' Senior manager, Wave 1, LA 4

By the time of the Wave 2 interviews views had clarified and changed. There seemed no prospect of SAAF being retained in three agencies. In the first (LA 2) there was a clear consensus across staff at all levels that SAAF was sub-optimal; in the second (LA 6) it had been discontinued during the trial and the senior manager interviewed said there were no plans to explore it further; and in the third (LA 5) all the senior staff involved in its introduction had left the agency and it was felt unlikely that there would be interest in taking it forward

In the other three agencies, senior managers were interested in retaining it and rolling it out more widely, and there was support for this from most of the team managers and social workers we interviewed. Two local authorities (LAs 1 and 3) had already had some discussion with the developers about further training. Managers recognised that it would take some time before the trial findings were available, and local feedback and data were everywhere seen as important drivers of decisions about future use, alongside findings from the trial. Managers said they would want to discuss the use and impact of SAAF with the teams involved; carry out their own analysis or audit to consider whether SAAF was making the difference intended and - if so - explore with staff approaches to using it more widely across the department.

The balance of opinion by the Wave 2 interviews was weighted towards retaining SAAF as voluntary practice. In this mode, individual social workers would decide whether to use it in a particular case, and if so which tools to use. This decision might be made by themselves, or in discussion with team managers and practice consultants. Similarly, team managers and practice consultants might use it, again with discretion, in coaching and mentoring work with individual social workers. It was thought most likely to be used, in this model, in a much narrower set of cases than in the trial: those at the upper end of complexity or uncertainty, or where there have been longstanding or frequent child protection concerns. There were mixed views about whether it could be used in its current form in this way, or whether it would need to be streamlined and simplified, but the preponderance of difficulties social workers experienced suggest such adaptation would be worthwhile.

Alongside this, there was also interest in integrating it into agency templates and case management systems. It was not clear how this could be aligned with discretionary use,

and there was some ambivalence about it. It was not thought to be feasible or desirable to incorporate all the content of the four tools, but there were also concerns that incorporating only some content might reduce the value, and inhibit scope for social workers to use the tools they consider most useful. It may be that making the full set of SAAF tools (streamlined and simplified as above) available on the system, linked with the assessment template and perhaps with prompts to consider their use, but treating its use as discretionary, would resolve this apparent ambiguity.

> ‘I think people should be able to choose whether they want to use it or not, and use it as part of their toolkit if that’s what they want to do, and not if not.’ Team manager, Wave 2, LA 1

> ‘Incorporating it and streamlining it or, like I say, moving it into the assessment would be better and would have made it more appealing, I think.’ Social worker, Wave 2, LA 1

> 'Actually if you think about the kind of cases that we end up in really difficult situations with, the more extensively you use the tools right at the beginning, the better. I think we can pick out those cases often .... There's a danger of dumbing everything down. You slim it right down, you lose something.' Senior manager, Wave 2, LA 3

> 'What I have got is an anxiety that we end up down the well-intentioned ICS route... Potentially the problem of simply embedding a tool into everything you do is the tool becomes the end in itself rather than tool [to use with purpose]'. Senior manager, Wave 2, LA 3

Given the very recurrent view that SAAF would not have been used to any significant extent had it not been required practice, it seems unlikely that making the tools (albeit simplified) entirely discretionary would result in substantial take-up. There seemed no real appetite for compulsion, and an approach that combines non-mandatory use but integrated prompts, supported also by the use of SAAF in coaching, training and mentoring, would therefore be worth exploring.

These final reflections highlight the complexity and subtlety of implementing an innovative approach within existing processes and practice. They are clearly decisions that require consultation with staff with experience of using SAAF, and with the developers of SAAF whose views about a model that retains the core components and essential elements of SAAF and optimises its added value would be important. In either

event, the local authorities recognised that sustaining and extending the use of SAAF would need renewed and extensive activity to support implementation.

Overall, our analysis highlights that significant adaptation to the trial model, and to the SAAF materials, would be needed for take-up at scale. It also points to the types of local authority contexts where implementation is more likely to be effective. Three types of resources were particularly key, to effective implementation of SAAF:

- positive regard for SAAF among senior and team managers at the outset and appreciation and acceptance of the rationale and potential benefits (as opposed to frank scepticism) amongst front line staff who will have to implement it
- multi-level leadership for operationalising it and embedding its use: engaging assessment processes, staff training and development, monitoring and wider strategies
- and a more supportive or enabling work climate, including manageable workloads, stability of staffing and constructive relationships between staff groups and levels

The more a study site could bring together these three sets of resources, the more it appeared to be able to implement SAAF effectively: at scale, and in ways more likely to produce the intended benefits. In addition, evidence from implementation science suggests that post-training coaching for front line staff and their managers makes a significant contribution to embedding the use of any new approach.

7.11 Conclusions

Senior managers (and the small number of Child Protection Conference chairs interviewed) generally supported the idea that assessment processes were in need of improvement. However, front line staff and team leaders were more equivocal. In this respect ‘readiness’ for SAAF was, at best, uneven. Differences in perception may have undermined the perceived salience of, and hence willingness to use, SAAF, particularly as there was often relatively little communication with staff about the agency’s rationale in deciding to use SAAF and some staff reported feeling pressured into participating.

In general, equivocal or even negative views persisted amongst those expected to use it, and indeed often appeared to strengthen. Those who did not see SAAF as addressing a priority need for themselves or their team at Wave 1 were no more convinced of its salience, and sometimes were less so, by Wave 2, when the costs had become more

apparent. This will have impacted on the enthusiasm of uptake and the willingness to invest further time in the innovation to allow implementation practice to mature.

This speaks to a well-documented principle in implementation studies, that winning 'hearts and minds' is a vital precursor to successful adoption of new practices (Weiner, 2009) and a principle of successful innovation that those who carry the main burden of 'doing' innovation must be helped to recognise tangible benefits as early as possible (Massatti, Sweeney, Panzano, & Roth, 2008). The overriding issue for front line staff was the feasibility of use: they found SAAF cumbersome and time-consuming, adding to (not reducing) the time burden of a process already known to be demanding. In implementation terms, the value attached to the innovation was not sufficient to overcome the effort required to implement it. In the terminology of implementation science, there was an absence of readiness at the level of individual practitioners to implement the innovation.

There was also a lack of readiness at organisational and system levels. Local authority child protection arrangements constitute a 'complex adaptive system' (Welbourn, Warwick, Carnall, & Fathers, 2012) and one, moreover that is under severe pressure for resources at present (ADCS, 2012). Even in more optimal circumstances, the international implementation and improvement science literature shows that "*systems trump programs"* (Fixsen et al., 2005; Ghate, 2016) and that few innovations survive to maturity where the complex system context is overlooked. The failure to plan for or even consider the alignment of SAAF with other practice approaches being used by some LAs, as well as with their existing 'business as usual' tools and processes, constitutes an indicator that the systems context of SAAF was often not given due consideration locally or centrally prior to the trial going live.

For example, the interface between SAAF processes and materials and how assessment business is usually conducted seems to have been less than smooth, with for example, social workers experiencing difficulties accessing SAAF materials, and finding them duplicative or burdensome relative to other documentation already required by statutory processes. The reported lack of mesh with existing IT systems in particular made the four SAAF Forms difficult to access and complete, and the lack of explication and 'case building' for how, precisely, SAAF was expected to add value over and above existing practice meant that its use was a leap of faith (or a process of reluctant compliance) rather than an intentional decision, owned by staff, collaborating in testing out new ways

of working more effectively. A robust feasibility study prior to the trial could have helped with this problem.

More positively, the changing and increasing profile of use between Wave 1 and Wave 2 corresponds to research showing that implementation naturally proceeds in stages from initial through full to (in some cases) sustained implementation within organisations (Fixsen et al., 2005), and suggests that perhaps, give more time, and with more support, some teams might have widened and deepened their adoption of SAAF.

The trial period for SAAF, although longer than originally intended, was still shorter than most research suggests is necessary to get to sustained implementation - rarely less than two, and usually at least four years (Bailey, 2012). We can speculate that given more time, and given improved 'exploration' and 'installation' conditions (Fixsen et al., 2005), including better planning for systems integration, better support for implementation including coaching and technical assistance, including IT systems use), it *might* have been possible to see more thorough adoption of the full model taking root in some teams.

Finally, but very importantly, the turbulent context of the child protection system, with extremely high levels of turnover of staff, high levels of vacancies, and widespread use of agency staff creates a **special and very challenging context for the implementation of innovation** and probably requires very specific implementation support strategies. These are as yet poorly articulated in the literature. In the case of SAAF, it is clear that the turnover in the group of trained staff in the experimental group needed special measures for ongoing support.

8. Discussion

8.1 Effectiveness of SAAF

The study found no evidence that SAAF resulted in fewer children being subject to a second Child Protection Plan (CPP) or to a CPP following an assessment which had not initially resulted in a CPP. Further, assessments undertaken by social workers trained in SAAF did not result in a reduction in number of reassessments or re-referrals.

We did find that, following an initial referral, children in the SAAF group were less likely to become subject to a CPP than those in the control group. Similarly, of those children subject to a CPP for one form of maltreatment, those assessed by SAAF social workers were less likely to be later recorded as having been subject to another. Whilst this *may* indicate that assessments completed by SAAF social workers (and the resultant CPPs) were more likely to be appropriate than those conducted by control group social workers, a cautious approach is needed: these were not outcomes the study had specified as measures of effectiveness, and other evidence collected in the trial raises some doubts about this interpretation.

An analysis of the inherent quality of written assessments (in a ten per cent sample), conducted by social workers in SAAF teams compared with their colleagues in the control group also failed to find any impact of SAAF. Assessment practice (both information collection and presentation, and its analysis and synthesis) appeared to be weak in both groups, suggesting that participation in SAAF training and using the tools (albeit in a variety of different ways) did not help raise standards. The absence of sufficient implementation survey data prevented analysis of any links between different ways of using SAAF in practice and the quality of (or type of, or approach to) assessment in individual cases.

On balance, the finding of the trial is a finding of ‘no evidence of effectiveness’ rather than ‘evidence of ineffectiveness’. Factors contributing to this conclusion include the nature of the data used to measure the primary outcome, the timeline of the study, and a range of significant factors relating to the implementation of the intervention. These impacted on the fidelity with which the intervention was implemented and raise questions as to the extent to which SAAF meets the criteria for use as a structured decision-making tool. Some of the issues may have been specific to the experimental study, but by no means all. We consider these issues below.

8.2 Limitations of the available data

Whilst use of the CIN data was appropriate in endeavouring to reduce the burden of data collection placed on participants, we encountered a number of challenges which limited what we could learn from the trial at the point at which it was completed. First, the length of most CPPs[11] (in 2015, some 41% of all CPPs in England lasted more than 6 months but less than one year, with a further 24% lasing more than one year) undoubtedly reduced our ability adequately to evaluate the impact of SAAF within the timescale available to us. This was exacerbated by the staggered nature of the roll-out of SAAF training and implementation, which resulted in some data collection periods spanning more than one 'CiN data year'. Each dataset relates to the situation in each LA as it exists on 31st March each year, and they do not support the tracking of individual children across years. Whilst five of the six participating LAs went to extraordinary lengths to provide us with data in formats that would enable us to analyse cases that began in one 'CiN year' and continued into another, we were not able to successfully merge these files, resulting in some months loss of data in some cases. Secondly, our ability to identify cases where a referral or second CPP was due to maltreatment of the same or a different kind to that which had initiated the assessment (i.e. unconnected to the original referral) was impeded by the poor rate of completion of the Case Report Form. We had therefore to rely on data such as changes in the primary need code, but it is difficult to interpret these as evidence for or against the accuracy of a prior assessment in the absence of other contextual factors.

8.3 Implementation and intervention integrity

A strength of this trial was the embedded investigation and analysis of how SAAF was implemented and experienced by participants. This helps both with the interpretation of the outcome data from the RCT, and with developing recommendations for those who might want to adopt the intervention. The implementation study involved an online survey of all participating social workers and two waves of in-depth collection of qualitative data from social workers, practice consultants and managers in each participating authority. In Wave 1 (2014) 67 interviews were carried out across all six local authorities as planned

[11] In 2015, just under half of CPPs in the participating LAs lasted more than 6 months but less than one year (range 35.8% and 43.9%) with roughly one quarter lasting 1 year but less than two years (range 19.9% to 29.1%)

in the protocol. In Wave 2 (2015) only 37 were achieved, and most of these were in just four local authorities. Despite several reminders, the online survey of achieved only a 15% response rate, and we have not relied on these data in our analyses other than to note when the patterns of response 'echo' those of other, more reliable data. Additional qualitative data were collected from personnel within the organisations responsible for developing and delivering SAAF.

These data sources, plus observations of the training delivered to social workers in each of the participating authorities, form the basis of the following observations about the implementation of SAAF and the fidelity with which it was implemented during the trial.

8.3.1 Training

Child and Family Training (C&FT) used a standard programme and supporting presentations to train social workers in the use of SAAF over two days plus a follow up day. We understand from our discussions with C&FT that this presentation has been developed over a lengthy period and reflects their general 'offer'. They do not always have two days, and the follow up in this trial was unusual.

Whilst different trainers were involved in different local authorities, with one exception (a new trainer who was involved in one site only, and who worked alongside an experienced trainer) all were very experienced Child and Family trainers, used to training groups in a range of C&FT courses, including SAAF. In all but a few cases, training was undertaken by two trainers. An outline of the training provided can be found in Appendix K. Whilst there were some minor changes to the presentations, these were not of a magnitude that could be said to undermine the integrity of the training provided across local authorities. There was no systematic difference between authorities, and – as indicated above – the training provision in this trial was certainly not less or significantly different from that normally provided.

Further, the training was generally well evaluated by participants, both in the questionnaires they completed for C&FT and those completed for the study. The report of the pre-post-test of the impact of the training can be obtained from the first author (Macdonald 2016). Key points from that evaluation were:

- More than half of respondents reported that the some of the content was new to them (55%), with 13% (N=41) stating that *all* of the content was new. This is somewhat at odds with the view expressed pre-training by 187 respondents (41%)

that felt they had a good understanding of how to undertake complex assessments.

- The majority felt that the subject area was covered in sufficient clarity and detail (61%). Of those that did not feel that the material was covered sufficiently, this was mainly relating to a lack of clarity (39%).
- The training was considered to have provided sufficient information about the theory underpinning the use of SAAF (76%) and a large proportion felt that they had a *good* understanding of SAAF and how to use it (70%) or an *excellent* understanding (7%).
- When asked which assessment types did they understand SAAF to be aimed at, the majority chose both complex assessments on a Section 47 Enquiry (92%) *and* complex Section 17 assessments (81%). However, 5% (N=15) and 9% (N=25) said they thought SAAF was aimed at straightforward assessments on a Section 17 case and Section 47 Enquiry respectively.
- More than half of respondents said they would recommend the SAAF training to anyone who hasn't done it (56%) and a further 39% would recommend it for social workers new to this area of work. When asked to rate the quality of the trainers that provided the course, in terms of knowledge and ability to communicate complex issues, almost three quarters rated the trainer(s) as excellent, and a quarter as very good.

However, we also know that around half of those trained left their teams during the course of the study, often before they had been allocated a study identity code. Further, the model of one-off training sessions (even with a follow-up booster session and the offer of telephone support) was evidently not sufficient, as reported in prior studies (Joyce & Showers, 2002). Something much more like rolling programme of introductory familiarisation, followed by one to one or small group face-to-face coaching and ongoing support was probably required to help establish SAAF in routine practice.

8.3.2 Intervention fidelity

Many social workers did not use SAAF at all, or did not use it as intended. For example, amongst those who completed the Case Report Form, 35% reported using none of the SAAF tools. Amongst those who used one or more, the majority reported finding them only marginally, or not at all useful.

The data from the implementation study revealed substantial variation in the way SAAF was used, both within and across authorities. In essence, the variation (from 'full use' to 'no use') appears to have been so considerable that it is not possible to identify one predominant implementation model, or to clearly identify sub-types within this. These differences emerged early and lay in some key areas, including:

- the cases to which SAAF was applied. Use varied as a result of differences in the interpretation of what constituted a 'complex' case (the designated condition for using SAAF in the trial);
- the extent to which all four 'grids' that constituted SAAF as a 'Structured Decision-Making tool' were completed, or selectively used in a variety of combinations by social workers;
- when the four grids were completed, ranging from whether at the start, or during the course of, or (not uncommonly) *after* the statutory assessment had been completed i.e. simply to fulfil the trial's data return conditions.

Adaption in real-world implementation is not necessarily deleterious. Had these variations been more systematically documented, as originally intended, we might have been able to comment on the patterning and contexts of variation and perhaps drawn some conclusions about positive modifications that could have helped SAAF to be more effective (Chambers, Glasgow, & Strange, 2013). Such 'contextually sensitive adaptations' are thought to contribute in important ways to the sustainability of innovations(Chambers et al., 2013; Ghate, 2016; Hawe, 2015). However, the data available to us yielded insufficient information to achieve this.

The developers are certain that SAAF trainers gave clear instructions about how SAAF should be used (using each of the three summary grids and the systemic analysis in all complex cases, contemporaneously as part of the routine assessment process) in each training session they delivered. Nevertheless, this was either not clear to the social workers and managers participating in the trial or it was disregarded. There is evidence that both factors were operating behind the scenes of this trial, and at least some instances when using the SAAF was confused with completing the Case Report Form.

With the benefit of hindsight, it is possible to see that more needed to be done to maintain participants' awareness and understanding of what was required in completing SAAF, particularly in light of staff turnover. Insufficient attention was also paid to monitoring the use of SAAF by social workers, in order to provide them with adequate

support and ensure reasonable fidelity to the design of the innovation. This left room for uncertainty, inertia, and the introduction of uncontrolled variations. In short, and for a complex array of reasons, intervention fidelity in the use of SAAF as a decision-making tool appears to have been extremely low in this trial. These are issues not just for this trial but for the SAAF training model.

8.4 SAAF as a structured decision-making tool

As evidenced in the lengthy discussions that took place with Child and Family Training at the outset of the study, it was not clear that SAAF was designed for use as an structured decision-making tool (SDM) as this is typically understood. When reflecting on the study at the end of the trial (Focus Group), one member of Child and Family Training observed that, prior to the systematic review conducted by Barlow et al. (2012) they had not necessarily conceived of themselves (and SAAF) as sitting within a SDM 'group'.

Prima facie, the content and structure of SAAF is designed to help social workers think systematically and in a structured fashion about the collection, appraisal and analysis of information, and it is intended to improve decision making. Much of the training is focused on how to implement the assessment framework produced in 2000 (itself developed by many of those associated with Child and Family Training) and, prior to this trial, no group of social workers had been instructed to use the four grids in every complex case as way of enhancing the quality of their assessments. During the training sessions, participants always raised the issue of the time it would take to use the SAAF tools. It was generally recognised that, in the early stages, using SAAF would add time to the assessment process but that i) this would reduce as people became familiar with it; ii) it would save time in the longer term by reducing repeat referrals or maltreatment, and iii) as social workers began to internalise the way of thinking embodied in the tool, that it would be possible – and inevitable – that short-cuts would be taken in completing the grids. In reality, it appears that the amount of work involved in completing the grids, exacerbated by inadequate monitoring and support, and operational difficulties in implementation, resulted in very low take-up, selective use, and sometimes abandonment. The conclusion appears to be that in its present form, SAAF does not lend itself to routine use in complex cases and in this sense it cannot be described as a structured decision-making tool for frontline use. The programme developers are exploring the possibility of developing a single tool that would more readily function as an SDM, possibly building one of the tools perceived most positively by participants - the Systemic Analysis.

8.5 Implications for future research

The results of this trial point clearly to the need for a staged approach to rigorous evaluation. Minimally this needs to start with a clear analysis of the problem to be solved, followed by a well-articulated theory of change that can set out how the proposed solution is intended to address that problem, and what resources or 'building blocks' need to be in place for its delivery. After that, a feasibility study is essential to ensure that the intervention can, in fact, be delivered 'as planned', and subsequently modified if necessary or steps taken to improve implementation. This done, a pilot study to ensure that the proposed methodology will work as intended is a sensible staging post prior to commissioning a pragmatic randomised controlled trial. The DfE did not rule out the possibility of researchers suggesting a 'feasibility investigation' prior to the main evaluation stage, but the information available to them, and to the research team, suggested that the intervention was 'evaluation ready,' for example, a number of local authorities had already commissioned the programme developers to train their staff in the use of SAAF, including one local authority that had taken a 'whole systems' approach to its adoption. This information was accurate, but as work commenced on the theory of change and logic model, it became apparent that SAAF had not previously been taught and used formally as a structured decision-making tool. If, as seems likely, an alternate version of SAAF is developed, it should be treated as a new innovation and re-tested, drawing on the learning from this study.

Notwithstanding the above, this trial represents a concerted, conscientious attempt to introduce and evaluate a complex intervention, and considerable credit is due both to the DfE, the participating authorities and the programme developers, who are committed to developing an evidence-based intervention. Trials remain a rarity within children's social care, and we hope that the lessons learned from this trial should contribute to improvements in the commissioning of future trials, rather than – as happened in the past – being seen as reasons for the abandonment of systematic evaluation.

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Appendices

Appendix A: RCT - Technical Report

Randomisation

The randomisation of individual social workers was not appropriate in this trial, as children's social care is organised around teams of social workers, typically line managed by one manager. Limited resources meant that recruiting and randomising entire departments was not feasible. The decision was therefore taken to randomise teams of social workers within local authorities. The study protocol for the impact evaluation can be found at https://trialsjournal.biomedcentral.tytycom/articles/10.1186/1745-6215-15-453

Eligibility criteria – Local Authorities

The Department for Education invited 17 local authorities to express an interest in participating in the trial.

Inclusion criteria: Children's Services Departments (CSDs) in England were eligible for the study if they were willing to make relevant teams available to be randomised, willing to make staff in the experimental group available for training, and willing to require all participating social workers to comply with the study's data requirements.

Exclusion criteria: Children's Services Departments were not eligible if one or more of the following pertained: there were concerns about performance (e.g. special measures, other DfE involvement), a major reorganisation was planned, the CSD had received training in recent years from the providers of the intervention, namely *Child and Family Training,* the CSD was already using another risk assessment tool such as Signs of Safety (Turnell, 2010);(Turnell, 1997; Turnell & Edwards, 1999); or the Graded Care Profile (Srivastava & Polnay, 1997).

Eight Local Authorities expressed an interest. One was subsequently found to be ineligible because it was already using an alternate risk assessment tool; the eighth subsequently withdrew. Six local authorities eventually confirmed their willingness to participate in the trial. After meeting with the senior management teams in each of the participating local authorities (LAs), it became clear that a simple randomisation of teams was problematic. In four LAs, teams were clustered together in buildings or floors of buildings. In one LA, all social work teams worked from one floor, and in the sixth, there

was only one team responsible for assessments. In order to minimise 'contamination' we took the following approach:

- in four LAs we randomised groups of teams serving particular geographical areas e.g. we randomised teams working in the East of the LA to one arm and teams working in the West of the LA to the other arm.
- in the LA with only one assessment team, the social workers worked from two rooms, and we used the rooms as the unit of randomisation
- in the LA in which all social work teams were based on one floor, our only option was to stress to all participants the importance of the experimental group not sharing their experiences of training or the SAAF tools with colleagues in the control group for the duration of the trial. The manager responsible for the trial took responsibility to ensure an absence of contamination.

Outcomes and Measures

At a national level, the CIN data include items such as 'Initial Category of Abuse' and 'Latest category of abuse'. In order to determine whether or not the trigger incidents are related i.e. are indicative of a failed plan or an inadequate assessment, data were needed that provided information at a more granular level than that typically collected as part of the CiN Census data. For this purpose, we sought to use the more detailed data usually gathered by the Children's Services Departments for their own purposes (Management Information) and data collected immediately post-assessment from social workers via an electronic questionnaire (the Case Report Form), designed by the evaluation team especially for the trial. All participating DCSs and the DfE agreed to provide access to their data.

The Case Report Form was designed to minimise data burden on already busy social workers, and to provide us information about their concerns about a case, their confidence in their assessments, their plans and assessments of future risk. The CRF was designed to:

i) ensure that we did not miscategorise apparently unconnected events that in fact have a common underlying cause. For example, physical abuse by a parent and sexual abuse by a stranger *may* be unrelated, but they may also be symptoms of a seriously neglectful environment;

ii) enable us to link children who moved between one form of assessment and another (Section 17 or Section 47) or an assessment focused on one concern to another.

We sought to collect additional information via the Case Report Form from social workers on the 1800 cases targeted for inclusion in the trial (see below). For each social worker, this was expected to average between 3 and 5 cases over a six month period, although for those working in Assessment and Referral teams, this number might be somewhat higher.

Quality Assessment Schedule

We originally planned for the Northern Ireland Clinical Trials Unit (CTU) to randomly select a 10% sample of assessments, stratified by study arm and size of the Children's Services Department in each LA (determined by the number of assessments each had contributed to the total sample). In the event, this proved unworkable, as the completion of Case Report Forms (the only means that the CTU had of identifying cases) was inadequate. Instead, we adopted a variety of approaches, depending on what the LA said was possible.

In one LA the person with lead responsibility for the trial selected 60 cases, and made these available to the research team without information as to which assessments had originated from teams trained in SAAF or undertaking assessments as usual. Only when all assessments had been independently quality assessed by two members of the research team, and agreements reached, were the assessments 'unblinded' or 'unmasked'. The person making the selection was asked to provide assessments conducted on complex cases, including assessments done in all participating teams and by as many social workers as was commensurate with the number of assessments requested i.e. using a 10% sample it was not possible to include an assessment by every social worker.

In four LAs the Principal Investigator selected a sample of cases from each LA (50% from assessments conducted in each arm), based on a list of cases provided by case numbers and including the team identifiers and names of social workers. The list of cases selected was emailed securely to the LAs and not retrieved until the assessments were provided some weeks and months later, and the quality audits were completed.

When made available to the research team, the assessments were not separated into experimental and control groups, and neither the PI nor the other members of the research team were aware of which assessments were from which arm of the study until all had been quality assessed. It was not possible to blind the research team to the departmental source of the assessments given the forms used in each department. The

researchers recorded any information that might lead them to believe they know the arm from which the assessment was drawn e.g. reference to SAAF.

Measures The quality of social work assessments was judged using a quality assessment schedule developed for this study. The original schedule included 44 items deemed to be related to assessment quality. After piloting the tool, this schedule was reduced to 40 items (including a number of items relating to case planning, monitoring and review) and some amendments were made to how items were scored, in order to enhance the reliability of assessor interpretation.

This is not a validated tool, but it is based on factors known to be associated with quality assessments. In this respect, whilst the tool was not designed to be systematically biased towards the content of SAAF, it did contain some items that might favour assessments conducted by social workers using SAAF e.g. the SAAF specifically emphasises the importance of assessing parents' capacity for change, and making explicit what is likely to happen to the child/ren if nothing is done.

Assessors were provided with a user guide, which provided guidance on what was being looked for, and how to score items. For example, in relation to item 24 (above) about problem-formulation, the user guide states: '*Research indicates that premature conclusions can lead to mistakes, some of which can be fatal. It is good practice to consider alternate explanations or theories, and to be able to articulate why one has opted for one particular explanation / theory, rather than another.*' The schedule was piloted on a sample of ten cases, the findings discussed, and re-piloted, until a satisfactory rate of inter-rater reliability was achieved.

For two items ('Is there a clear summary of who is in the household?' and 'Is there a clear summary of family relationships?') the responses available were simply 'yes' (score 1) or 'no' (score 0). In others, the possible responses included additional categories. For example, one item asked, 'Does the assessment make clear the parents' capacity to change?' For this item, responses included 'Yes', 'No', ''Not relevant' (where parental capacity was clearly not the issue) and 'The assessments contain evidence of the parent's capacity to change (or its absence) but this is not articulated by the responsible social worker'. Details of the schedule and User Guide can be found in Appendix I.

Sample Size

A number of factors made it difficult to arrive at precise power calculations.

- the lack of an available inter-cluster correlation (ICC) for this purpose,

- variation in size of clusters (range 6-12),
- different rates of CPPs amongst participating CSDs (range 13.2% to 17.5%)
- the difficulty in estimating re-referrals and repeat CPPs within the time frame of the study based on the CiN data (e.g. amongst repeat CP conferences, there are no data on time to repeat CP conference, and most LAs indicated that this would be rare 'within year')
- the complexity of the relationship between S47 enquires and core assessments (one of each may relate to 1 case, with transfer of cases in some local authorities – see below).

In the year ending March 31st, 2013, the six participating LAs undertook:

- 8,524 *S47* enquiries;
- 16,395 core assessments[12].
- 5,394 Child Protection Conferences

Not all S47 enquiries result in a core assessment (though most probably do), and not all core assessments are yoked to a S47 enquiry.

Power calculations Given the above information, and in the absence of an existing, secure ICC from other studies, we determined our sample size after modelling a series of calculations based on various scenarios (see

[12] Core Assessments (CA) were in depth assessments that were completed following an Initial Assessment (IA), when indicated, or subsequent to a Strategy Discussion. Social Workers were expected to commence an IA within 24 hours of receipt of a referral, and to complete it in a maximum of 10 working days. In those cases where it was decided a CA was required, the expectation was that these would be completed within 35 days. More recently, the Initial and Core approach to assessment has been replaced by the Single Assessment.

Table 19 below and published protocol). The design of the study, including reliance on administrative data, attenuated the need to factor dropout into the calculations.

A design effect (variance inflation factor VIF) = 1.5 is based on ICC=0.1 and cluster (team) size of 6 social workers. Increasing either the ICC or the cluster size will increase the design effect. For example, increasing the cluster size to 10 social workers will give a design effect of 1.9 (this makes sense as the larger the cluster size then the more 'alike' they are so a larger sample size is required).

Using an average cluster size of around ten social workers in a team, we, as noted above, originally estimated that we need an achieved sample size of 1800 (complex) cases, from social workers in all participating teams, 900 in each arm. Based on the numbers of social workers trained in each LA, and an average cluster size of around 6, a design effect of 1.5 was chosen, giving an n of 1300 - 500 fewer cases are required than originally calculated. HOWEVER: cluster sizes vary, and this number relates to complex cases.

Given rates of completion in 2013 and 2014, we anticipated that this number of cases would be completed within six months of social workers being trained. This allowed for the fact that most complex assessments take at least 30 working days, though this will vary from assessments undertaken by intake teams (which may be done within 10 days) to assessments that take longer than 30 days.

To assess trial validity initial data analysis examined the extent to which the necessary conditions required to permit a valid test of the efficacy of SAAF were met (Del Bocka and Darkes 2007). To assess the effectiveness of SAAF the primary outcome analysis was an *intention-to-treat analysis* (ITT) such that all cases were assessed in accordance with the randomisation. Analyses were conducted both within and across LAs. In addition to the standard ITT, multivariate (regression) models were estimated to examine the impact of covariates on outcomes. Multilevel logistic regression models were used to assess between-group differences (experimental and control) in relation to the probability of abuse occurrence for cases.

Table 19: Scenario planning – power calculations

Scenario	*Re-abuse Rate % Control*	*Re-abuse Rate % SAAF*	*Unclustered total sample size*	*Design effect*	*Clustered total sample size (rounded)*
1	50	40	800	1.5	1200
2a	25	15	510	1.5	770
2b				2.0	1,000
3a	10	5	900	1.5	1300
3b				2.0	1800
4a	10	2.5	400	1.5	600
4b			-	2.0	900
5	20	10	400	2.0	800

Analyses

Assessing Trial Validity

Initial data analysis (descriptive statistics and bivariate tests) examined the extent to which the necessary conditions required to permit a valid test of the efficacy of SAAF were met (Del Bocka and Darkes 2007). This included assessment of the achieved statistical power, between-group equivalence on key factors such as team size, experience of social workers, types of cases. We intended to consider the impact of fidelity (the extent to which SAAF appears to have been used as intended) within our analysis of implementation as a potential source of explanation for aggregate outcomes and any between-authority differences; however, over time it became apparent that fidelity as a technical construct could only be loosely applied to SAAF, since substantial latitude was left to practitioners in how they used it in practice, even within the different authorities. Planned exploration of the approach to 'assessment as usual' undertaken by control group social workers was not undertaken because social workers in each LA were described as/were assumed to be using a common approach, and there was little or no evidence of between group contamination, and only a small number of social workers moved teams (from control to experimental and vice versa) during the study.

Assessing the effectiveness of SAAF

Intention to treat analyses

The primary outcome analysis was an *intention-to-treat analysis* (ITT) such that all cases were assessed in accordance with the randomisation. Analysis were conducted both within and across LAs. We maximised the use of administrative data in order to document the extent of differences between the experimental and control groups.

Comparisons between the intervention and control groups were initially performed using the chi-square test (categorical data), independent *t*-test (continuous, normally distributed data) or Mann-Whitney test (skewed or ordinal data). Time-to-event data were analysed using survival analysis.

Inclusion of covariates (if required)

In addition to the standard ITT, multivariate (regression) models were estimated to examine the impact of covariates on outcomes e.g. logistic regression for binary outcomes. Baseline outcome measures that differed between the two groups at baseline (age, ethnicity, primary need code, number of assessment factors, S47) were included as covariates to allow for individual differences, and site differences were modelled. Including information on covariates allows one to examine moderator effects and to begin to unpick the mechanisms through which SAAF might impact on improved assessments and associated outcomes.

A key part of this analysis was designed to try to minimise the unexplained variance in site-specific effects. This increases power and, by capturing the factors that explain why effects vary across local authorities, can help in generalising the results beyond the LAs in the study. We therefore considered possible sources of variation across LAs– in participant characteristics, in staff experience and in what constitutes Management as Usual, e.g. including LA-specific averages as controls in regression analysis.

Regression models

Multilevel logistic regression models were used to assess between-group differences (experimental and control) in relation to the probability of abuse occurrence for cases (using CPP as a proxy), accounting for the fact that cases are clustered within social work teams. Numbers were too small to examine the recurrence of abuse (as indicated by repeat CPPs). We had planned to employ nested modelling techniques for random effects models (such as ML-win), as well as comparing the results with a fixed-effect model, but this was not required given the results from the logistic regression models.

Ancillary analyses were undertaken to assess the frequency with which the recorded categories of abuse changed across referrals and from one CPP to the next, though the latter was a very small group of children. For each referral, the LA is required to enter one primary need code, and for each CPP they are asked to record maltreatment category (initial and latest). A second CPP (or repeat referral) in which the category of maltreatment (or primary need code) changed *might* be indicative of an inadequate assessment or plan. We had also intended to examine whether the presence of SAAF trained social workers in the control arm affected rates of recurrence (with similar analyses conducted on the effect of untrained workers on experimental group). These latter analyses were not possible as the data were not available to us. We comment on the general issue in the implementation analyses.

Treatment of missing data:

Examination of missing data (both case and item) was undertaken on outcome measures and covariates and multiple imputation methods were not deemed necessary.

Sensitivity analysis

We undertook a per protocol analysis to explore the impact of removing those local authorities where the implementation study suggested SAAF had either not been used as designed or only infrequently used by staff in the experimental group.

Subgroup analyses

These are reported for the primary outcome using 95% confidence intervals. Logistic regression was used with interaction terms (group by subgroup) for the subgroup 'local authorities'.

We had hoped to examine the impact of strong versus weak implementers (at the LA level and, if possible, at SW level) but this was not possible within the quantitative analyses: the available data sets did not contain information that would enable us to identify teams or individuals as strong or weak implementers. Further, too few social workers completed the Case Report Forms. We had also hoped to examine the impact of SAAF on assessments described by social workers as 'straightforward' (but where they had been tasked with using it, perhaps because the referral led to a S47 enquiry) or 'complex'. However, in the absence of completed Case Report Forms (CRFs) on all cases, we were unable to do this.

Intervening Variables

The impact of SAAF on the recurrence of abuse is likely to be mediated by factors that *intervene* between a social worker assessing a family and what happens to that child and family some 6- or 12-months later. Social workers might not feel they have sufficient time to conduct their assessment properly, whether or not they are using SAAF; other professionals may disagree with their assessments, or their assessments may point to interventions that are effective, but unavailable. We therefore designed the study to include the collection of information on a range of potential *intervening variables* as part of our implementation evaluation, and also from social workers at the end of each assessment.

Using data collected as part of the CRFs, we also sought to collect information on the influence that social workers' perceived their assessments to have on the decisions of Child Protection Case Conferences (CPCC), including the attention paid to their assessment of risk and the child protection plan/profile of services provided. We sought to collect these data at the six months follow up, via the CRF, from the SAAF tools (see above), and interviews with child protection chairs and independent reviewing officers. In the event, the only source of information on this was from interviews undertaken as part of the implementation study.

Relationships between SAAF assessment judgements (55), overall assessments (3) and child protection plans/interventions.

In the review that identified SAAF as a promising tool to improve social work safeguarding assessments, the authors emphasise the importance of assessing the reliability and validity of the SAAF as a 'tool' to improve the classification of risk and the development / availability of evidence-based programmes for those families assessed using SAAF. SAAF encourages the user to think about the 55 assessment judgements but does not itself provide a stable algorithm for aggregation. Within the constraints of the study, we could not directly address issues of inter-rater reliability, but we had hoped to investigate:

- the extent to which the structured approach used (involving the 55 judgements) are correlated with the three summative assessments of harm, risk and prospects for intervention;
- the extent to which the three summative judgements are linked with subsequent maltreatment or its absence.

Finally, we had hoped to secure data relating to the 55 judgements and 3 summative judgements used in SAAF directly from the SAAF forms used by social workers in the experimental arm. In the event, too few social workers completed the SAAF in this way, and obtaining them from the participating local authorities proved too challenging, for these analyses to be viable.

Trial Timeline

The Trial formally commenced on 2nd January 2014 (contract agreed). Recruitment by the Department for Education took place between December 2013 and April 2014.

Following a study briefing session, social work teams in each of the participating CSDs were randomised between May and August 2014. Social workers in the experimental arm in each CSD received training in SAAF in groups of 20. Once trained all social workers were asked to start using SAAF and were required to provide information on each of the assessments they completed for a period of six months. Given that the flow of work is not always predictable, we anticipated that this period might need to be extended in order to obtain the necessary number of cases needed, or foreshortened in the event that this target was reached sooner. However, what we had not anticipated was the time it would take to train all social workers in some of the larger LAs, or the challenges inherent in registering social workers for online access to the Case Report Form. This meant that data collection did not always start immediately following training for many social workers and, despite being asked to start using SAAF immediately, not all staff did so. In addition, there was considerable turnover of staff in some LAs. This led to a request for the trainers to provide refresher training in some LAs, and a much longer time-line from the start to finish of data collection than had been anticipated. These difficulties are not peculiar to this study but reflect the difficulties that would be experienced in any implementation of a new way of working like SAAF.

Table 20 provides an overview of implementation timelines for the training and collection of data for the implementation study.

Table 20: Summary of local authority assessment process and key timelines

LA	Assessment Process	Implementation Timelines
1	• Initial and Core Assessments • Assessment team undertakes all Initial Assessments and section 47 Core Assessments • Cases transfer to district teams after Initial Assessment or at ICPC[1]	• SAAF training June & July 2014 and Jan 2015 • Went live Oct 2014 (relaunch) • Refresher training Feb to July 2015 • Site visit (for implementation data collection) June 2015
2	• Single assessment • Assessment team transfers cases to CiN[2] at ICPC, CiN planning meeting or 1st LAC review meeting; max. 3 months	• SAAF training September and November 2014 • Went live Nov 2014 • Refresher training Mar and Sept 2015 • Site visit June 2015
3	• Single assessment • Assessment team transfers cases at ICPC, after 45 days (CiN) or at first court hearing	• SAAF training Oct & Nov 2014 • Went live Dec 2014 • Refresher training Mar 2015 • Site visit July 2015
4	• Single assessment • Assessment team transfers cases at ICPC or after 3 months	• SAAF training Sept 2014 and Feb 2015 • Went live Mar 2015 • Refresher training July and Sept 2015 • Site visit Aug 2015
5	• Single assessment • Assessment team transfers cases at ICPC or first core group meeting or after 3 months	• SAAF training Oct & Nov 2014 and Feb 2015 • Went live Mar 2015 • Refresher training June 2015 and Sept to Nov 2015 • Site visit Aug 2015
6	• Single assessment • Cases held by locality teams up to permanent placement	• SAAF training Dec 2014, Jan & Mar 2015 • Went live April 2015 • Refresher training June to Dec 2015 • Site visit Sept 2015

[1]ICPC _ Initial Child Protection Conference [2]CiN – Children in Need

Appendix B: Participant flow and randomisation

Procedure

All participants were asked to attend a briefing by the research team. This was designed to inform prospective participants about the history and rationale for the study, why and how the SAAF had been selected, and what participation in the trial would involve. These sessions were considered particularly important as social workers had not themselves volunteered to participate in the study, and we wanted to gauge any degree of concern or reluctance and, where possible, allay any anxieties. During the briefing, social workers were also introduced to the online questionnaire (the Case Report Form) that was designed to collect some additional information not available from the administrative data that were being used as the source of the primary outcome. Participants were also provided with an Information Sheet and contact details of the Trial Manager.

At the end of the briefing session, participants were asked to complete a short questionnaire which served two purposes. The first was to enable us to assess the degree of apparent balance between the two arms of the study, following randomisation, in respondents' qualifications and experience, and their perceived knowledge and skills in relation to complex assessments, and their attitudes towards participating in the trial. The second, was to provide a baseline from which to assess the *perceived* impact of SAAF training i.e. it was not a direct measure of the impact of training or the subsequent use of SAAF on assessment practice.

Sequence generation

Following the briefing and completion of questionnaires, social work teams within participating local authorities were randomly allocated to one of the two study arms. The allocation was achieved by computer generated random numbers by the Northern Ireland Clinical Trials Unit (NI CTU) using randomly permuted blocks.

Allocation concealment

The NI CTU informed the Principal Investigator and Trial Manager of the allocation of each social work team. The Trial Manager then emailed the designated contact person in each Children's Services Department to inform them of their allocation. The Trial Manager also informed the Programme Developers, *Child and Family Training*, who liaised directly with the CSD to arrange training for those social workers/teams in the experimental arm.

Blinding

Given the nature of the intervention, the data to be collected, and the interface with the Trial Manager (who was the point of contact for enquiries regarding data collection), it was not be possible to maintain the concealment of allocation either to participants or the research team. Social workers knew whether or not they had been trained to use SAAF, the Case Report Form included questions about the use of the SAAF (which the control group social workers would not be using) and it was, in principle, possible for the assessments selected for quality assessment to include indications that the authors were in receipt of training/used the SAAF SDM tools, though in fact this was extremely rare.

Exploring baseline equivalence

Whilst not necessary, we were interested in exploring the extent to which randomisation succeeded in creating two equivalent groups in relation to certain factors relevant to competence in conducting complex assessment. We therefore asked participating social workers to complete a questionnaire at the end of the briefing session, prior to randomisation. Data were collected on their qualifications, experience and confidence in relation to complex assessments and self-assessed knowledge in relation to key areas, for example, mental illness, intimate partner violence and substance misuse. We also collected data on participants' attitudes towards randomised controlled trials in social work and any preferences they might have for which arm of the trial they might be allocated to.

Impact of SAAF training

The questionnaire (above) also served as a baseline against which to assess participants perceptions of the impact of SAAF training on the knowledge and skills of those allocated to the experimental (SAAF) arm.

Information about the delivery of all training was gathered by direct participant observation by a member of the team. Observers monitored consistency across courses and trainers, and coverage and consistency of SAAF content.

In addition, templates were completed by C&FT trainers, using different versions for initial and follow-up training. The information collected from C&FT included dates, participants, the group dynamic, content (and any deviation from the intended content), perceptions of the response of participants, and any other issues of note.

Participant flow

Figure 6 summarises the flow of local authorities and teams through the trial. The flow diagram does not capture two issues of relevance, both of which we consider later. These are the differences in the use made of SAAF in the experimental teams (treatment fidelity) and the extent to which social workers complied with our request to complete a brief questionnaire on completion of their assessments, and – for complex assessments – again six months later. One local authority effectively withdrew from the study, though it never did so formally. In this LA there was substantial turnover in senior staff, and once the trial liaison officer left (someone responsible for training, and who had organised the SAAF training) we received no responses to emails or telephone calls. This included no response to our request for the Children in Need data that were required for the analyses of primary outcomes.

Finally, Figure 6 also shows the number of teams randomised.

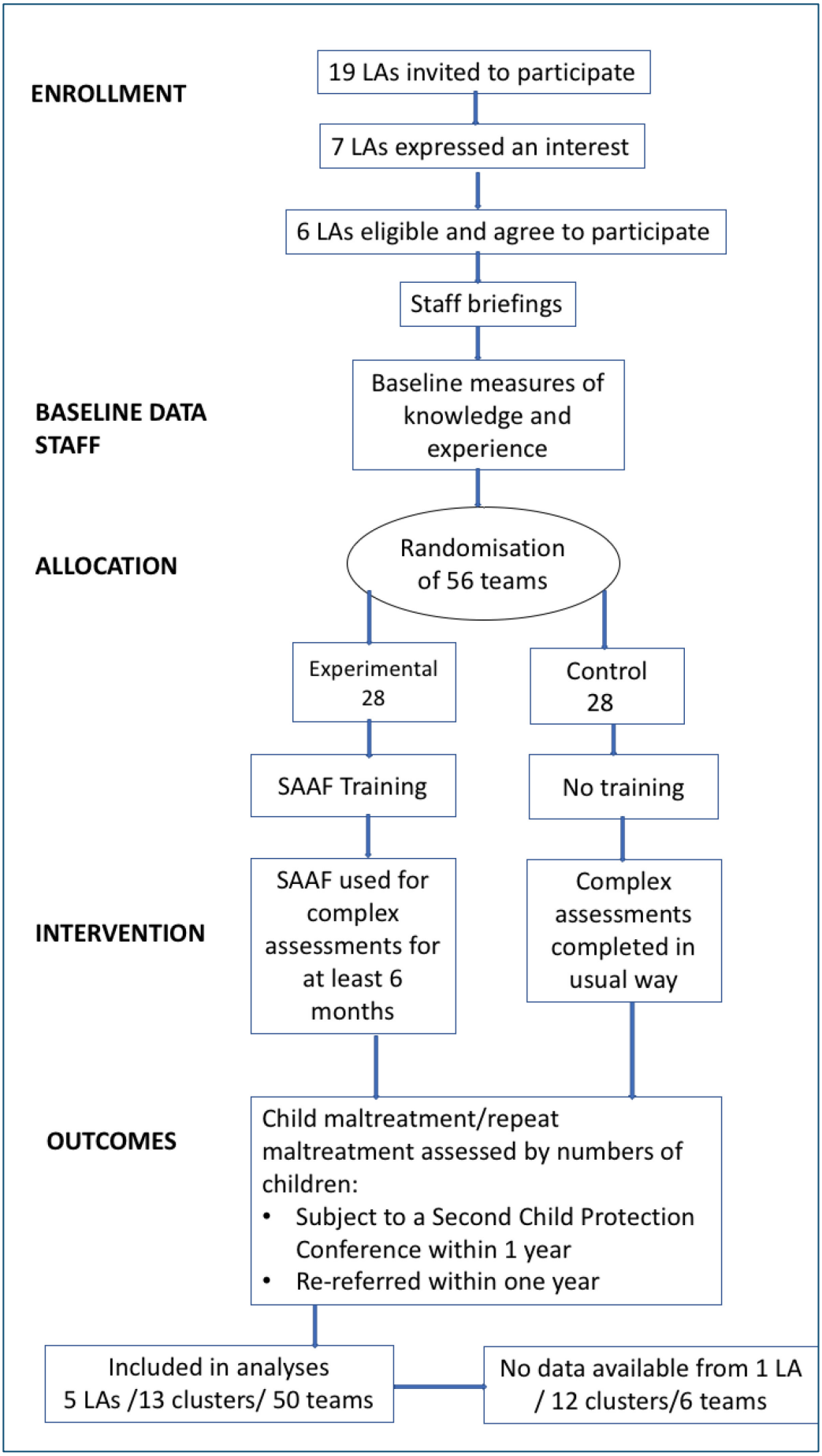
Numbers randomised - teams

As already discussed, the different organisational structures resulted in some challenges to randomisation. A common challenge was the clustering of teams in one building (and sometimes on one floor), making it inappropriate to randomise individual teams because of the problem of confounding. In the three largest LAs the most appropriate approach to randomisation was to randomise by regions e.g. in LA 1 we randomised the teams in the North of the County and those in the South. In smaller authorities, we sometimes needed to take pragmatic decisions, so in one LA where there was only one assessment team, but where staff worked in two separate rooms, we randomised this team by room, thereby ensuring that both arms had social workers undertaking assessment work, and asked the staff and team managers not to share the learning or tools associated with SAAF. Whilst this ran the risk of 'contamination' between the two teams, in fact the problem in this LA was that SAAF was not really used at all (see below). Table 21 sets out the randomisation protocol and results of randomisation for each LA.

Table 21: Randomisation of teams within each local authority

LA	Experimental	Control
1	1 x Referral and Assessment Team 4 x District Protection Teams	1 x Referral and Assessment Team 4 x District Protection Teams
2	1 x Referral and Assessment Team 3 x Children in Need Teams	1 x Referral and Assessment Team 4 x Children in Need Teams
3	2 x Assessment and Support teams	1 x Pre-birth and assessment team 2 x Assessment and Support teams
4	9 x Social Work Teams	9 x Social Work teams
5	Assessment and Safeguarding Team (Room 2) 1 x Family Support and Safeguarding 1 x Younger Children and Families	Assessment and Safeguarding Team (Room 1) 1 x Family Support and Safeguarding 1 x Younger Children and Families
6	2 x Children's Assessment Team 2 x Long Term teams	1 x Children's Assessment Team 2 x Long Term teams

Figure 6: Flow diagram of trial participants



Numbers randomised – social workers

The turnover of staff in each participating local authority makes it impossible to state categorically how many individual participants were included in each randomised team. We 'counted' individual participants as they joined and left the teams, via the associated requests for access to the database used for completing the Case Report Forms.

Table 22 indicates the number of case holding participants (predominantly front line social workers) who participated in each arm in each LA. The final columns indicate the very significant turnover of staff within each LA throughout the study, with large numbers of people coming and going in all local authorities, but perhaps most so in LA 1.

In the early stages of the study, Child and Family Training were able to provide some 'mop-up' training for new starts in the experimental team, with the expectation that those teams and their managers would take responsibility for supporting their colleagues in using SAAF. For those starting later, the teams and managers had sole responsibility.

Table 22: Case holding social workers randomised

LA	Experimental	Control		
	In post when randomisation took place		Left	Joined post-randomisation
1	102	109	188	93
2	41	49	29	18
3	39	26	11	15
4	34	34	23	0[2]
5	26	29	28	15
6	114	96	59	40
Total	356	343	338	183

[1] Excludes team mangers, practice consultants etc.

[2]The lose numbers reported for these LAs is probably an artefact of poor reporting, as neither LA really engaged with the trial post-training.

Not all eligible social workers attended the briefings that took place prior to randomisation, and of those randomised to the SAAF group, not all attended training. In addition, significant numbers of social workers left or joined the local authority post-randomisation and post training. Table 23 provides a summary of those social workers who attended a briefing or training and an indication of movement in and out of each site.

Table 23: Attendance of social workers at briefings and training

LA	In post and attended Trial Briefing		Attended Training		New Starts[1]	
	Attended[2]	%	Ex (possible)	C	Ex	C
1	84	40%	88 (142)	N/A	39	54
LA 2	54	60%	31 (33[4])	N/A	7	11
LA 3	31	48%	38 (44)	N/A	8	7
LA 4	28	41%	31 (31[5])	N/A	0	0[5]
LA 5	32	58%	26 (29[3])	N/A	7	8
LA 6	130	62%	88 (102)	N/A	13	27
TOTAL	359	3	302 (381)	N/A	74	112

[1] Excludes team managers and practice consultants

[2] Refers to those who were in post at the time the briefings were held

[3]These numbers are misleading insofar as at least seven people left the experimental group prior to training

[4]A further 11 staff who were in teams when randomised, left the LA prior to the training starting

[5]Neither LA 3 nor LA 4 played an active role in this study post training, so these data may be particularly prone to error.

Movement of social workers across trial arms

There was minimal movement of staff between trial arms.

- **LA 1**: five social workers moved from the experimental arm to a team in the control arm after training.
- **LA 2**: No cross-arm moves took place of which we were aware.
- **LA 3**: One social worker moved from the Experimental arm to manage a team in the Control Group.
- **LA 4**: One social worker moved from the Control Group to the Experimental Group post randomisation and received training. One social worker who was in the Experimental Group but who did not attend training moved to a team in the Control Group.
- **LA 5**: Three social workers who had been in the Control group (and therefore not trained) moved to an Experimental team.
- **LA 6**: Whilst there was some movement between teams within each arm, no participants moved from one arm to another in this local authority.

Data collection periods and follow up.

The start dates for data collections were intentionally staggered to allow for the training of staff, which – due to limited training resources, and a wish to minimise variation in the delivery of training – could not be done at the same time. Participants in the SAAF/intervention arm of the trial were asked to start using the tools SAAF tools immediately after training, and a start date for beginning to complete the Case Report Forms was agreed with each local authority, to coincide with, or shortly after, the date the last experimental team in that LA was trained. The agreement was that – in order to secure the number of cases needed for analysis – social workers in the experimental arm would continue to use SAAF for complex cases for a period of six months following the start of data collection.

There were unanticipated delays between training and commencing data collection, due to the length of time it took to train all staff in the participating LAs and to iron out problems in establishing the use by staff of the Case Report Forms. Table 24 provides an overview of the final data collection periods in each of the six LAs.

Table 24: Data collection periods in each LA – Case Report Forms

Data Collection	LA 1	LA 2	LA 3	LA 4	LA 5	LA 6
Start date	20-10-14	03-11-14	13-04-15	01-06-15	13-04-15	08-12-14
End date - newly allocated cases[1]	31-10-15	31-10-15	31-10-15	31-10-15	31-10-15[2]	30-06-15[3]
12 months after completion of last assessments	31-12-16	31-12-16	31-12-16	3-12-16	06-08-16	04-03-16
Maximum follow-up in months (to 31-3-16)	17	17	11	10	11	15
Minimum follow up in months (to 31-3-16)	5	5	5	5	8	9

[1] Final date for completed assessments in relation to which we asked social workers to complete Case Report Form (CRF) (online questionnaire.
[2]Represents a scheduled date. Last date social workers completed a CRF was 06-08-15.
[3]Represents a scheduled date. Last date social workers completed a CRF was 04-03-15.

In the case of LA 1, the data collection period was extended in order to compensate for the de facto withdrawal from the study of two smaller authorities (LA 6 and LA 5), some time before the end of the data collection period. For the purposes of the study, we were particularly interested in those cases assessed during these periods when SAAF was supposed to be being used as a structured decision-making tool, and the impact of SAAF on numbers of re-referrals and (repeat) child protection plans in the 6 months following the trial period. Our original intention had been to secure data from the DfE, but we

learned that it was not possible to track children from one year to another within the Children in Need census data. We therefore sought to obtain the data from each local authority with a means of identifying and tracking individual children. This took a considerable time, and we are extremely grateful to those staff who went out of their way to help us obtain the relevant data. In those LAs where data collection spanned two years, we were able to obtain two years' data, but we encountered problems in merging these files, and reluctantly we had to rely on data from the census year 2015-2016 for two LAs, LA 1 and 2. This has effectively reduced the number of cases in some LAs, as we were unable to include data from cases assessed prior to 1st April 2015. In the remaining LAs we were able to use all data relevant to the data collection period.

Completion of Case Report Forms

Local authorities had agreed that staff would complete a short, online questionnaire, designed by the evaluation team and known as the Case Report Form (CRF) in respect of all assessments undertaken during the data collection period (for most, no more than six months). However, this proved highly problematic, and not only due to the time it required, although that doubtless was a factor for busy staff. We had provided guidance to staff in the form of a presentation during the briefing sessions, written instructions and a video-link showing them how to access and complete the form. Each staff member had their own login details (at substantial time cost to the supporting CTU). These were emailed to all staff, including 'new starts' after the trial had begun. Despite this, the Trial Manager received an ongoing flow of requests to reset passwords, or to provide repeat advice on access. She subsequently visited all LAs and provided coaching variously to teams and individuals, but these problems never really abated. With few exceptions these problems were attributable to individual social workers' losing passwords or not following instructions, combined with a general reluctance by busy staff to engage in additional work. The result was that whilst we have the Children in Need data for the entire study period, we were left with very patchy profiles of completed Case Report Forms, and felt unable to use them for the planned exploratory analyses set out in the published protocol.

Appendix C: Implementation study - Technical Report

Focus of investigation

Based on the implementation science literature, we identified six core areas that might be expected to impact on implementation, namely: the characteristics of the intervention, staff capacity, resources required for implementation, compatibility with existing delivery systems, leadership and wider systems issues. The rationale for focusing on these areas is summarised in Table 25.

Table 25 - Influences on implementation

Factors influencing implementation	Rationale
Actual and perceived characteristics of SAAF	To be effective, staff must recognise a need for the intervention, it will need to fit well with the characteristics of cases; capture (rather than minimise) complexity, and support (rather than erode) professional judgement. It needs to be easy to use and recognised as an improvement on previous practice.
Staff capacity	Staff need the necessary skills and knowledge to use a new intervention or mode of practice. This might be pre-existing or dependent on adequate training and strategies to ensure the intervention is used appropriately.
Resources for implementation	Implementation science highlights the importance of clear responsibilities and resources for implementation, an implementation team, a detailed implementation plan, including champions for a new way of working.
Support system for implementation	Effective implementation requires on-going support. Three important components identified in the literature are: coaching and feedback for individual staff; technical assistance and access to advice on implementation, and fidelity or quality assurance systems and data.
Embedding SAAF in the delivery system	To be effectively implemented, interventions need to become embedded in the delivery system. For SAAF, this includes providing staff with the time and support for its use, access to the SAAF framework and the Standardized Assessment Tools.
Leadership and wider systems	Effective implementation use requires buy-in and support at senior levels, and a willingness to align procedures and resources to support it. Organisational contexts that do well are those where there is a readiness for change and a culture of innovation and experimentation.

Local authority site visits[13] and interviews

At Wave 1, we visited each local authority for three days to conduct the interviews. At Wave 2, interviews were undertaken by telephone. At Wave 2 we also conducted a focus group with three representatives from Child & Family Training, to explore their experiences of trial implementation and their responses to some of the suggestions emerging from the site visits. Table 26 provides a summary of who was interviewed in each wave of interviews, and why.

Table 26: Overview of interviews for implementation analyses

Participant type	Wave 1	Wave 2
Senior leaders	5	4
Senior managers	11	7
Assessment team managers	6	3
Longer-term team managers	9	5
Social workers	30	8
Practice consultants	4	3
CP conference chairs	-	4
Other LA staff	2	-
Child & Family Training staff		3
Total	67	37

The composition of the sample in each site at Wave 1 was determined in discussion with the site's implementation lead. Because the purpose at Wave 2 was to explore changes in use and implementation of, and attitudes towards, SAAF since Wave 1, we re-interviewed senior managers, and selected from among the team managers and social workers to ensure we had diversity in teams and in attitudes towards and use of SAAF at Wave 1. Implementation had been very limited in two local authorities throughout the trial period, and to avoid placing disproportionate demands on these local authorities, we interviewed only one senior manager in one, and a senior manager and one team manager in the other.

The groups, and their rationale, were:

- *senior leaders in each children's directorate* (generally Assistant Director or Service Director level): involved particularly for their perspectives on the

[13] We use the terms 'site' and 'local authority' interchangeably.

directorate's strategic direction and priorities, and the alignment of SAAF with these

- *senior managers* (service managers, group or area managers): involved both for their strategic perspectives and also as those with senior-level responsibility for implementation of SAAF [14]
- *team managers*: managers of assessment and longer-term teams in the experimental group[15]: involved for their perspective on all aspects of operational implementation
- *social workers in assessment and longer-term teams in the experimental group*: to ascertain their experiences of using SAAF at Wave 1, because we did not have systematic information about frequency of use of SAAF by individual social workers, we asked the implementation lead in each site to select around three social workers who had used SAAF more actively and around three who had not
- *senior practitioners, practice consultants or practice managers*: not all local authorities had staff in this role, but where they were part of experimental group teams we involved them, with a particular interest in their roles in supporting the use of SAAF[16]
- *child protection conference chairs* (Wave 2 only): to explore perceptions of any changes in assessment practice or assessment quality during the trial period, and the potential for SAAF to be used in conferences or made available to chairs. Chairs were involved only in Wave 2 to avoid possible contamination, since in some local authorities their work involved cases from control group as well as experimental group teams
- *two other staff members*, interviewed at Wave 1 only: a project manager involved in implementation of SAAF, and an Local Safeguarding Children Board (LSCB) training manager leading implementation of a parallel initiative.

[14] We use to term 'senior manager' in this paper to refer to both the directorate leaders and other senior managers

[15] We use the term 'longer-term team' to refer to study teams receiving cases from assessment teams and the locality teams in the study site with a single team structure

[16] We use the term 'practice consultant' for all these posts

Implementation Survey

We undertook an online survey offered to all social workers in the experimental and control groups. The aim here was to monitor the sustainment of post-training effects and to capture quantitative data on views of, and experiences of implementing, SAAF. The experimental group survey covered usual assessment practice, experiences of SAAF training, use of and views about SAAF, the organisational support needed and provided for implementation, and some brief questions about the social work department as a practice context. The control group survey was shorter, including only questions about usual assessment practice and the social work department. See below the section on post-protocol changes, for further comments about this element of the study.

Ethical approval

Ethical approval for the implementation study was secured on 7th October 2014, prior to any data collection taking place.

Timing of interviews and online survey

Wave 1 interviews were undertaken between June and August 2015, between five and eight months after the launch of SAAF in the study sites. In all local authorities, this was after all or most of the 'refresher' training sessions had been delivered by C&FT. Wave 2 interviews took place in February and March 2016, shortly after the end of the trial implementation period, to enable discussion of usage of SAAF up to the end of the trial period and subsequently, as well as discussion of plans for its continued and future use.

All interviews and focus groups were digitally recorded and transcribed verbatim for subsequent analysis.

The survey was administered online and remained open from October to November 2016. All study social workers received an email invitation to participate. Three reminders were sent, and implementation leads were also asked to encourage participation.

Post-protocol changes

As noted in Section 3.4 above, we attempted to conduct an extensive online survey offered to all social workers in the experimental and control arms to explore whether SAAF was implemented as intended, perceptions of SAAF, the extent to which staff felt sufficiently skilled to learn and use SAAF, whether and how it was embedded in working practice, and the processes and resources deemed necessary for its successful

implementation. Despite energetic attempts to boost it, the response rate by social workers in both groups was extremely low, and could not be deemed representative of either. This means that, although the findings broadly support those arising from other elements of the study, we must be extremely cautious about the weight attached to these results.

Site visits and Interviews

The intention had initially been to conduct the Wave 1 interviews around four months into implementation, as at this point we anticipated that implementation might have become stable and routinised. In practice, the volume of CRF returns and feedback from the sites made it apparent that implementation was, in most sites, uneven and at a low level. We decided to extend the implementation period and postpone the Wave 1 site visits, which took place between five and eight months into implementation, and at a time when, for most sites, implementation remained uneven.

We had initially intended to use data from the pre- and post-training questionnaire and from the CRF returns to selection team managers and social workers, so that we might sample purposively around criteria such as post-qualifying experience and qualifications; features of usual assessment practice; attitudes to SAAF following initial training; and extent of use of SAAF. In practice, the low levels of CRF returns meant that we had to take a different approach.

At Wave 1 we approached the design of study samples by first discussing, with the implementation lead at each site, how the staff involved in implementation and how team managers and social workers who had used SAAF could be identified. For team managers, practice consultants and social workers, we agreed sampling criteria with the implementation lead, based on the teams to be represented, level of use of SAAF, and duration of post-qualification experience. We aimed to include assessment and longer-term teams (in local authorities with this structure), and teams that appeared to have responded to SAAF with different levels of enthusiasm. Where possible, we asked each site to identify three social workers with more experience of using SAAF, and three who had not used SAAF (but who had attended the two-day training and whose caseload meant they would have been expected to have used it).

Implementation leads then liaised with team managers to identify and approach staff who met our sample requirements. Identifying interviewees matching our requirements was challenging for the study authorities to achieve, both because levels of SAAF were

usually low and because it was difficult for them to track cases or social workers based on use of SAAF. Some local authorities were not able to identify six social workers. We also discussed with implementation leads the roles played by senior managers and directorate leaders, and identified in discussion with them those we wanted to include.

Study information sheets were designed specifically for the implementation analysis, and were passed, by the implementation lead, to those invited to take part.

At Wave 2 we again began with a discussion with the implementation lead. In the four study sites that were actively implementing SAAF, we mainly selected from among Wave 1 interviewees, aiming to re-interview between one and three senior managers and/or directorate leaders (depending on roles and proximity to SAAF), two or three team managers or practice consultants, and two or three social workers. Team managers, practice consultants and social workers were selected to ensure diversity in attitudes to and use of SAAF at Wave 1, team, and length of post-qualifying experience. In two cases, because a number of the social workers interviewed at Wave 1 were no longer in post, we selected a new social worker interviewee.

At Wave 2 we also aimed to interview two child protection conference chairs in each of the four active local authorities. Our focus here was on perceptions of change over the period of trial implementation in the quality of assessments from experimental group teams and/or perceptions of divergence in quality between experimental and control group teams over that time period. In fact, the sites were only able to identify four conference chairs able to take part, from three of the four active local authorities. It was very challenging for implementation to identify cases where SAAF had been used that had been the subject of a conference, and conference chairs who had been involved in sufficient cases for perceptions of quality to have formed. We asked implementation leads to identify, to the conference chair, up to five cases where SAAF had been used, and asked the chair briefly to review the assessment report and conference notes in advance of the interviews. In the other two local authorities, we were aware from contact with the sites that implementation was, by Wave 2, very limited or non-existent. In each site we interviewed the implementation lead, and in one a team managers whose team was still making some use of SAAF.

Finally, at Wave 2 we also carried out a focus group discussion with three representatives of Child & Family Training: the project lead, and the two trainers who had undertaken most of the work with the study sites. The eventual sample composition was as shown in Table 27 and Table 28.

Table 27: Implementation analysis samples

Participant type	Wave 1	Wave 2
Senior leaders	5	4
Senior managers	11	7
Assessment team managers	6	3
Longer-term team managers	9	5
Social workers	30	8
Practice consultants	4	3
CP conference chairs	-	4
Other LA staff	2	-
Child & Family Training staff		3
Total	**67**	**37**

Table 28: Social worker samples

	Wave 1	Wave 2
Team		
Assessment team	16	3
Longer-term or single team	14	5
Years post-qualification		
Under 3	8	4
3-5	10	-
6+	12	4
Total	30	8

Data collection

Most participants took part in an interview, but in five of the sites, a group of two to four social workers with limited or no experience of using SAAF were involved through a focus group. **At Wave 1,** almost all fieldwork was undertaken during the course of three-day site visits. Two interviews with directorate leaders took place by telephone subsequently because they could not be scheduled during the visits. Fieldwork took place between June and August 2015. Interviews and focus groups generally lasted for around an hour, some for up to 90 minutes, or up to two hours with the implementation lead and with C&FT.

Wave 2 interviews took place in February and March 2016, by telephone. This method was chosen since named interviewees were interviewed and could not be substituted if they became unavailable at short notice, and since most had previously been interviewed face-to-face by the member of the evaluation team conducting the Wave 2 interviews. In

preparation, the researcher reviewed analysis of the Wave 1 interview for each participant so that the Wave 2 interview could focus on changes over time. Interview duration varied between 30 and 80 minutes.

Interviews and focus group discussions followed topic guides which listed issues for inquiry, but the style of interview was flexible in terms of both structure and questioning, to allow for adaptation to the particular role and experience of each participant, for unexpected issues to be explored, and for in-depth probing and responsive questioning**.** **At Wave 1,** interviews with directorate leaders, senior managers and implementation leaders explored the decision to take part in the trial; operationalisation of SAAF within local processes; implementation support strategies; fit and alignment of SAAF with local strategies; priorities and context; views about SAAF and (potential) impacts, and plans for the future. Interviews with team managers, practice consultants and social workers explored experiences of SAAF training; arrangements for implementation of SAAF; use of SAAF; views about SAAF; (potential) impacts; implementation barriers and facilitators, and views about the continued and future use of SAAF. **At Wave 2**, interviews focused on how these issues had evolved during the remainder of the trial implementation period and since, with the content adapted to the particular role of each interviewee. The interviews with child protection conference chairs explored awareness and visibility of SAAF; quality of assessments generally; reflections on the SAAF assessments identified; any perceptions of change in quality over time or divergence between experimental and control group teams, and the potential for SAAF to be used in or made available to conferences. The focus group with C&FT representatives explored the evolution of the SAAF model; principles, intentions and intended role of the tools; how it was expected SAAF would be used in practice; reflections on the SAAF model operationalised in the trial; implementation in the trial compared with other sites, and views about suggestions from the sites for adaptation of the SAAF materials or its use. All interviews and focus group discussions were digitally recorded and transcribed verbatim for analysis.

Analysis

Analysis was carried out using the Framework method (Spencer et al, 2014). This involves summarising interview content in a series of thematic matrices, where columns represent different topics and sub-topics, and rows represent different participants. This allows the range of views on each issue to be reviewed, whilst maintaining the integrity and context of each individual account. Participants were ordered by site, so that

differences between sites could be observed. Wave 2 data were integrated alongside Wave 1 data for each participant, to allow direct comparison.

Training templates

We developed two templates to be completed by C&FT trainers, to capture details concerning the initial and follow-on training sessions. For the initial training sessions, the template captured information about dates and participants, the group dynamic, any deviation from the intended content, perceptions of the response of participants, and any other issues. For the follow-on sessions, the aim was to capture information about dates and participants, the content of the session (since this was planned in response to local need), and the issues raised. Templates were completed by C&FT trainers for all sessions except initial sessions in the first training site, since the template had not by then been prepared.

Implementation survey

Purpose, content and method

In October 2015, we undertook an online survey of social workers in the experimental group. This was intended to serve two purposes: first, to monitor the sustainment of post-training effects and second, to capture quantitative data on views of, and experiences of implementing, SAAF. The survey was designed to take around 20 minutes to compete on-line, and content covered:

- repeated questions from the pre- and post-training surveys concerning assessment practice, to explore any difference following the implementation of SAAF in the trial authorities.
- training in SAAF and access to the tools
- use of the SAAF and reasons for non-use
- for users: views about SAAF and perceived impacts
- organisational support needed, and available, for the use of SAAF
- perceptions of the department and local social work practice

A much shorter version was also developed for the control group, taking no more than ten minutes to complete. It repeated questions from the pre- and post-training surveys and explored exposure to SAAF and perceptions of the department and local social work practice.

The survey was administered on-line, to minimise the burden on the study sites, and so that it could be completed at a time that suited each participant (including outside office hours).

The survey was launched using the *Bristol Online Survey* system, and a link was sent to all social workers in each arm of the trial, with a unique identifier embedded to allow comparison with the pre- and post-training survey datasets. The survey was launched on 27 October 2015 by a personal email to each social worker and remained open for four weeks. Three email reminders after the first invitation were also sent to social workers. Implementation leads in each site were also notified and asked to bring the survey to the attention of team managers, and to encourage participation, and reminded to continue doing so as the survey progressed.

Response rates and sample characteristics

The eventual response rate was very low, despite attempts to maximise participation. 49 of 319 experimental group social workers responded with completed surveys (an achieved response rate of 15%), as did 54 of 337 control group social workers (response rate of 16%).

Possibly as an artefact of this low response rate, the achieved sample in the experimental group differed somewhat in terms of characteristics from the achieved sample in the control group. For example, nearly half the experimental group sample (47%, n23) were from one particular Local Authority compared to 26% (n14) in the control group. The experimental group were also somewhat more experienced than those in the control sample. For example, only half (50%, n21) had qualified within the past five years, since 2011, compared to two thirds (65%, n32) in the control group. 38% of the control group (n20) had been working in child and family social work for two years or less, compared to 21% (n10) of the experimental group.

Limitations

The combined effect of a very low response rate, a small sample size substantially below n100 cases in both groups, and a lack of optimal match in professional characteristics between the two groups meant that we could not be confident that the survey results properly represented the wider sample for the trial. For this reason we have restricted our use of these data.

Appendix D: Operationalising SAAF

The Safeguarding Assessment and Analysis Framework (SAAF) is based on the *Framework for the Assessment of Children in Need and their Families* (Department of Health 2000) and the assessment tools and approaches and associated training courses commissioned by the Department of Health to support its implementation, namely:

- *The Family Assessment: Assessment of Family Competence, Strengths and Difficulties* (Bentovim & Miller, 2001).
- *The Family Pack of Questionnaires and Scales* (Anthony Cox & Bentovim, 2000).
- *The HOME Inventory: A training approach for the UK* (Antony Cox, Walker, Caldwell, & Bradley, 2002).
- *The HOME Inventory: A Guide for Practitioners – The UK Approach* (A Cox, 2008).

Drawing on their experience in training using these approaches to assessment, these authors developed an approach to the *analysis* for all cases of children in need, later producing a specialised form of the approach to analysis for complex cases, detailed in a book authored by Bentovim et al. (Bentovim A., 2009). This book documents the background to the development of what later came to be known as the Safeguarding Children Assessment and Analysis Framework (SAAF).

SAAF was first published in 2010 and, prior to this study, the programme developers had been commissioned by a number of authorities to train staff in the use of SAAF, both to improve the quality of assessments of complex child welfare cases and to improve reports in care proceedings. In general, training was organised into a two day course plus a half- or one day follow up, and participants were provided with access to a range of supporting documents. However, despite this established track record of provision, there was no agreed set of guidelines as to which of the several tools that make up SAAF were 'essential' for a social worker undertaking an assessment to be deemed to have 'used' SAAF. Discussions with those providing training also surfaced some inconsistencies in how SAAF was conceptualised. At times, the intervention was framed by trainers as *the set of forms* that underpin a structured approach to decision-making, and at others the emphasis was on the SAAF *training* provided to social workers who may, or may not, use the accompanying forms (covering 55 judgements on the profile of harm, risks of future harms for the child, and the prospects for successful intervention, followed by summary judgements (based on the 55 finer grained judgements) of a) level of harm, b) level of risks or re-abuse or likelihood of future harm, and c) prospects for successful

intervention. Sometimes, the emphasis was placed on learning how to do a good family assessment, whilst at others, trainers were clear that this is a relatively minor part of the SAAF training (assessing families being covered in other C&FT courses) where the emphasis was on analysis and decision-making.

Such a lack of specificity is not unusual in relation to complex interventions and in the implementation of innovation (e.g., Haynes et al., 2016), and often reflects a lack of clarity (or knowledge) about what the 'active ingredients' (or 'core components') are. In the case of SAAF, a lack of clarity about core (essential) components was exacerbated by an awareness that – once trained – social workers were not necessarily using any of the forms in a prescribed way, nor even - more fundamentally - approaching the task of complex assessments in a set way. In order to ensure that the evaluation was providing a 'fair test' of SAAF the evaluation team considered that it was important that the theory of change underpinning SAAF – and its summary 'logic model' – was clarified as far as possible, and a set of core components was agreed with the programme developers, in the absence of which social workers could not be said to be 'using SAAF' and the use of which constituted 'using SAAF. In principle, this provided criteria which we could have used to explore the extent to which social workers participating in the trial could be said to be using SAAF fully, partially, or not at all in their assessment practice. In the event, although a logic model for the intervention was agreed, the lack of data available on what social workers were in fact doing once the trial began made it impossible to compare the results of different ways of applying SAAF in practice. The model has, however, been helpful in illuminating the wide degree of variation in practice during the trial – an important feature of the implementation conditions for this research.

Implementation Process

The implementation agreement covered the following:

- one meeting of about two hours between CFT trainers and relevant senior managers in children's social care;
- CFT to provide LAs with guidance on how SAAF should be incorporated into systems and cases, including assessment documentation, supervision, case conferences etc. To be incorporated in the SAAF User Guide and made available as a free-standing text.
- CFT trainers to provide senior managers with ongoing telephone and email support throughout the trial period;

- a 2-day Child Protection Decision-Making (SAAF) Course delivered to social workers, supervisors and team managers that adhered to the Trainers' Manual;
- social workers who miss training or join teams subsequent to the training to receive individual tuition from trainers in association with the supervisor, if possible.
- a list of agreed SAAF tools;
- course programme and power-point slides to be made available by CFT to those attending training and relevant senior managers;
- CFT trainers and staff to complete evaluation reports and submit these to the research team;
- telephone consultations of up to 30 minutes to be provided by CFT trainers to individual trainees, arrangements to be made at the end of Day 2 of the training (this was later changed, by agreement, to a half day, team-based, follow-up)

Agreeing the focus of SAAF

It was agreed that in order to meet the criterion for use as a structured decision making tool that SAAF social workers should complete the three Summary Grids described in Stage 7 of the SAAF:

- 1. Profile of Harms and Impairment of Child's Development (pages 28-29);
- 2. Likely outlook for the Child (page 31)[17]
- 3. Determining the Prospects for Successful Intervention (pages 38-40)

PLUS

- 4. The Summary of Safeguarding Analysis

The implementation protocol

The implementation protocol agreed for SAAF is summarised in the following table (Table 29).

[17] We would need to construct something more conducive to completion than the grid depicted in the SAAF Framework.

Table 29: SAAF Implementation Protocol

STRATEGY	CONTENT AND FORMAT	PROVIDED BY AND TO	WHEN
1. CONSULTATION AND PLANNING MEETING	One face-to-face meeting of about two hours with senior managers to discuss the SAAF and the associated training programme	Provided by CFT trainers to relevant senior managers in children's social care	Completed
2. IMPLEMENTATION GUIDANCE	Implementation guidance for LAs and guidance for staff on how SAAF should be incorporated into systems and cases including in assessment documentation, supervision, case conferences, court paperwork etc. To be incorporated into the SAAF User Guide and made available as free-standing text.	By CFT To LA implementation lead to be shared with relevant staff; to all course attendees	At outset of trial and at training course
3. CONTINUING SUPPORT FOR SENIOR MANAGERS	Senior managers will be provided with telephone and email support throughout the trial period	By CFT trainers: CFT staff will keep a record of all contacts	As required
4. TRAINING COURSE	2- day Child Protection Decision Making Course delivered to social workers, supervisors and team managers following Trainers' Manual November 2013	By two CFT trainers Training to be provided only to randomised social workers and team managers preferably in teams, maximum 16-20 per group	At outset of trial
5. FURTHER TRAINING OPPORTUNITIES	Social workers who miss the training or join intervention teams after the trial start date will be provided with individual tuition from trainers in association with the supervisor where possible	By CFT trainers	As required

STRATEGY	CONTENT AND FORMAT	PROVIDED BY AND TO	WHEN
6. TRAINING COURSE MATERIALS	Ben Bradshaw SAAF Instruments Record: Bentovim, A., Cox, A., Bingley Miller, L., Pizzey, S. and Tapp, S. (2014) *The Safeguarding Children Assessment and Analysis Framework.* York: Child and Family Training.	By CFT trainer To those attending training course and relevant senior managers	At training course
	Course programme and PowerPoint slides	By CFT trainer To those attending training course and relevant senior managers	At training course
	Evaluation Reports completed at the conclusion of the training by participants and the results analysed by C&FT and made available to managers and researchers.	By CFT trainers and C&FT staff To LA implementation lead	At end of Day 2 of training
7. MATERIALS AND RESOURCES: • **FOR DAY-TO-DAY USE IN TRIAL**	SAAF User Guide: Bentovim, A., Cox, A., Bingley Miller, L., Pizzey, S. and Tapp, S. (2014) *The Safeguarding Children Assessment and Analysis Framework.* York: Child and Family Training.	By CFT trainer To those attending training course and relevant senior managers	At training course
	SAAF Instruments Record: Bentovim, A., Cox, A., Bingley Miller, L., Pizzey, S. and Tapp, S. (2014) *The Safeguarding Children Assessment and Analysis Framework.* York: Child and Family Training.	By CFT trainer To those attending training course and relevant senior managers	At training course

STRATEGY	CONTENT AND FORMAT	PROVIDED BY AND TO	WHEN
	Electronic version of SAAF Instruments Record: Bentovim, A., Cox, A., Bingley Miller, L., Pizzey, S. and Tapp, S. (2014) *The Safeguarding Children Assessment and Analysis Framework.* York: Child and Family Training.	By CFT & DfE To LA implementation lead, to make available to intervention group staff	Prior to trial start date
	A3 Assessment Framework Triangle for Organising information gathered and exploring processes and their impact	By CFT To course participants and LA implementation lead	At outset of trial
8. MATERIALS AND RESOURCES: FOR REFERENCE	Text book: Bentovim, A., Cox, A, Bingley Miller, L. and Pizzey, S. (2009) *Safeguarding Children Living with Trauma and Family Violence: A Guide to Evidence-Based Assessment, Analysis and Planning Interventions.* London: Jessica Kingsley.	By CFT trainer To each team whose staff attend the training course	At training course
9. CONTINUED SUPPORT	Telephone consultation (up to a maximum of 30 minutes). Appointments will be arranged by CFT at the end of Day 2 of training.	By CFT trainers and staff To all course participants A record will be kept of all contacts	2-3 months after attendance at training course.
	Email support as required and initiated by course participants	By CFT trainers and CFT staff to staff who make a request A record will be kept of all contacts	As required during period of trial

Appendix E: SAAF training and support from C&FT

LA	Date	Session type	Duration	Study feedback form received[18]
1	24&25/6/2014	Initial training	2 days	N/A
	26&27/6/2014	Initial training	2 days	N/A
	22&23/7/2014	Initial training	2 days	N/A
	1&2/7/2014	Initial training	2 days	N/A
	15&16/1/2015	Initial training	2 days	Yes
	13/2/2015	Refresher training	2x Half days	Yes
	25/2/2015	Refresher training	2x Half days	Yes
	6/3/2015	Refresher training	2 x Half days	Yes
	16/3/2015	Refresher training	Half day	Yes
	15/5/2015	Managers support	Half day	Yes
	31/7/2015	Managers support	Half day	Yes
2	16&17/9/2015	Initial training	2 days	Yes
	18&19/9/2014	Initial training	2 days	Yes
	6&7/11/2014	Initial training + 3 LA3 staff	2 days	Yes
	26/2/2015	Refresher training	2 x Half days	Yes
	27/2/2015	Refresher training	Half day	Yes
	17/9/2015	Managers support	Half day	Yes
	17/9/2015	New starters training	Half day	Yes
3	15&16/10/2014	Initial training	2 days	Yes
	27&28/11/2014	Initial training	2 days	Yes
	4&5/2/2015	Initial training	2 days	Yes
	23/6/2015	New staff training	Half day	Yes
	2/9/2015	Managers support & new staff training	1 day (5 sessions)	Yes
	15/10/2015	Refresher & new staff training	1 day (4 sessions)	Yes
	10/11/2015	Managers support & refresher training	1 day (3 sessions)	Yes
4	2&3/12/2014	Initial training	2 days	Yes

[18] Refers to feedback on support

	11&12/12/2014	Initial training	2 days	Yes
	18&19/12/2014	Initial training	2 days	Yes
	15&16/1/2015	Initial training	2 days	Yes
	19&20/1/2015	Initial training	2 days	Yes
	19&20/3/2015	Initial training	2 days	Yes
	2/6/2015	Managers session	Half day	Yes
	17/6/2015	Refresher training	Half day	Yes
	17/6/2015	Refresher training	Half day	Yes
	26/6/2015	Refresher training	Half day	Yes
	26/6/2015	Refresher training	Half day	Yes
	3/7/2015	Refresher training	Half day	Yes
	3/7/2015	Refresher training	Half day	Yes
	13/7/2015	Refresher training	Half day	Yes
	13/7/2015	Refresher training	Half day	Yes
	24/7/2015	Refresher training	Half day	Yes
	24/7/2015	Managers support	Half day	Yes
	1/9/2015	Ad Practitioners support	Half day	Yes
	1/9/2015	Session for new SWs	Half day	Yes
	9/10/2015	Session for new SWs	Half day	Yes
	1/12/2015	Refresher sessions with individual staff	1 day – individual sessions	Yes
5	29&30/9/2014	Initial training	2 days	Yes
	6&7/11/2014	Initial training + 3 LA3 staff	2 days	Yes
	23&24/2/2015	Initial training – 2 x LAs	2 days	Yes
	28/7/15	Initial training-new staff	Half day	Yes
	28/7/15	Refresher training	Half day	Yes
	29/7/15	Refresher Training	2 x Half day	Yes
	16/9/15	Managers support	Half day	Yes
6	21&22/10/2014	Initial training	2 days	Yes
	3&4/11/2014	Initial training	2 days	Yes
	23/3/2015	Refresher training	2 x Half days	Yes
	24/3/2015	Refresher training	2 x Half days	Yes

Appendix F: SAAF tools as required for the Trial

Summary Grid: Profile of Harm and Impairment of Child's Development

Severity of impairment of child's development and impact on child

The overall levels of harm, past and present and the impact on the child's health, safety, educational issues, emotional life, behaviour, and identity and the child's previous development and harm.

(please tick a box)	LOWER LEVEL OF CONCERN				HIGHER LEVEL OF CONCERN
History of severe impairments of development and/or previous harm					
Child's health, growth and care					
Educational/psychological development					
Emotional development - attachments, mood and behaviour					
Identity					
Family and social relationships					
Social presentation and self care					

Severity of parenting difficulties

The level of parenting capacity provided in the areas of provision of basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability.

(please tick a box)	LOWER LEVEL OF CONCERN				HIGHER LEVEL OF CONCERN
Basic care					
Ensuring safety					
Emotional warmth (including responsiveness)					
Stimulation (including encouragement)					
Guidance and boundaries (including behavioural management).					
Stability of relationships					

Severity of individual and family factors

The influence of individual and family factors on parenting capacity, considering factors from the parents' childhood, health, relationships, family organisation and family relationships, including with the wider family.

(please tick a box)	LOWER LEVEL OF CONCERN				HIGHER LEVEL OF CONCERN
Factors from parents' childhood					
Individual health and development					
Learning difficulties and impairments					
Individual substance misuse					
History of harm to other children					
Other children with physical or mental health difficulties					
Current relationships					
Family organisation					
Management of conflict, decision-making, communication and emotional support					
Relationships with wider family					

Severity of environmental factors

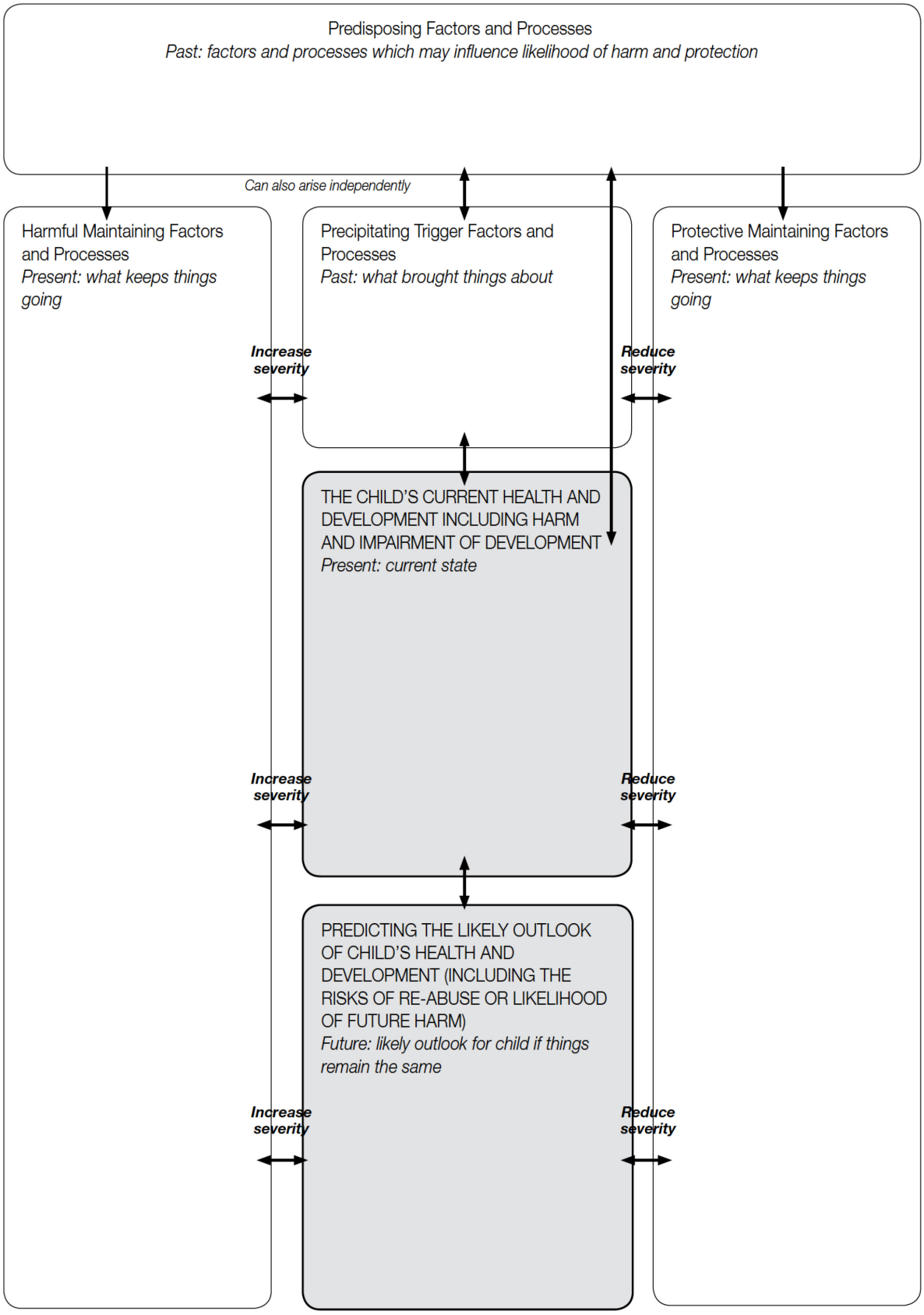
The role of environmental factors such as housing, employment, income and family's social integration and their impact on parenting, individual and family functioning and the parents' capacity to meet child's needs.

(please tick a box)	LOWER LEVEL OF CONCERN				HIGHER LEVEL OF CONCERN
Housing					
Employment					
Income					
Family's social integration					
Availability of resources in community					

Parenting, protection and therapy required by child

The level of parenting, protection and therapeutic work the child requires, considering the levels and extensiveness of harm, and factors which would act as an additional factor requiring particular parenting skills, e.g. disability.

(please tick a box)	LOWER LEVEL OF CONCERN				HIGHER LEVEL OF CONCERN
Level of protection required by child					
Level of parenting required by child					
Level of therapeutic work required by child					



NB ⟷ Arrows represent processes which may be linear or circular.
It is essential to identify processes as well as factors in the systemic analysis

Summary Grid: Determining the Prospects for Successful Intervention

Nature of harm suffered and child or young person's wishes and feelings

How extensive is the harm suffered by child? What are the child or young person's views?

(please tick a box)	BETTER PROSPECTS				POORER PROSPECTS
Nature and level of harm suffered by child					
Areas of impairment in child's development					
Balance of vulnerability and resilience factors					
Child or young person's wishes and feelings					
Child or young person's recognition of need for intervention					
Availability of therapeutic resources/services.					

Child-centredness of parents regarding harm and impact on the child

Do parents acknowledge the level of harm? Can they take an appropriate responsibility for harm? Do they acknowledge the need for protection and therapeutic work to ensure the child's future safety and recovery?

(please tick a box)	BETTER PROSPECTS				POORER PROSPECTS
Parental acknowledgement of level of harm					
Parental recognition of factors affecting child's development and associated role of parents					
Parental acknowledgement of parenting needed to promote child's development					
Acknowledgement of impact of abuse and harmful effects on child's development					
Degree of responsibility taken for abusive action and harm to child					
Acknowledgement of child's need for protection					
Acknowledgement of child's need for changes to care arrangements					
Acknowledgement of child's need for support/intervention including therapeutic work					

Child-centredness of parents regarding parenting difficulties

Establish whether parents acknowledge the nature and level of current difficulties in parenting capacity and they have the motivation to achieve change.

(please tick a box)	BETTER PROSPECTS				POORER PROSPECTS
Parents' understanding and acknowledgement of level of parenting difficulties and the maintaining processes which impact on meeting child's developmental needs					
Parents take responsibility for parenting difficulties					
Parents blame environmental and agency failures					
Motivation to achieve change to help the child					

Modifiability regarding parenting capacity

Assess the parents' potential to respond to child's needs and to develop their capacity to help child recover from abusive effects and achieve their potential.

(please tick a box)	BETTER PROSPECTS				POORER PROSPECTS
Potential for parenting capacity to change and respond to child's needs within child's time-frames, given level of harm and/or needs of child					
Ability of parents to benefit from parenting work					
Parents motivation and willingness to accept help required to achieve change					
Availability of therapeutic resources/services.					

Child-centredness regarding individual and family factors

Assess the parents' potential to respond to child's needs and to develop their capacity to help child recover from abusive effects and achieve their potential.

(please tick a box)	BETTER PROSPECTS				POORER PROSPECTS
Parents' understanding and acknowledgment of role of their childhood experiences on their parenting and the safety and welfare of the child					
Parents' understanding and acknowledgment of role of their individual functioning on their parenting and the safety and welfare of the child					
Acknowledgement of family factors impacting directly upon the child's development.					
Parents' motivation to change					

Modifiability and cooperation regarding individual and family factors

Assess the potential for change in individual and family factors and to respond to intervention and improve parenting to meet the child's needs.

(please tick a box)	BETTER PROSPECTS				POORER PROSPECTS
Potential for change in individual and family factors to impact on parenting to meet child's needs.					
Extensiveness of personality, mental health, drugs/alcohol or relationship problems					
Prospects for cooperation in therapeutic work					
Availability of therapeutic work, and prospect of response to therapeutic work					

Child-centredness and modifiabilty regarding environmental factors

Establish whether parents recognise the role of environmental factors and the potential for change.

(please tick a box)	BETTER PROSPECTS				POORER PROSPECTS
Parents' recognition understanding and acknowledgement of role of environmental factors and taking relevant responsibility					
Modifiability of environmental factors					
Parents motivation to change environmental factors					

Parental cooperation with professionals and agencies

Explore the nature of family professional relationships, and to establish whether there is a potential for working together and the availability of resources to achieve change within the child's time-frame and child's wishes and feelings and how far they match professionals and/or family's view of the intervention most likely to promote their health and welfare.

(please tick a box)	BETTER PROSPECTS				POORER PROSPECTS
Family-professional relationships					
History of parents cooperation with professionals and agencies					
History of families response to previous intervention					

Summary of Safeguarding Analysis

The summary of the safeguarding analysis integrates the assessment of the overall level of harm and impairment of the child's development, the risk of future harm and the prospects for successful intervention.

The summary of the safeguarding analysis pulls together the results of the three instruments and comprises an overall summary of each element namely:

- overall level of harm and impairment to the child's development
- future outlook for the child's health and development: overall level of risk of re-abuse or likelihood of future harm
- overall prospects for successful intervention

Each element is summarised:

- quantitatively on a three point scale; and
- qualitatively by setting out the evidence that led to the rating.

OVERALL LEVEL OF HARM AND IMPAIRMENT TO THE CHILD'S DEVELOPMENT	LOW LEVEL OF HARM/IMPAIRMENT	MODERATE LEVEL OF HARM/IMPAIRMENT	HIGH LEVEL OF HARM/IMPAIRMENT
(Summarise the evidence in the space below and tick the relevant box)	☐	☐	☐

OVERALL PROSPECTS FOR SUCCESSFUL INTERVENTION	POOR PROSPECTS	MODERATE PROSPECTS	GOOD PROSPECTS
(Summarise the evidence in the space below and tick the relevant box)	☐	☐	☐

FUTURE OUTLOOK FOR THE CHILD'S HEALTH AND DEVELOPMENT IF NO INTERVENTION: OVERALL LEVEL OF RISK OF RE-ABUSE OR LIKELIHOOD OF FUTURE HARM	LOW LEVEL OF RISKS	MODERATE LEVEL OF RISKS	HIGH LEVEL OF RISKS
(Summarise the evidence in the space below and tick the relevant box)	☐	☐	☐

Appendix G: Case Report Form - SAAF GROUP

The following form was designed to be completed online, minimising the demands on social work staff. When piloted in a paper version it took 10-15 minutes to complete.

The form used for the control group was similar, other than asking questions about the use of the SAAF tools

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About the CASE REPORT FORM

Please read carefully before commencing this online form.

Make sure you complete all applicable sections.

Please complete this form at the end of every Section 17 and Section 47 assessment you complete over the next six months.

If the assessment was straightforward, you only need to complete Section 1 of this form.

If it was complex, please complete ALL AVAILABLE sections.

We explain what we mean by 'straightforward' and 'complex' in the introduction to Section 1.

A new STUDY ID will automatically be assigned when you create a new study subject. Please provide the CASE ID, DOB and gender for the referred case in the first part of the CASE DETAILS section. If there are a number of cases referred from one family, please include all related cases in one form. If there are siblings of the referred case, who have not been referred themselves, please include their details also, if available.

Please remember to save the form regularly. You can complete the form in stages and return to it later. When completing the six month follow up, please do not create a new study subject.

If you have any queries about completing this form, please refer to the MACRO USER GUIDE and training video. If you have any further queries, please email saaf@qub.ac.uk

CASE DETAILS

STUDY ID: (of social worker)

For the referred child-

CASE ID:

DOB: **Gender:**

If there is more than one child associated with this assessment, please provide their Case IDs, DOBs and genders here in order from oldest to youngest:

CASE ID 2: **CASE ID 3:** **CASE ID 4: etc**

Section 1: TYPE OF ASSESSMENT

Assessments can be relatively **simple**, for example gathering sufficient information to determine if a family meets certain eligibility criteria for a service, needs some short term support during a crisis, or concerns family situations that have been previously subject to a detailed, complex assessment, and where circumstances have not changed.

Other assessments can be more **complex**, as when a lot of information needs to be gathered from a variety of sources in order to understand what is happening within a family. Typically, these more complex assessments (previously referred to as 'core' or 'comprehensive' assessments) focus on assessing the adequacy of parenting afforded to a child, and whether a child has suffered, or is at risk of suffering, significant harm.

Which of the following categories best describes the type of assessment you have just completed in relation to this child/family:

		Please tick ONE
1	A complex assessment conducted in response to a Section 47 Enquiry	
2	A complex assessment on a Section 17 Case (Child in need)	
3	A straightforward assessment on a Section 47 Enquiry	
4	A straightforward assessment conducted in response to a Section 17 Case	

If you have ticked box 1 or 2, please save and continue onto Section 2: ASSESSMENT INFORMATION. If you have ticked 3 or 4, please tell us what made this assessment straightforward in the box below, and then save the Form.

Section 2: ASSESSMENT INFORMATION/DETAILS

A. SOURCES OF INFORMATION

In conducting an assessment, social workers may need to draw on a range of sources of information, including interviews, telephone discussions, previous records, commissioned reports, and so on. These may not always be available to you, but we are interested in the sources of information you used in this assessment.

What sources of information did you draw upon to compile your assessment? ***Please tick all that apply.***

1. Interviews / telephone calls with family and friends:

	Face to face interviews	**Telephone calls**
Mother/Stepmother		
Father/Stepfather		
Maternal Grandparent(s)		
Paternal Grandparent(s)		
Case child (child referred)		
Other children in the family		
Other family members		
Neighbours		
Others (please specify)		

2. Interviews / telephone calls with professionals/staff from other agencies:

	Face to face interviews	**Telephone calls**
Health visitor		
Teacher		
Nursery / play group leaders		
Midwife		

GP		
Women's refuge staff		
Hostel staff		
Addiction services		
Police		
Housing		
School nurse?		
Others (Please specify)		

3. What documentary sources did you use, if any? ***Please tick all that apply***

	Tick those you had access to
Children's Services Records	
Psychologist report(s) – Mother/Stepmother	
Psychiatrist report(s) – Mother/Stepmother	
Psychologist report(s) – Father/Stepfather	
Psychiatrist report(s) – Father/Stepfather	
Addiction Assessment(s) – Mother/Stepmother	
Addiction Assessment(s) - Father/Stepfather	
Attachment assessment(s)	
Parenting Assessment(s)	
Other (Please list): guardian listed separately?	

4. What measures, if any, did you use in your assessment? ***Please tick all that apply***

	Tick those you had access to
Adolescent Wellbeing Scale	
Adult Wellbeing Scale	
Alcohol Scale	

Alcohol Use Disorders Identification Test (AUDIT)	
Assessment of Family Competence, Strengths and Difficulties	
Attachment Style Interview	
Child Behaviour Checklist (CBCL)	
Edinburgh Postnatal Depression Scale, UK	
Family Activity Scale	

Home Conditions Assessment	
HOME Inventory	
Parenting Daily Hassles Scale	
Recent Life Events Questionnaire	
Strengths and Difficulties Questionnaire (SDQ)	
Signs of Safety	
Needs Jigsaw	
Other (Please list):	

5. Did you undertake (or have available to you) systematic (i.e. intentional, structured and recorded) observations of any of the following? ***Please tick all that apply***

	Tick those you undertook/ had access to
Child–Parent interaction	
Child behaviour	
Family interaction	

6. Did you draw on any of the following? ***Please tick all that apply***

	Tick those you undertook/ had access to
Unsolicited information from the child	
Unsolicited information from parent(s)	
Unstructured observations	

B. CAUSES OF CONCERN

Introduction

Assessments help to indicate the nature of the family's causes of concern and the factors that lead to concerns about a child's safety, development and wellbeing. The next two questions ask for information about these aspects, beginning with questions about the parents, and then the children.

B1. THE PARENTS

Having completed your assessment, what causes for concern did you identify that require intervention?

Cause for concern	***Please tick all that apply***
Alcohol misuse- Mother/Stepmother	
Alcohol misuse- Father/Stepfather	
Drug misuse- Mother/Stepmother	
Drug misuse- Father/Stepfather	
Domestic violence- Mother/Stepmother	
Domestic violence- Father/Stepfather	
Concerns about a conviction for violence by another person in the household	
Concerns about a custodial sentence for Mother/Stepmother	
Concerns about a custodial sentence for Father/Stepfather	
Mental health problems- Mother/Stepmother	
Mental health problems- Father/Stepfather	
Learning disability- Mother/Stepmother	
Learning disability- Father/Stepfather	
Physical violence towards child/ren- Mother/Stepmother	
Physical violence towards child/ren- Father/Stepfather	
Physical disability or illness- Mother/Stepmother	
Physical disability or illness- Father/Stepfather	
Attachment problems- Mother/Stepmother	
Attachment problems- Father/Stepfather	
Inadequate parenting skills- Mother/Stepmother	
Inadequate parenting skills- Father/Stepfather	

Cause for concern	***Please tick all that apply***
Poverty	
Poor Housing	
Other – Please specify:	

B2. THE CHILDREN

Having completed your assessment, what causes for concern did you identify in relation to the child/ren, that require intervention?

Cause for concern	***Please tick all that apply***
Child's presentation	
Delayed speech	
Enuresis (day-time or night-time wetting)	
Encopresis (day-time or night-time soiling)	
Behaviour problems (disobedient)	
Aggression towards others	
Child/ren involved with gangs	
Self-harm	
Attachment difficulties	
Indiscriminate friendliness	
Nightmares/night terrors	
Sleeping problems	
Eating problems (any kind)	
Anxiety	
Phobias	
Other mental health issue (specify?)	
School non-attendance	
Truanting	
Sexually inappropriate/risky behaviour	
School underachievement	
Bullying others	
Being bullied	
Alcohol misuse	

Substance misuse	
Social isolation/difficulties making friends	
Drug misuse by a child	
Learning disability	
Physical disability	
Child acting as carer	
Other – please specify:	

B3. STRENGTHS

Having completed your assessment, what strengths did you identify that you think improve the prospects for this child/family?

Strengths	***Please tick all that apply***
Mother/Stepmother highly motivated to change/engaged well with services	
Father/Stepfather highly motivated to change/engaged well with services	
Supportive wider family	
Child doing well at school	
Mother has a supportive adult relationship	
Father has a supportive adult relationship	
Child has a supportive relationship with an adult – family	
Child has a supportive relationship with an adult – outside the family	
Other – Please list:	

C. IDENTIFIED NEEDS FOR INTERVENTION

Having completed your assessment, you will have formed an idea of the sorts of help that the family needs in order to provide a safe environment for the child/ren, and to address the concerns identified. These will not always be readily available, but we are interested to know what you consider is needed, what is available, and whether or not the parents have accepted the services offered.

PARENTS

Based on your assessment, what services/interventions do you think the parent(s) need in order to address the issues identified.

Please answer this on the basis of your judgement, rather than what might or might not in fact be available.

	Please tick all that apply
Rehousing	
Family Support at home (practical)	
Family support at home (development of parenting skills)	
Parenting education/training – *Incredible Years*	
Parenting education/training – *Triple P*	
Parenting Education/Training (*Family Centre Support – general*)	
Family Therapy	
Domestic violence programme (for perpetrator)	
Anger management	
Cognitive-behavioural therapy	
Counselling	
Psychotherapy	
Psychiatric care (including pharmacotherapy)	
Addiction clinic/other substance misuse services	
AA	
Respite care for children	

	Please tick all that apply
Other – please specify	

CHILDREN

Based on your assessment, what services/interventions do you think the CHILD/REN need in order to address the concerns you identified?

	Please tick all that apply
Speech and language therapy	
Specialist education support	
Physiotherapy	
Play therapy	
Help with enuresis	
Help with encopresis	
Play group/ opportunities to socialise and play	
Counselling	
Cognitive-behavioural therapy	
Psychiatric help – anxiety and/or depression	
Psychiatric help – eating problems or disorders	
Psychiatric help – self-harm	
Safety training (keeping safe)	
Anger management	
Family therapy	
Out-of-home placement (short term)	
Out-of-home placement (long term)	
Other – please list	

D. CONFIDENCE IN YOUR ASSESSMENT

Assessments are challenging and inevitably require the exercise of judgement. Given the time and resources you have had to undertake this assessment, and the evidence available to you, please indicate how confident you are in the assessment you have made about the risk of significant harm to the child/ren?

	Please tick ONE
Extremely confident, no areas of uncertainty	
Reasonably confident, one or two areas of uncertainty	
Not at all confident, too many areas of uncertainty	
Please elaborate:	

E. SERVICES OFFERED AND ACCEPTED

Based on available resources, what services/interventions have been offered to parents, and which have they accepted. ***Please tick as appropriate.***

	Offered		**Accepted**	
	Yes	**No**	**Yes**	**No**
Rehousing				
Family Support at home (practical)				
Family support at home (development of parenting skills)				
Parenting education/training – *Incredible Years*				
Parenting education/training – *Triple P*				
Parenting Education/Training (Family Centre Support – general)				
Family Therapy				
Domestic violence programme (for perpetrator)				
Anger management				
Cognitive-behavioural therapy				
Counselling				
Psychotherapy				
Psychiatric care (including pharmacotherapy)				
Addiction clinic/other substance misuse services				
AA				
Respite care for children				
Other – please specify				

How long will parents have to wait for a place on the services/interventions offered to them?

***Please tick all that apply*:**

	0-3 weeks	**4-6 weeks**	**7-12 weeks**	**12+ weeks**
Rehousing				
Family support at home (practical)				
Family support at home (development of parenting skills)				
Parenting education/training- *Incredible Years*				
Parenting education/training- *Triple P*				
Parenting education/training (*Family Centre Support – general)*				
Family Therapy				
Domestic violence programme (for perpetrator)				
Anger management				
Cognitive behavioural therapy				
Counselling				
Psychotherapy				
Psychiatric care (including pharmacotherapy)				
Addiction clinic/other substance misuse services				
AA				
Respite care for children				
Other, please specify				

F. OUTCOME OF ASSESSMENT

What was the outcome of this assessment? ***Please tick as appropriate***

	Please tick ONE
Child in Need (Section 17)	
Child in Need of Protection (Section 47)	
Case closed	
Other, please specify	

In the event of a Section 47 Enquiry,

	Please tick ONE
Case conference planned	
Case conference convened	
Case conference completed	

If a Child Protection Conference was held

1. To what extent did the conference share your assessment of the level or risk to the child?

Entirely ☐ **Partially** ☐ **Not at all** ☐

2. To what extent did the child protection plan reflect your recommendations?

Entirely ☐ **Partially** ☐ **Not at all** ☐

G. CONFIDENCE IN THE PROTECTION PLAN

Based on your knowledge of the parents, how confident are you that:

1. The parents will attend:

	Please tick ONE
Completely confident	
Somewhat confident	
Not very confident	
Not at all confident	
Please elaborate:	

2. The parents will engage and make good use of the services

	Please tick ONE
Completely confident	
Somewhat confident	
Not very confident	
Not at all confident	
Please elaborate:	

3. With the parents engaged, that the service will bring about the changes required?

	Please tick ONE
Completely confident	
Somewhat confident	
Not very confident	
Not at all confident	
Please elaborate:	

	Please tick ONE

4. The plan will protect the children from (more) abuse or neglect?

	Please tick ONE
Not applicable, the child/ren is/are being placed out of home	
Completely confident	
Somewhat confident	
Not very confident	
Not at all confident	
Please elaborate:	

Section 3: Use of SAAF Grids and Tables

Finally, we have five questions about tables and grids that are included in the Safeguarding Assessment and Analysis Framework to support assessment, decision-making and planning.

Please indicate which of the FOUR GRIDS you used *in this assessment*, and how helpful you found each of them:

1. Summary Grid: Profile of Harm and Impairment of Child's Development

Please tick ONE

- I used this grid in this assessment ☐
- I did **not** use this grid in this assessment ☐

If you used this, how helpful did you find it? ***Please tick one of the following:***

Not at all helpful	Marginally helpful	Quite helpful	Extremely helpful	I did not use this

2. **Summary Grid: Systemic analysis – predicting the likely outlook if things remain the same.**

Please tick ONE

• I used this grid in this assessment	
• I did **not** use this grid in this assessment	

If you used this, how helpful did you find it? ***Please tick one of the following:***

Not at all helpful	Marginally helpful	Quite helpful	Extremely helpful	I did not use this

3. **Summary Grid: Determining the Prospects for Successful Intervention.**

Please tick ONE

• I used this grid in this assessment	
• I did **not** use this grid in this assessment	

If you used this, how helpful did you find it? ***Please tick one of the following:***

Not at all helpful	Marginally helpful	Quite helpful	Extremely helpful	I did not use this

4. **Summary Grid: Summary of Safeguarding Analysis**

Please tick ONE

• I used this grid in this assessment	
• I did **not** use this grid in this assessment	

If you used this, how helpful did you find it? ***Please tick one of the following:***

•

Not at all helpful	**Marginally helpful**	**Quite helpful**	**Extremely helpful**	**I did not use this**

5. How often did you complete the tables as well as the grids ***in this assessment?***

Please tick ONE

• I did not use any of the tables in this assessment	
• I used one or two of the tables in this assessment	
• I used most of the tables in this assessment	
• I used all of the tables in this assessment	

SIX MONTHS FOLLOW UP

1. Did the parents engage with the interventions offered?

YES ☐ **NO** ☐

If you answered 'no', please indicate which services they failed to engage with, using the following grid:

	Please tick all that apply
Rehousing	
Family Support at home (practical)	
Family support at home (development of parenting skills)	
Parenting education/training – *Incredible Years*	
Parenting education/training – *Triple P*	
Parenting Education/training (*Family Centre Support – general*)	
Parenting Education/training *other*	
Family Therapy	
Domestic violence programme (for perpetrator)	
Anger management	
Cognitive-behavioural therapy	
Counselling	
Psychotherapy	
Psychiatric care (including pharmacotherapy)	
Addiction clinic/other substance misuse services	
AA	
Other – please specify	

2. Did the parents achieve the changes required to ensure the safety and wellbeing of the child/ren?

YES ☐ **NO** ☐

If you answered 'no', please indicate which changes were not made

3. Is the case now closed?

YES	
No, but now being dealt with as a child in need	
No –safeguarding concerns are ongoing	

If you answered 'no', please indicate which changes were not made

4. Have there been any further <u>referrals</u> concerning the safety or wellbeing of these child/ren?

YES	
NO	

If yes, please indicate the nature of the new concerns:

5. Have there been any (further) <u>child protection case conferences</u> since the assessment?

YES, if so, please state how many	
NO	

If you answered 'no', please indicate which changes were not made

6. Is a/another Child Protection Conference Planned?

YES	
NO	

If you answered 'Yes', please indicate the nature of the concerns:

7. Are these concerns the same as, or clearly related to, the concerns that triggered the original assessment and – where relevant – the previous Child Protection Conference?

YES	
NO	

If you answered 'No', please elaborate here:

8. Has the child/ren been the subject of further maltreatment?

YES	
NO	

If you answered 'Yes', please indicate nature of maltreatment in the following list:

Physical abuse	
Physical/supervisory Neglect	
Emotional Abuse/neglect	
Sexual Abuse	
Exposure to domestic violence	

9. Is the person/people responsible for this maltreatment the same person deemed responsible for the significant harm/risk of harm in the referral that led to the assessment?

YES	
NO	

If you answered 'No', please indicate the differences

10. Have any new concerns emerged?

YES	
NO	

If you answered yes, what are they?

11. Did these new concerns emerge as a result of information not available at the time of the assessment?

YES	
NO	

If yes, please describe briefly how these came to light.

12. Did anything happen to cause you, or your colleagues, to reassess the significance of the information available at the time of the original assessment?

YES	
NO	

If so, please describe briefly below:

Appendix H: Multivariate analyses on CPPs at first referral: LA variation

There is some merit (as emphasising how variations in practice and procedure affect outcomes) in exploring how CPP allocation varies across local authorities. For presentation of the results we have to choose some arbitrary LA to act as base category (the odds for each other LA being relative to that base category); the analytic interest is in the comparison between authorities. We chose Site 1 as the reference category, partly because it is the largest category in our sample, but mainly because the relative pattern of odds is then clearest (had we chosen some other base, the odds would of course appear different, but the *ratio* of the odds would be unchanged).

Table 30: Odds of a child having a CPP using Site 1 as the reference category

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B) Lower	Upper
Step 1[a]	allocation(1)	.574	.080	52.160	1	.000	1.776	1.520	2.075
	LA REF			217.549	4	.000			
	LA(1) Site 3	-.834	.152	29.909	1	.000	.434	.322	.586
	LA(2) Site 2	1.291	.108	144.092	1	.000	3.637	2.946	4.491
	LA(3) Site 4	.066	.159	.171	1	.679	1.068	.782	1.459
	LA(4) Site 6	.168	.120	1.959	1	.162	1.183	.935	1.496
	age	-.066	.008	71.783	1	.000	.937	.922	.951
	ethnicitygrp			29.340	4	.000			
	ethnicitygrp(1)	.192	.150	1.625	1	.202	1.211	.902	1.626
	ethnicitygrp(2)	.014	.160	.008	1	.930	1.014	.741	1.388
	ethnicitygrp(3)	-.413	.187	4.896	1	.027	.661	.459	.954
	ethnicitygrp(4)	-.966	.208	21.627	1	.000	.381	.253	.572
	primaryneedcode			45.453	9	.000			
	primaryneedcode(1)	-.046	.153	.089	1	.765	.955	.707	1.290
	primaryneedcode(2)	-.043	.515	.007	1	.933	.958	.349	2.627
	primaryneedcode(3)	.549	.261	4.420	1	.036	1.732	1.038	2.891
	primaryneedcode(4)	.273	.221	1.530	1	.216	1.314	.852	2.026
	primaryneedcode(5)	.558	.163	11.754	1	.001	1.747	1.270	2.404
	primaryneedcode(6)	.315	.298	1.119	1	.290	1.370	.764	2.457
	primaryneedcode(7)	.378	.465	.660	1	.417	1.459	.586	3.632
	primaryneedcode(8)	.106	.598	.032	1	.859	1.112	.345	3.588
	primaryneedcode(9)	-17.807	4892.133	.000	1	.997	.000	.000	.
	numassessfactors	.305	.022	192.760	1	.000	1.356	1.299	1.416
	S47_1(1)	3.965	.102	1518.520	1	.000	52.701	43.173	64.331
	Constant	-5.137	.194	701.196	1	.000	.006		

a. Variable(s) entered on step 1: allocation, LA, age, ethnicitygrp, primaryneedcode, numassessfactors, S47_1.

Table 7 presents the allocation odds and the LA odds of CPP adoption, controlling for the mentioned set of characteristics (age, ethnicity, primary need code, number of assessment factors and Section 47 status.), with the Site 1 odds set to one, as baseline. The Site 4 CPP and Site 6 CPP odds, controlling for these factors, are indistinguishable from Site 1's. The Site 3 odds are significantly lower (57% lower), and Site 2 (with 264%

higher odds) is a marked outlier. (Though not given in Table 7, separate testing confirms, as might be expected that the Site 2 odds are significantly higher than the next-highest, Site 6)

Unsurprisingly, the odds of a child with a S47 enquiry having a CPP are 53% higher than those without (95% CI 43, 64), making a S47 by far the biggest contributory factor overall.

Interaction terms

Interaction terms for LA* allocation, ethnicity*, allocation, S47*, LA were included in the logistic regression models but made negligible difference to the OR for allocation which ranged from 1.6 to 1.9 across all models (p=<0.001).

Why is Site 2 different?

There are significant differences between LAs, with Site 2 having more males, fewer 0-2 years, more whites and more children with disabilities. Site 2 also has differences in the categorisation of cases in relation to primary need codes. Counterintuitively, it has *fewer* cases where the primary need code is 'abuse or neglect', 'family in acute stress', 'socially unacceptable behaviour', 'lower income', 'absent parenting', 'cases other than children in need', or 'not stated'. In contrast, it has *more* cases where the primary need is designated 'child's disability', 'parental disability or illness', 'family dysfunction'.

Site 2 also has a lower mean number of assessment factors, with more cases in which only 1 assessment factor is recorded. Like Site 1 and Site 6, it has no cases where 'no further action' was recorded (NFA=True), whereas Site 4 has a considerably higher number of cases that resulted in no further action (NFA=True) than the other LAs**.** Together with Site 6 and Site 3, Site 2 has more S47s than Site 1 and Site 4, although Site 6 is considerably higher than Site 2. It has the highest percentage of CPPs with Site 4 being the lowest. It has the lowest percentage of change in category of abuse (initial versus latest) for CPP children. It is the highest rate for more than 1 referral. It does not stand out as being different in the number of previous CPPs where it lies in the middle.

Remember that we are controlling for S47 status. But a possible factor in the 'Site 2 effect' might be that the transition between S47 status and CPP differs compared to other LAs. To explore this we reran the logistic regression, introducing an interaction effect between LA and S47 status – that is examining a model to see whether the S47-CPP transition rate varies between LAs.

There is no significant difference between LAs in relation to experience in working in children and families social work and having a post-qualifying award. Site 2 has the highest percentage having a Masters (although not significant) with the fewest with a MSW and most with a MSc.

Appendix I: Quality Assessment Schedule and User Guide

STRUCTURE AND ORGANISATION

1. Is the purpose of the assessment stated clearly?

Clarity about the purpose of an assessment is fundamental to ensuring its quality. Assessments may be undertaken for a variety of purposes, and most safeguarding assessments or assessments in complex S17 cases will be concerned with more than one issue. Whilst the following is not an exclusive list, assessments may be undertaken for one or more of the following reasons:

- to determine whether a child has been subject to significant harm, or is at risk of significant harm. This may focus specifically on immediate concerns about abuse or neglect, but may also focus on the longer-term, cumulative concerns about the impact of poor parenting on one or more aspects of child development
- to determine the nature of that harm, i.e. from whom is the child at risk, and what are the factors that give risk to that risk
- to identify the changes required to address any substantiated concerns (including safeguarding concerns)
- to identify any services/interventions that might need to be put in place, including steps necessary to protect children at risk of significant harm;
- to determine the parents' capacity or willingness to make the necessary changes and/or engage with proposed interventions or requests;
- to determine whether the changes required can reasonably be expected to be made within a reasonable time period given the child's age and stage of development.

Assessment Guide	Score
The purpose of the assessment is clearly set out at the beginning.	2
The purpose of the assessment emerges during the opening section, but is not stated explicitly or at the outset.	1
The purpose of the assessment does not appear at the beginning of the relevant section and is not easily discernible.	0

2. Is there a summary of what was done to complete the assessment, with an indication of why (where appropriate)?

Good assessments require bringing together information from a range of sources, and use a range of methods. In addition to interviews with the parents and the child(ren) in the referred family, important information may be available from:

- relevant professions, such as health visitors, GPs, teachers, nursery school/play group staff, police, hospital staff. Not all will be relevant to every case.
- agency records e.g. records of previous referrals,
- neighbours, key people in the community
- extended family members

The structure of agency forms means that – more often than not – information from agencies and professionals will be set out in a specific part of the form, and the form will also have a section on number and date of home visits, and who was seen, including the children.

In order to rate this item, please focus on the extent to which there is, or is not, a clear and complete summary of what information was gathered from which agencies or professionals, and from which family members and significant others.

Assessment Guide	Score
The Assessment contains a complete and 'at a glance' summary of the sources of information gathered.	2
The Assessment contains no complete or 'at a glance' summary of the sources of information gathered, but these are, – for the large part – discernible from the assessment.	1
There is no summary of the sources of information gathered,	0

3. Is there evidence that the purpose of the assessment was explained to the parents and, where appropriate, the child/ren)?

The 1995 Guidance *The Challenge of Partnership in Child Protection* advises social workers to '*Be clear with yourself and with family members about your power to intervene, and the purpose of your professional involvement at each stage'*. This begins with a clear explanation to parents, in language they can understand, of why children's services are undertaking an assessment.

This item is concerned with whether or not there is a statement that the purpose of the assessment was, in fact, explained to the parents and child/ren. It may record further information about the parents' or child/ren's reactions and how these impacted on the assessment.

Assessment Guide	Score
The Assessment states that the purpose of the assessment was explained to the parents and (where appropriate) the child/ren, and recorded their reactions and how these impacted on the assessment	2
The Assessment does not state that the purpose of the assessment was explained to the parents and (where appropriate) the child/ren, but states how the parents and/or children reacted to the process.	1

Assessment Guide	Score
The Assessment does not state that the purpose of the assessment was explained to the parents and (where appropriate) the child/ren, nor how the parents and/or children reacted to the process.	0

BACKGROUND

4. Is there a clear summary of who is in the household?

Households are often composed of children and parents with different relationships e.g. parent, step-parent, partner (married or not), grandparents, maternal aunt, friend, lodger. Knowing who is in the household is an important piece of information for all sorts of reasons. It may highlight overcrowding, the presence of someone with a known history of offences against children, or of someone who is important in keeping the child safe.

This item is concerned to assess whether or not the assessment includes a list of who lives in the same household as the child/ren on whom this assessment is focused.

Assessment Guide	Score
The Assessment includes a list of who lives in the same household as the child/ren	1
The Assessment does not include a list of who lives in the same household as the child/ren	0

5. Is there a clear summary of family relationships?

This item is concerned with whether or not the assessment clarifies the relationship between parents, children and parents, and other family members. This should be available in a table, or possibly a genogram or similar. It should list (or otherwise describe) all family members, including significant others and clarifies their relationship to the children. It should not emerge in different sections of the assessment e.g. a summary of the parents and children in tabular form + detail about grandparents somewhere else, would **not** score '1'.

Assessment Guide	Score
The Assessment includes a clear summary of family relationships	1
The Assessment does not include a clear summary of family relationships	0

6. Is there a chronology of events leading to the referral/enquiry?

Chronologies - a list, in date order, of all the major changes or events in a child's life - are an important tool for assessments. Often, repeat referrals to one or more agencies and/or cumulative evidence of concern goes unnoticed until brought together in a chronology. Chronologies allow one to see patterns that might otherwise miss.

Chronologies should always include a date (and time, if relevant), the source of the information, the incident/observation/circumstances i.e. what has taken place, and the actions and outcomes that followed. In some instances, there may be no chronology but this is appropriate e.g. sexual abuse by a stranger.

Assessment Guide	Score
The Assessment includes a chronology that appears to includes information from a range of agencies, is well organised, and appears to contain all the necessary information i.e. does not leave the reader wondering 'why?' or 'what?'	3
The Assessment includes a chronology that appears to includes information from a range of agencies, is quite well organised, but does not always provide sufficient information.	2
The Assessment includes a chronology, but it is not well organised, and/or does not appear to provide sufficient information	1
The Assessment makes reference to a chronology but this does not form part of the assessment document.	5
There is no chronology – appropriate	6
There is no chronology – inappropriate or no reason given.	0

7. Is there an adequate social history?

A social history is an important means of piecing together how a situation came about. It typically covers the key events in each of the parents' lives, including their own experiences of childhood; health, previous relationships, how they met, key events, history of pregnancies, attitudes towards pregnancy and child(ren) etc.

In *some* cases a detailed social history might not be required e.g. when an investigation has been triggered because of an unexplained bruise, and medical staff offer evidence that there is not cause of concern regarding non-accidental injury. Please do NOT use this option for any other circumstances.

Assessment Guide	Score
The Assessment includes a social history that covers the formative experiences of relevant parents/partners, their experiences as a couple, relevant information that might affect their parenting, including their attitudes towards the child etc.	2
The Assessment includes some information that might be relevant to a social history, but it is not organised as a social history and appears to have significant gaps.	1
The Assessment does not include a social history or any material that is pertinent to a social history.	0

Assessment Guide	Score
There is no social history, but given the nature of the referral this is appropriate	6

SOURCES OF INFORMATION

8. Does the assessment draw on a range of sources of information?

Good assessments require gathering information in different ways e.g. as well as interviewing parents and children. Assessments might:

- draw on direct observations e.g. noticing i) how the child presents (e.g. s/he is observed to be anxious in the presence of one of the parents, to exhibit signs of insecure attachment, to be unaware of risk, unusually withdrawn or hyperactive, behaving in an age inappropriate way) or ii) discrepancies between what the parents say and what they do/the evidence (e.g. they may say they do not drink, but the bottles around the house suggest otherwise),
- include more structured observations e.g. the parent is asked to undertake a task with a child, and the social worker records important features of the interaction; a parent and adolescent are asked to discuss an issue etc. Whilst rare, this type of assessment information can be very relevant, and is often done in other settings e.g. assessment centres.
- They may draw on the reports of other professionals e.g. psychologists or psychiatrists.

We deal separately with the use of Standardised measures in item 11.

Scoring For this item, please score the assessment in relation to the range of sources of information used (agencies, family members, professionals, etc.), identified gaps and the acknowledgement of the significance of missing information.

It may be that some sources of information were not available at the time the assessment was completed, and if it is clear that the social worker is aware of this and they plan to source the information later OR that s/he has taken this into account at the time of the assessment, then score this item as '2'.

Where there are obvious gaps and no apparent recognition of this within the assessment, please score this item as '1'.

If the Assessment draws on an extremely limited number of sources, with no apparent explanation or recognition of the consequences of this for the assessments' quality, then please score it as '0'.

Assessment Guide	Score
The Assessment draws on a range of sources appropriate to the case – no obvious gaps	3
The Assessment draws on a range of sources appropriate to the case, but with some obvious gaps that are explained and/or their significance accounted for.	2
The Assessment contains some obvious gaps that appear not to have been taken account of / or acknowledged by the social worker.	1

Assessment Guide	Score
The Assessment fails to draw on an appropriate range of sources of information, and this is not acknowledged by the social worker.	0

9. Does the assessment demonstrate that the views of children were obtained, using appropriate methods?

Children should always be seen and, where possible, their views should be obtained. This might include information on the allegations made/causes for concern, or more generally on their experiences within the family, relationships etc. It should include their views on the child protection plan, particularly when this involves the possibility of out-of-home placement.

Except in the case of very small infants and babies, social workers should always be able to convey something about the child's views of his or her situation and the involvement of children's social care. For younger children, this may entail indirect means of information gathering, for example through play, or non-verbal means of communication. The fact that a child is disabled, or young, should not in and of itself, justify a failure to represent their views.

It is also important that social workers talk to the child alone / in circumstances that make it possible for the child/ren to convey their views without undue influence form a third party (usually an adult) or fear of the consequences.

Please score the assessment in relation to the extent to which information from the child/ren is included.

Assessment Guide	Score
The Assessment adequately conveys the views of all children with whom it was possible to communicate, using a developmentally/ age-appropriate method of communication, and in ways that minimised the chances of undue influence by another party or other forms of bias.	3
The Assessment conveys the views of all children with whom it was possible to communicate. The social worker appears to have used developmentally/ age-appropriate methods of communication, and the information does not appear to have been inappropriately influenced, **but the coverage is inadequate or incomplete**.	2
The Assessment conveys the views of all children with whom it was possible to communicate, but appears **not to have used the most developmentally/ age-appropriate** method(s) of communication **OR** it is not clear that these views were obtained in ways that minimised the chances of undue influence another party or other forms of bias.	1
The Assessment does not include the views of all children with whom it was possible to communicate.	0

10. If children's views were not obtained, does the assessment provide an adequate reason for this?

Adequate reasons for not obtaining children's views might include the young age of the child e.g. a baby or toddler; children whose disabilities mean that it is extremely difficult to engage them in the timescale dictated by the assessment timetable; older children who refuse to discuss things with the social worker, despite attempts to do so.

Assessment Guide	Score
Adequate reasons were given as to why the views of one or more children in the family were not sought or obtained.	1
The views of all children were obtained OR 'not applicable- absence of children's views appropriate.	1
The views of one or more children in the family were not sought or obtained, with no adequate reasons given.	0

11. Does the assessment make use standardised measures or similar tools?

The Assessment Framework has long recommended the use of standardised measures or similar, in helping to **clarify the nature and extent of a range of relevant difficulties**, from children's behaviour and mental health, through to family functioning. This issue is distinct from securing the views of children. It is asking about ways of assessing the nature and extent of problems, or strengths, or risk.

Please do not include tools used to assess parental capacity to change – we deal with this later.

Please note what tools were used e.g. SDQ, Signs of Safety (SoS), Home Inventory (HI), Family Pack of Questionnaires and Scales (FPQS) etc.

Assessment Guide	Score
The Assessment includes information gathered from standardised tools or similar.	2
The Assessment does not include information gathered from standardised tools or similar.	1
The Assessment does not include information gathered from standardised tools or similar, and such data would clearly have been useful.	0

COVERAGE OF ASSESSMENT DOMAINS

12. To what extent does the Assessment adequately consider the child's development and identify developmental needs

Assessing the child's development and identifying his or her developmental needs, is one of the three domains of the *Assessment Framework* triangle, that all social workers should use when undertaking an assessment. This covers the following areas;

- health
- education
- emotional and behavioural development
- identity
- family and social relationships
- social presentation
- self-care skills

The purpose of this aspect of the assessment is to determine how the child is functioning in terms of their development, welfare and wellbeing, in relation to their stage of development, and taking into account any particular vulnerabilities (e.g. learning disability, physical impairment) and the impact that these may have had.

Scoring It may be appropriate to pay more or less attention to each of these areas, depending on their relevance to particularly set of circumstances / child. Different issues will be important at different ages e.g. for a baby, immunisations, weight gain and attachment will be important, but education will not, whereas for older children, most will be significant; alcohol or substance misuse, may be a significant health issue for older children, but not for infants (see later for parental substance use).

For most children it should include a history of the child's developmental progress, and it should cover strengths and well as weaknesses.

Good coverage of this domain should provide a real sense of this child and his or her needs.

Assessment Guide	Score
The assessment covers all relevant areas of development, in sufficient detail to provide a good picture of this child's/these children's development and his/her/their developmental needs.	2
The assessment does not cover all relevant areas of development AND/OR the information provided is sometimes superficial or perfunctory. Overall the assessment provides some insight into this child's/these children's development and developmental needs.	1
The assessment provides information only on some of the areas, and it is mostly superficial or perfunctory, failing to convey a picture of this child's /these children's development and developmental needs.	0

13. To what extent does the assessment provide an adequate account of the parenting capacity of carers in the child's household?

Assessing the capacity of the child's parents or carers to ensure that his or her developmental needs are being appropriately and adequately responded to, and the ability to adapt to a child's changing needs over time, is another the three domains of the *Assessment Framework* triangle. It encompasses present capacity and future capacity.

Social workers are expected to ascertain what parents or carers are (not) doing that might be relevant to the child's development in each of the following six areas, as relevant:

- Basic care
- Ensuring safety
- Providing Emotional warmth (e.g. giving the child a sense of self and being valued for him- or her-self)
- Stimulation (promoting intellectual development and learning)
- Guidance and boundaries (including helping the child to regulate their own emotions and behaviour)
- Stability (providing a stable family environment)

Over time, some aspects of care will 'look different' and some will be more important that others but a good quality assessment will consider how well parents are responding to/have responded to their child/ren's developmental needs. For example, 'stimulation' may be more important when assessing parenting capacity in relation to younger children than to adolescents, but knowing how parents have previously catered for their child's intellectual development in the past, may be important to take into account when assessing their ability to support a young person who is having difficulties at school.

Scoring In some referrals, considerable detail may not be appropriate, so please take nature of referral / concerns into account when scoring this. In some cases, parents will be living apart, or children will be living with extended family members. You will need to use your judgement here, but rules of thumb would be: focus on the carer whose capacity is the main focus of the assessment. This may be the carer with primary caring responsibility OR the person whose capacity to care is being assessed e.g. a child living with grandparents whose mother/father/parents are seeking his/her return.

Assessment Guide	Score
The assessment covers parenting capacity in all six areas, providing a clear and detailed picture of their current and future capacity to respond to their child/ren's needs, well supported by appropriate evidence.	2
The assessment covers parenting capacity in most of the six areas, providing a reasonable picture of current and future capacity to respond to their child/ren's needs, supported by appropriate evidence.	1
The assessment provides limited information on current or future parenting capacity, EITHER because it omits consideration of important areas OR because the information provided is sparse OR because it fails to provide supporting evidence.	0

14. To what extent does the assessment provide an adequate account of the family history and functioning

In this item, we are interested in the extent to which the assessment adequately covers family history and functioning, given the reasons for referral/nature of concern and purpose of the assessment.

Family history and functioning encompass the following, and include an historical dimension (looking back) as well as the present, and the implications for the future (in the analyses):

- The personality, physical and mental health of individual family members, including substance and alcohol use
- The life experiences of adults that might influence their interpersonal behaviour and relationships with their children
- The inter-parental relationships (how they cooperate, communicate, support each other, cope with change etc.)
- History of violence and how this was dealt with
- Development, physical and mental health of siblings
- Information about the wider family (positive and negative)[19]

It may be important to state the 'irrelevance' of an area e.g. stating that there is no history of domestic violence is better than not mentioning it. Good quality accounts of family functioning include examples or other forms of evidence e.g. both parents share the same perspective (if they do not, then that might be evidence of a communication or relationship problem). Assessing the adequacy of this aspect of an assessment therefore requires an eye to coverage, evidence, and relevance, in the context of the nature of the referral/concerns.

Scoring In assessments where there is **no social history** (Question 7), but **there** is **some information about the past, the relevance of which is indicated** OR coverage of relationships with wider family, please credit this here.

Assessment Guide	Score
The assessment provides an adequately clear and detailed picture of family functioning past and/or present, supported by appropriate evidence. No gaps apparent.	2
The assessment provides *some* information about family functioning, supported by appropriate evidence. Some areas are **not adequately** covered.	1
The assessment fails to provide an adequate (clear and detailed) picture of family functioning, well supported by appropriate evidence. This may be **EITHER** because there are important gaps **OR** because the supporting evidence is absent or very weak.	0

[19] This item usually sits with environmental factors, but to simplify judgements, we are dealing with it under family history and functioning.

15. To what extent does the assessment provide an adequate account of relevant environmental factors?

Amongst those environmental factors of importance to complex assessments, the following are most common:

- Housing (adequacy, appropriateness, safety)
- Employment (who is working, impact on the child, impact on family life)
- Income
- Family's Social Integration (social support, opportunities for safe play etc.)
- Community resources (services, amenities, family's use of these; ability / willingness to cooperate with professionals)

For this item, please assess how adequate the coverage of these factors appears to be, given the reasons for referral/nature of concern and purpose of the assessment.

Assessment Guide	Score
The assessment demonstrates in-depth consideration of all environmental factors relevant to this family/referral. No significant gaps apparent.	2
The assessment demonstrates some consideration of environmental factors relevant to this family/referral, but there appear to be are some significant gaps OR it is very 'thin'.	1
The assessment has not adequately considered environmental factors relevant to this family/referral EITHER because it has considered few or none of the relevant areas OR has done so in way that is perfunctory and contributes little information.	0

16. To what extent does the assessment make reference to strengths as well as difficulties or weaknesses in the Assessment?

Guidance to social workers emphasises the importance of gathering information about strengths as well as weaknesses or problems. This information is important when assessing the implications of any difficulties identified. For example, a parent may be struggling to provide adequate care because of a substance use problem, but the risks to the child might be offset if there is another adult who is involved and can mitigate the consequences of the parent's substance misuse e.g. a grandmother, a neighbour or a 'sober' partner. A child who has good friendship networks and a confiding relationship with another adult may be better able to weather the storm of a crisis than one who does not. A focus on strengths can also offset the stigmatising or negative impact that this process can have on parents.

Assessment Guide	Score
The assessment gives due consideration to strengths and how these benefit the child(ren).	2
The assessment identifies strengths but does not make any links between these and benefits to the child(ren).	1
The assessment fails to identify strengths and how these benefit the child(ren)	0

17. Does the assessment include a statement about what information relevant to the referral/concerns, if any, is missing or not well understood?

Not all information will be available, particularly at the time of completion of a first assessment. It is important to monitor and record this, so that it can be obtained and its significance assessed in the future.

Assessment Guide	Score
The assessment includes a statement indicating information that is unknown, unavailable or, as yet, not well understood.	1
The assessment does not includes a statement indicating information that is unknown, unavailable or, as yet, not well understood.	0
There is no statement about unknown information and this is appropriate, either because there are no gaps, or because of the nature of the referral and/or concerns.	6

CRITICAL APPRAISAL AND ANALYSIS

This set of items is concerned with how social workers set about 'joining the dots' between the information captured in the three assessment domains.

Having collected information about each of the three assessment domains, the assessment should go on to consider the relationships between factors within and across domains. In other words, it would identify those relationships that might explain the pattern of harms and strengths/protective factors in the child's health and development, adducing relevant evidence for each.

The following items concern specific issues that one would hope to find covered in a good quality assessment.

18. Does the assessment identify (or present hypotheses about) relationships between family and environmental factors, parenting capacity and the child's development, including the risk of significant harm?

This item represents the theorising about how factors in each of the domains of the assessment framework might relate to one another. These relationships may be simple (or linear), as when a physical assault results in an injury, or more complex (circular) as when a child is encouraged to miss school by her agoraphobic mother, but – having fallen behind – the child become anxious about returning.

Identifying these processes, albeit hypothetically (the social worker's theories may or may not be true) are important because they highlight possible ways of resolving the problem.

Assessment Guide	Score
The assessment presents hypotheses about the relationships between family and environmental factors, parenting capacity and the child's development, including the risk of significant harm.	1
The assessment does not present hypotheses about the relationships between family and environmental factors, parenting capacity and the child's development, including the risk of significant harm.	0
Not relevant to this assessment, given other information.	6

19. To what extent does the assessment provide an hypothesis about how the author believes the situation in the family has come about, what factors are maintaining it or preventing the resolution of problems?

Question 18 is about how problems or issues within the family and the wider environment are impacting on the child. This question is about the extent to which the social worker has reached an understanding (or theory) as to how this situation has come about, and therefore what might be required to remedy it (ensuring a 'logical fit' between assessment and proposed intervention). It is about identifying the factors that have given rise to current problems (e.g. in the parents' relationship or capacity to parent), and what factors are maintaining it. These do not have to be the same. The best 'theories' are those that are easy to 'falsify' i.e. if the social worker is wrong, it will not take long to find out, as the interventions designed to address the 'wrong' problem will be unlikely to work.

Assessment Guide	Score
The assessment that makes explicit what the social worker thinks the problems are, how these have come about, and what factors are maintaining them. These are set out in ways that it would be easy to 'falsify'.	2
The assessment sets out what the social workers thinks the problems are, but there is ***either*** no detail as to how these are thought to have come about ***and/or*** what factors are maintaining them, ***or*** they are presented in ways that do not easily lend themselves to falsification if wrong.	1
The assessment contains no theory or hypothesis as to how things have come about.	0
Not relevant to this assessment, given other information.	6

20. Is there evidence that, in reaching their conclusions / hypothesis as to how things have come about, the author considered other, plausible explanations?

Research indicates that premature conclusions can lead to mistakes, some of which can be fatal. It is good practice to consider alternate explanations or theories, and to be able to articulate why one has opted for one particular explanation / theory, rather than another.

In circumstances where there is no question about processes underpinning ..... score '2'

Assessment Guide	Score
The assessment provides evidence that the social worker considered alternative theories that might explain how the present situation has come about, and has provided reasons why s/he favours the one put forward.	2
The assessment provides no evidence that the social worker considered alternative theories that might explain how the present situation has come about, but s/he provides reasons why/evidence for the hypotheses being proposed.	1
The assessment provides no evidence that the social worker considered alternative theories that might explain how the present situation has come about, and no reason/evidence for the hypotheses being proposed.	0
There was no theory/analysis as to how the current situation came about, therefore not relevant	5
Not relevant to this assessment, given other information.	6

RISK OF SIGNIFICANT HARM

21. Does the assessment make clear what the consequences (outcomes) will be for the child's development if no action is taken?

Assessment Guide	Score
Yes, the assessment includes a section/statement on what the likely consequences will be for the child's development if no action is taken.	1
No, the assessment includes no section/statement on what the likely consequences will be for the child's development if no action is taken.	0
Not relevant to this assessment, given other information.	6

22. Does the assessment make clear what the likelihood is of (repeat or ongoing) maltreatment/neglect if no action is taken?

Assessment Guide	Score
Yes, the assessment make clear what the likelihood is of (repeat) maltreatment if no action is taken	1
No, the assessment fails to make clear what the likelihood is of (repeat) maltreatment if no action is taken.	0
Not relevant to this assessment, given other information	6

23. Does the assessment make clear the changes required in the child's care to make them safe?

Assessment Guide	Score
Yes, the assessment makes clear the changes required in the child's care to make them safe.	1
No, the assessment fails to makes clear the changes required in the child's care to make them safe.	0
Not relevant to this assessment, given other information.	6

24. Does the assessment make clear the changes required in the child's care to provide them with adequate parenting?

Assessment Guide	Score
Yes, the assessment makes clear the changes required in the child's care to provide them with adequate parenting	1
No, the assessment fails to makes clear the changes required in the child's care to provide them with adequate parenting	0
Not relevant to this assessment, given other information.	6

PARENTS' CAPACITY TO CHANGE

25. Does the assessment provide evidence of the parents' strength of commitment to the child?

This might comprise evidence of a parent's preparedness to put the needs of the children before their own (child-centredness), especially in cases involving addiction and parental mental health issues. Other evidence might come from the profile of harm to the child.

Assessment Guide	Score
Yes, the assessment provides evidence of the parents' strength of that commitment to the child.	1
No, the assessment does not provide evidence of the parents' strength of that commitment to the child.	0
Evidence of the parents' strength of commitment (or lack of it) is available within the assessment, but this is not articulated by the responsible social worker.	5
Not relevant to this assessment, given other information.	6

26. Does the assessment indicate whether or not the parents' accept responsibility for their role in the concerns regarding the child's safety and wellbeing?

Assessment Guide	Score
Yes, the assessment indicates whether or not the parents' accept responsibility for their role in the concerns regarding the child's safety and wellbeing	1
No, the assessment does not indicate whether or not the parents' accept responsibility for their role in the concerns regarding the child's safety and wellbeing	0
The evidence for or against the parents' acceptance of responsibility is available within the assessment, but this is never articulated by the responsible social worker	5
Not relevant to this assessment, given other information.	6

27. Does the assessment make clear the parents' capacity to change?

Assessment Guide	Score
Yes, the assessment clearly indicates the parents' capacity to change i.e. this is articulated by the author.	1
No, the assessment fails to indicate the parents' capacity to change	0
The assessment contains evidence of the parents' capacity to change (or its absence) but this is not articulated by the responsible social worker.	5
Not relevant to this assessment	6

28. Does the assessment provide the evidence on which judgements about the parents' motivation and/or capacity to change have been made?

Assessment Guide	Score
Yes, the assessment provides the evidence on which judgements about the parents' motivation and/or capacity to change have been made	1
No, the assessment fails to provide the evidence on which judgements about the parents' motivation and/or capacity to change have been made	0
N/A – there is no articulated assessment of the parents' motivation and/or capacity to change.	5
N/A - the issue is not primarily about the parents' capacity to change (if at all).	6

29. Does the assessment clearly indicate the parents' preparedness to engage with professionals in bringing about the changes needed?

Assessment Guide	Score
Yes, the assessment clearly articulates the parents' preparedness to engage with professionals in bringing about the changes needed, with supporting evidence.	1
No, the assessment fails to clearly articulate the parents' preparedness to engage with professionals in bringing about the changes needed	0
The assessment reports a parent's stated willingness to engage with professionals but there is no evidence to support this, or the evidence clearly contradicts this	5
Not relevant to this assessment – changes not required	6

CHANGES IN THE FAMILY AND ENVIRONMENTAL FACTORS.

30. Does the assessment outline changes needed in environmental factors (e.g. housing, employment, income, family's social integration, resources in community) **to bring about the changes?**

Assessment Guide	Score
Yes, the assessment outlines changes needed in environmental factors to bring about the changes required?	1
No, the assessment does not outline changes needed in environmental factors to bring about the changes required?	0
Information in the assessment indicates changes required, but these are not articulated by the social worker.	5
Not relevant to this assessment – changes not required	6

31. Does the assessment outline changes needed in other family factors (e.g. factors from parent's childhood, learning difficulties, management of conflict, current relationships) **to bring about the changes required in the parents?**

Assessment Guide	Score
Yes, the assessment outlines changes needed in other family factors to bring about the changes required in the parents?	1
No, the assessment does not outline changes needed in other family factors to bring about the changes required in the parents?	0
Information in the assessment indicates changes that might be required to bring about changes, but these are not articulated by the social worker.	5
Not relevant to this assessment – changes not required	6

INTERVENTION PLANS.

32. Does the assessment make clear recommendations about the interventions /services needed to bring about the changes required in the parents/carers or other systems?

Assessment Guide	Score
Yes, the assessment makes clear recommendations about the interventions/services needed to bring about the changes required	1
No, the assessment fails to makes clear recommendations about the interventions/services needed to bring about the changes required	0
N/A – changes in parents / other systems not required	5
N/A – recommendation is for case to be closed	6

33. Does the assessment make clear how the recommended interventions/services will address the problems identified

Assessment Guide	Score
Yes, the assessment makes clear how the recommended interventions/services will address the problems identified	1
No, the assessment fails to make clear how the recommended interventions/services will address the problems identified	0
N/A – no recommendations made or required	5
N/A – recommendation is for case to be closed	6

34. Does the assessment include an estimate of overall prospects of successful intervention?

Assessment Guide	Score
Yes, the assessment includes an estimate of the prospects of successful intervention	1
No, the assessment fails to include an estimate of the prospects of successful intervention	0
NA – no interventions identified	6

35. Does the estimate of success include an estimate of how long it will take to bring about the required changes?

Assessment Guide	Score
Yes, the assessment includes an estimate of how long it will take to bring about the required changes	1
No, the assessment does not include an estimate of how long it will take to bring about the required changes	0
Not applicable – no changes identified	6

36. Is there evidence that the recommendations made take appropriate account of the child's age and stage of development?

Please focus on the extent to which the recommendations consider or are commensurate with the ages and stages of the children's development. To some extent this may overlap with 34 and 35, but what is looked for is any indication that the recommendations take into account the children's needs, given their ages etc.

Assessment Guide	Score
Yes, there is evidence that the recommendations take appropriate account of the child's age and stage of development?	1
No, there is no evidence that the recommendations take appropriate account of the child's age and stage of development	0
N/A – no recommendations made	5
N/A – case closed.	6

37. Does the assessment separately consider the needs of the child for therapeutic intervention/s to address the consequences of maltreatment or mental health needs, broadly defined?

Assessment Guide	Score
Yes, the assessment separately considers the needs of the child for therapeutic interventions (including making clear that therapeutic intervention is not required)?	1
No, the assessment fails separately consider the needs of the child for therapeutic interventions?	0
No, but not relevant to this assessment	6

38. Does the assessment make clear the why any therapeutic services/intervention identified for the child are appropriate?

Assessment Guide	Score
Yes, the assessment makes clear why any therapeutic services/interventions identified for the child are appropriate?	1
No, the assessment does not make clear why any therapeutic services/interventions identified for the child are appropriate?	0
Not applicable, there is no consideration of the child for therapeutic interventions	6

MONITORING AND EVALUATION

39. Does the assessment set clear, measureable (SMART) goals to enable the monitoring of the effectiveness of each intervention/service?

Assessment Guide	Score
Yes, the assessment sets clear, measurable (SMART) goals to enable the monitoring of the effectiveness of each intervention/service?	1
No, the assessment fails to set clear, measurable (SMART) goals to enable the monitoring of the effectiveness of each intervention/service?	0
N/A No goals set	5
Not relevant – case closed	6

40. Does the assessment set out a means of assessing the effectiveness of the plan/service in securing improved outcomes for the child(ren)?

Is there a mechanism or process for monitoring progress e.g. who is responsible, what data will be collected etc.

Assessment Guide	Score
Yes, the assessment sets out a means of assessing the effectiveness of the plan/service in securing improved outcomes for the child?	1
No, the assessment fails to set out a means of assessing the effectiveness of the plan/service in securing improved outcomes for the child.	0
N/A no plan made/no goals set.	5
Not relevant – case closed	6

Appendix J: Participant Information Sheet

Study title: The SAAF Study: A Randomised Trial of SAAF - A Structured Decision-Making Tool.

About this study

The Government is currently implementing a number of recommendations made in the Munro Report (2011), aimed at improving child protection assessments.

The Department for Education (DfE) funded a systematic review to identify ways in which assessments of significant harm could be improved (Barlow et al. 2012). This review identified the Safeguarding Children Assessment and Analysis Framework (SAAF) as a promising tool, and recommended that it should be evaluated to see how effective it might be in improving child protection assessments.

The DfE accepted this recommendation and this study is the result.

The study is a randomised controlled trial and it is being conducted by researchers from Queen's University Belfast and The Colebrooke Centre for Evidence and Implementation.

Your Department is one of six Children's Services Departments taking part in the study, and you work in one of the teams that will be randomised EITHER to a group that receive training in SAAF (the Experimental Group), OR to a group which will continue to conduct assessments 'as usual' (the Control Group).

We hope that this leaflet, together with the briefing days planned for the study, will provide you with all the information you need, but please feel free to ask us if there is anything that is not clear or if you would like more information about.

What will I have to do?

Social workers in the study will be asked to do the following::

1. Attend a briefing session (ALL)

You will be asked to attend a Briefing Session to learn more about the study and what is involved. At this session, you will have a chance to ask any questions you have about the study.

2. Complete a questionnaire (ALL)

At the end of the briefing session we will ask you to complete a short questionnaire about your qualifications, experience, and thoughts about the study. This should not take longer than 30 minutes. It is important because it will highlight any significant differences between teams in the experimental arm (receiving SAAF training) and those in the control arm (carrying on 'as usual' without SAAF training). Those of you who receive the SAAF training will also be asked to complete a short post-training questionnaire.

3. Provide some additional information on a small number of assessments (ALL)

For up to six months, you will need to complete an online questionnaire, called a Case Report Form (CRF), at the end of every complex Section 17 and Section 47 assessment you conduct.

Six months after the completion of each of these assessments, you will need to answer a much shorter questionnaire, also online, which should only take a few minutes. A webinar training session will provide information on how to complete the CRF.

4. Attend SAAF training (SOME)

After the briefing session, each team will be randomly assigned either to SAAF training or to the control group.

If your team is allocated to the experimental group, you will be asked to attend a two-day training course in how to use the SAAF tool. This training will be provided by Children and Families Training.

For the six months following training, social workers in the experimental (SAAF) arm will be required to use the tools taught to them during the training on all complex S47 and S17 assessments.

If your team is randomised to the control group, you will not be required to attend SAAF training, and you will continue to manage your assessments as usual.

5. Participate in some telephone interviews or online survey (SOME)

Later in the study, some social workers in the experimental group will be asked to talk to members of the Colebrooke Centre about their experiences of implementing SAAF. Further information about this part of the study will be available at a later date.

How long will the study last?

The total data collection period of the study will be just over one year from the time your team is randomised and those in the experimental group have been trained.

Can I discuss what I am doing with my colleagues?

We do not know if SAAF is effective, that is why we are conducting this study.

We are using a randomised controlled trial because we want to be sure that if we find a difference then it is due to SAAF and not something else. For the study to work we have to minimise 'contamination' between the two arms of the study.

If SAAF is effective, and social workers who are trained in SAAF share their learning with social workers in the control group, the study will not be able to demonstrate its effectiveness.

If you find yourself in the experimental group, and you receive training in SAAF, please do not share what you have learned on the SAAF training with colleagues in control group teams, or discuss the types of assessment you are doing with your colleagues in other teams. You can, of course, discuss your assessments with colleagues in your own team.

If you find yourself in the control group, and you do not receive training in SAAF, then please just carry on doing assessments 'as normal'.

What are the possible benefits of taking part?

If we find that SAAF is effective in improving social work practice in safeguarding vulnerable children, then – whatever group you are in – you will have helped pioneer an important means of improving outcomes for this important group of children. Both groups – experimental and control – are vital for the study.

If SAAF proves to be useful, then if you are in the control group, it is likely that you will go on to receive training in SAAF at a future date, and very likely that SAAF training will be recommended for all child protection social workers in England.

What are the possible risks of taking part?

There is no reason to believe that providing social workers with additional training in analysis and case planning will lead to deterioration in the quality of decision-making. However, insofar as this is a possibility, the greater risk would lie in the DfE recommending the adoption of SAAF without a rigorous evaluation of its impact on practice.

Will the information I provide in the study be kept confidential?

We will follow strict ethical and legal guidelines regarding the confidentiality of all information gathered in this study. Only the research team will have access to the data which will be stored on password protected computers within Queen's University Belfast.

What if there is a problem or I have a complaint?

We hope that you will not encounter any problems whilst taking part in this study. However, if you have a concern about any aspect of this study, you should ask to speak with the researchers who will do their best to answer your questions. If you remain unhappy and wish to complain formally, you can do this by contacting:

Professor Geraldine Macdonald,
Professor of Social Work,
Queens University,
Belfast,
BT7 1LP
Tel: 028 9097 1489
Geraldine.Macdonald@qub.ac.uk

What will happen to the results of the study?

The results of the study will be reported back to the DfE and it is expected that they will also be published in peer reviewed journals. A summary of the results will be communicated to the Children's Services Departments who participated in the study, and the research team will be happy to meet with staff to discuss the results.

Who is organising and funding the research?

This research has been commissioned by the DfE and is being conducted by a team of researchers at Queen's University Belfast and The Colebrooke Centre for Evidence and Implementation.

Who has reviewed the study?

This study was given approval by the School Research Ethics Committee in the School of Sociology, Social Policy and Social Work at Queen's University Belfast.

Further information and contact details:

If you would like any further information about this study, please feel free to contact the Trial Manager, Catherine Adams on **028 9097 3164** or c.adams@qub.ac.uk.

Appendix K: Outline of SAAF Training

DAY 1 - organised around presentations, case studies and group exercises.

1. Session 1. Introduction to the programme and whole group discussion about what makes a case 'complex'; overview of the seven stages in assessment, analysis and planning intervention (as organised in the SAAF User Guide)
2. Session 2. Setting the Scene: Overview of Assessment Principles and Patterns of Harm; includes discussion of the Assessment Framework; discussion of Stage 1 (identification of harm and initial safeguarding – consider the referral and aims of the assessment), and historical features in child neglect, emotional abuse, physical abuse and sexual abuse); lessons from serious case reviews
4. Session 3: Gathering assessment information on child's developmental needs, parenting capacity and family and environmental factors) and establishing the nature and level of impairment of the child's health and development. Case study, video and group exercise.
5. Session 4: Analysis of Patterns of Harm and Protection: Processes. Focus on distinguishing things brought from the past and what keeps things going in the present, and how these can help to predict what is likely to happen in the future if things carry on as they are; child's strengths in health and development and his/her impairments, and how they have been brought about. Group exercise on identifying and analysing processes.
6. Session 5: Profile of harm and impairment of development. Introduces participants to relevant grids. Group exercise based on case study introduced in Session 3. Participants provided with additional information and asked to complete profile of harm and summary grids.
7. Session 6: Predicting the likely outlook for the child, risks of reabuse or likelihood of future harm; the systemic analysis. Group exercise: completing a systemic analysis based on the case study presented in Session 3.
8. Session 7: Prospects for successful intervention. Covers issues impacting on this and how the relevant grids (including Summary of the Safeguarding Analysis) facilitates this aspect of analysis. Group exercise – participants asked to complete prospects of successful intervention, summary grid for prospects for successful intervention plus the summary safeguarding analysis, based on the case study provided earlier.

DAY 2 – takes participants through the SAAF approach to assessment, using their own cases, working in twos or threes.

Appendix L: Profiles of assessment quality

All associations were tested for statistical significance: only the associations in variables 3, 26 and 29 were statistically significant.

1. **Is the purpose of the assessment stated clearly?**

Assessment Guide	Intervention	Control
The purpose of the assessment does not appear at the beginning of the relevant section and is not easily discernible.	14[20]	12[20]
The purpose of the assessment emerges during the opening section, but is not stated explicitly or at the outset.	67	60
The purpose of the assessment is clearly set out at the beginning.	19	29
	100 (n=90)	100 (n=84)

2. **Is there a summary of what was done to complete the assessment, with an indication of why (where appropriate)?**

Assessment Guide	Intervention	Control
There is no summary of the sources of information gathered,	11	11
The Assessment contains no complete or 'at a glance' summary of the sources of information gathered, but these are, – for the large part – discernible from the assessment.	56	60
The Assessment contains a complete and 'at a glance' summary of the sources of information gathered.	33	30
	100 (n=90)	100 (n=84)

3. **Is there evidence that the purpose of the assessment was explained to the parents and, where appropriate, the child/ren)?**

Assessment Guide	Intervention	Control
The Assessment does not state that the purpose of the assessment was explained to the parents and (where appropriate) the child/ren, nor how the parents and/or children reacted to the process.	10	21
The Assessment does not state that the purpose of the assessment was explained to the parents and (where appropriate) the child/ren, but states how the parents and/or children reacted to the process.	88	68
The Assessment states that the purpose of the assessment was explained to the parents and (where appropriate) the child/ren, and recorded their reactions and how these impacted on the assessment	2	11
	100 (n=90)	100 (n=84)

4. Is there a clear summary of who is in the household?

Assessment Guide	Intervention	Control
The Assessment does not include a list of who lives in the same household as the child/ren	20	18
The Assessment includes a list of who lives in the same household as the child/ren	80	82
	100 (n=90)	100 (n=84)

5. Is there a clear summary of family relationships?

Assessment Guide	Intervention	Control
The Assessment does not include a clear summary of family relationships	92	93
The Assessment includes a clear summary of family relationships	8	7
	100 (n=90)	100 (n=84)

6. Is there a chronology of events leading to the referral/enquiry?

Assessment Guide	Intervention	Control
There is no chronology – inappropriate or no reason given.	12	8
The Assessment includes a chronology, but it is not well organised, and/or does not appear to provide sufficient information	51	49
The Assessment includes a chronology that appears to includes information from a range of agencies, is quite well organised, but does not always provide sufficient information.	27	33
The Assessment includes a chronology that appears to include information from a range of agencies, is well organised, and appears to contain all the necessary information i.e. does not leave the reader wondering 'why?' or 'what?'	9	6
There is no chronology – appropriate	1	4
	100 (n=90)	100 (n=84)

7. **Is there an adequate social history?**

Assessment Guide	Intervention	Control
The Assessment does not include a social history or any material that is pertinent to a social history.	71	76
The Assessment includes some information that might be relevant to a social history, but it is not organised as a social history and appears to have significant gaps.	22	18
The Assessment includes a social history that covers the formative experiences of relevant parents/partners, their experiences as a couple, relevant information that might affect their parenting, including their attitudes towards the child etc.	2	5
There is no social history but given the nature of the referral this is appropriate	4	1
	100 (n=90)	100 (n=84)

8. **Does the assessment draw on a range of sources of information?**

Assessment Guide	Intervention	Control
The Assessment fails to draw on an appropriate range of sources of information, and this is not acknowledged by the social worker.	3	8
The Assessment contains some obvious gaps that appear not to have been taken account of / or acknowledged by the social worker.	51	56
The Assessment draws on a range of sources appropriate to the case, but with some obvious gaps that are explained and/or their significance accounted for.	18	14
The Assessment draws on a range of sources appropriate to the case – no obvious gaps	28	21
	100 (n=90)	100 (n=84)

9. **Does the assessment demonstrate that the views of children were obtained, using appropriate methods?**

Assessment Guide	Intervention	Control
The Assessment does not include the views of all children with whom it was possible to communicate.	22	20
The Assessment conveys the views of all children with whom it was possible to communicate, but appears **not to have used the most developmentally/ age-appropriate** method(s) of communication **OR** it is not clear that these views were obtained in ways that minimised the chances of undue influence another party or other forms of bias.	11	13
The Assessment conveys the views of all children with whom it was possible to communicate. The social worker appears to have used developmentally/ age-appropriate methods of communication, and the information does not appear to have been inappropriately influenced, **but the coverage is inadequate or incomplete**.	14	11
The Assessment adequately conveys the views of all children with whom it was possible to communicate, using a developmentally/ age-appropriate method of communication, and in ways that minimised the chances of undue influence by another party or other forms of bias.	52	56

10. If children's views were not obtained, does the assessment provide an adequate reason for this?

Assessment Guide	Intervention	Control
The views of one or more children in the family were not sought or obtained, with no adequate reasons given.	27	21
Adequate reasons were given as to why the views of one or more children in the family were not sought or obtained OR The views of all children were obtained OR 'not applicable- absence of children's views appropriate.	73	79
	100 (n=90)	100 (n=84)

11. Does the assessment make use standardised measures or similar tools?

Assessment Guide	Intervention	Control
The Assessment does not include information gathered from standardised tools or similar, and such data would clearly have been useful.	71	60
The Assessment does not include information gathered from standardised tools or similar.	22	36
The Assessment includes information gathered from standardised tools or similar.	7	4
	100 (n=90)	100 (n=84)

12. To what extent does the Assessment adequately consider the child's development and identify developmental needs

Assessment Guide	Intervention	Control
The assessment provides information only on some of the areas, and it is mostly superficial or perfunctory, failing to convey a picture of this child's /these children's development and developmental needs.	24	24
The assessment does not cover all relevant areas of development AND/OR the information provided is sometimes superficial or perfunctory. Overall the assessment provides some insight into this child's/these children's development and developmental needs.	44	42
3The assessment covers all relevant areas of development, in sufficient detail to provide a good picture of this child's/these children's development and his/her/their developmental needs.	31	34
	100 (n=90)	100 (n=84)

13. To what extent does the assessment provide an adequate account of the parenting capacity of carers in the child's household?

Assessment Guide	Intervention	Control
The assessment provides limited information on current or future parenting capacity, EITHER because it omits consideration of important areas OR because the information provided is sparse OR because it fails to provide supporting evidence.	50	46
The assessment covers parenting capacity in most of the six areas, providing a reasonable picture of current and future capacity to respond to their child/ren's needs, supported by appropriate evidence.	33	38
The assessment covers parenting capacity in all six areas, providing a clear and detailed picture of their current and future capacity to respond to their child/ren's needs, well supported by appropriate evidence.	17	15
	100 (n=90)	100 (n=84)

14. To what extent does the assessment provide an adequate account of the family history and functioning

Assessment Guide	Intervention	Control
The assessment fails to provide an adequate (clear and detailed) picture of family functioning, both past and present, well supported by appropriate evidence. This may be **EITHER** because there is no historical perspective **OR** because there are important gaps **OR** because the supporting evidence is absent or very weak.	41	40
The assessment provides *some* information about family functioning, past and/or present, supported by appropriate evidence. Some areas are **not adequately** covered.	40	50
The assessment provides an adequately clear and detailed picture of family functioning past and/or present, supported by appropriate evidence. No gaps apparent.	19	10
	100 (n=90)	100 (n=84)

15. To what extent does the assessment provide an adequate account of relevant environmental factors?

Assessment Guide	Intervention	Control
The assessment has not adequately considered environmental factors relevant to this family/referral EITHER because it has considered few or none of the relevant areas OR has done so in way that is perfunctory and contributes little information.	17	10
The assessment demonstrates some consideration of environmental factors relevant to this family/referral, but there appear to be are some gaps OR it is very 'thin'.	37	43
The assessment demonstrates in-depth consideration of all environmental factors relevant to this family/referral. No gaps apparent.	47	48
	100 (n=90)	100 (n=84)

16. To what extent does the assessment make reference to strengths as well as difficulties or weaknesses in the Assessment?

Assessment Guide	Intervention	Control
The assessment fails to identify strengths and how these benefit the child(ren)	11	12
The assessment identifies strengths but does not make any links between these and benefits to the child(ren).	73	67
The assessment gives due consideration to strengths and how these benefit the child(ren).	16	21
	100 (n=90)	100 (n=84)

. Does the assessment include a statement about what information relevant to the referral/concerns, if any, is missing or not well understood?

Assessment Guide	Intervention	Control
The assessment does not includes a statement indicating information that is unknown, unavailable or, as yet, not well understood.	44	44
The assessment includes a statement indicating information that is unknown, unavailable or, as yet, not well understood.	51	45
There is no statement about unknown information and this is appropriate, either because there are no gaps, or because of the nature of the referral and/or concerns.	4	11
	100 (n=90)	100 (n=84)

. Does the assessment identify (or present hypotheses about) relationships between family and environmental factors, parenting capacity and the child's development, including the risk of significant harm?

Assessment Guide	Intervention	Control
The assessment does not present hypotheses about the relationships between family and environmental factors, parenting capacity and the child's development, including the risk of significant harm.	59	52
The assessment presents hypotheses about the relationships between family and environmental factors, parenting capacity and the child's development, including the risk of significant harm.	38	44
Not relevant to this assessment, given other information.	3	4
	100 (n=90)	100 (n=84)

19. To what extent does the assessment provide an hypothesis about how the author believes the situation in the family has come about, what factors are maintaining it or preventing the resolution of problems?

Assessment Guide	Intervention	Control
The assessment contains no theory or hypothesis as to how things have come about.	36	32
The assessment sets out what the social workers thinks the problems are, but there is ***either*** no detail as to how these are thought to have come about ***and/or*** what factors are maintaining them, ***or*** they are presented in ways that do not easily lend themselves to falsification if wrong.	49	52
The assessment that makes explicit what the social worker thinks the problems are, how these have come about, and what factors are maintaining them. These are set out in ways that it would be easy to 'falsify'.	13	10
Not relevant to this assessment, given other information.	2	6
	100 (n=90)	100 (n=84)

20. Is there evidence that, in reaching their conclusions / hypothesis as to how things have come about, the author considered other, plausible explanations?

Assessment Guide	Intervention	Control
The assessment provides no evidence that the social worker considered alternative theories that might explain how the present situation has come about, and no reason/evidence for the hypotheses being proposed.	12	15
The assessment provides no evidence that the social worker considered alternative theories that might explain how the present situation has come about, but s/he provides reasons why/evidence for the hypotheses being proposed.	22	25
The assessment provides evidence that the social worker considered alternative theories that might explain how the present situation has come about, and has provided reasons why s/he favours the one put forward.	0	4
There was no theory/analysis as to how the current situation came about, therefore not relevant	63	52
Not relevant to this assessment, given other information.	2	4
	100 (n=90)	100 (n=84)

21. Does the assessment make clear what the consequences (outcomes) will be for the child's development if no action is taken?

Assessment Guide	Intervention	Control
No, the assessment includes no section/statement on what the likely consequences will be for the child's development if no action is taken.	54	56
Yes, the assessment includes a section/statement on what the likely consequences will be for the child's development if no action is taken.	20	23
Not relevant to this assessment, given other information.	26	21
	100 (n=90)	100 (n=84)

22. Does the assessment make clear what the likelihood is of (repeat or ongoing) maltreatment/neglect if no action is taken?

Assessment Guide	Intervention	Control
No, the assessment fails to make clear what the likelihood is of (repeat) maltreatment if no action is taken.	49	51
Yes, the assessment make clear what the likelihood is of (repeat) maltreatment if no action is taken	20	21
Not relevant to this assessment, given other information	31	27
	100 (n=90)	100 (n=84)

23. Does the assessment make clear the changes required in the child's care to make them safe?

Assessment Guide	Intervention	Control
No, the assessment fails to makes clear the changes required in the child's care to make them safe.	28	30
Yes, the assessment makes clear the changes required in the child's care to make them safe.	43	40
Not relevant to this assessment, given other information.	29	30
	100 (n=90)	100 (n=84)

24. Does the assessment make clear the changes required in the child's care to provide them with adequate parenting?

Assessment Guide	Treatment	Control
No, the assessment fails to makes clear the changes required in the child's care to provide them with adequate parenting	23	31
Yes, the assessment makes clear the changes required in the child's care to provide them with adequate parenting	48	36
Not relevant to this assessment, given other information.	29	33
	100 (n=90)	100 (n=84)

25. Does the assessment provide evidence of the parents' strength of commitment to the child?

Assessment Guide	Intervention	Control
No, the assessment does not provide evidence of the parents' strength of that commitment to the child.	29	14
Yes, the assessment provides evidence of the parents' strength of that commitment to the child.	24	33
Evidence of the parents' strength of commitment (or lack of it) is available within the assessment, but this is not articulated by the responsible social worker.	24	35
Not relevant to this assessment, given other information.	20	15
	100 (n=90)	100 (n=84)

26. Does the assessment indicate whether or not the parents' accept responsibility for their role in the concerns regarding the child's safety and wellbeing?

Assessment Guide	Intervention	Control
No, the assessment does not indicate whether or not the parents' accept responsibility for their role in the concerns regarding the child's safety and wellbeing	32	13
Yes, the assessment indicates whether or not the parents' accept responsibility for their role in the concerns regarding the child's safety and wellbeing	22	38
The evidence for or against the parents' acceptance of responsibility is available within the assessment, but this is never articulated by the responsible social worker	22	25
Not relevant to this assessment, given other information.	23	24
	100 (n=90)	100 (n=84)

27. Does the assessment make clear the parents' capacity to change?

Assessment Guide	Intervention	Control
No, the assessment fails to indicate the parents' capacity to change	43	33
Yes, the assessment clearly indicates the parents' capacity to change i.e. this is articulated by the author.	6	7
The assessment contains evidence of the parents' capacity to change (or its absence) but this is not articulated by the responsible social worker.	26	30
Not relevant to this assessment	26	30
	100 (n=90)	100 (n=84)

28. Does the assessment provide the evidence on which judgements about the parents' motivation and/or capacity to change have been made?

Assessment Guide	Intervention	Control
No, the assessment fails to provide the evidence on which judgements about the parents' motivation and/or capacity to change have been made	1	0
Yes, the assessment provides the evidence on which judgements about the parents' motivation and/or capacity to change have been made	4	12
N/A – there is no articulated assessment of the parents' motivation and/or capacity to change.	68	60
N/A - the issue is not primarily about the parents' capacity to change (if at all).	27	29
	100 (n=90)	100 (n=84)

29. Does the assessment clearly indicate the parents' preparedness to engage with professionals in bringing about the changes needed?

Assessment Guide	Intervention	Control
No, the assessment fails to clearly articulate the parents' preparedness to engage with professionals in bringing about the changes needed	22	14
Yes, the assessment clearly articulates the parents' preparedness to engage with professionals in bringing about the changes needed, with supporting evidence.	49	45
The assessment reports a parent's stated willingness to engage with professionals but there is no evidence to support this, or the evidence clearly contradicts this	2	14
Not relevant to this assessment – changes not required	27	26
	100 (n=90)	100 (n=84)

30. Does the assessment outline changes needed in environmental factors (e.g. housing, employment, income, family's social integration, resources in community) **to bring about the changes?**

Assessment Guide	Intervention	Control
No, the assessment does not outline changes needed in environmental factors to bring about the changes required?	12	11
Yes, the assessment outlines changes needed in environmental factors to bring about the changes required?	46	48
Information in the assessment indicates changes required, but these are not articulated by the social worker.	8	6
Not relevant to this assessment – changes not required	34	36
	100 (n=90)	100 (n=84)

31. Does the assessment outline changes needed in other family factors (e.g. factors from parent's childhood, learning difficulties, management of conflict, current relationships) **to bring about the changes required in the parents?**

Assessment Guide	Intervention	Control
No, the assessment does not outline changes needed in other family factors to bring about the changes required in the parents?	19	15
Yes, the assessment outlines changes needed in other family factors to bring about the changes required in the parents?	31	39
Information in the assessment indicates changes that might be required to bring about changes, but these are not articulated by the social worker.	20	17
Not relevant to this assessment – changes not required	30	29
	100 (n=90)	100 (n=84)

32. Does the assessment make clear recommendations about the interventions /services needed to bring about the changes required in the parents/carers or other systems?

Assessment Guide	Intervention	Control
No, the assessment fails to makes clear recommendations about the interventions/services needed to bring about the changes required	23	23
Yes, the assessment makes clear recommendations about the interventions/services needed to bring about the changes required	57	51
N/A – changes in parents / other systems not required	4	1
N/A – recommendation is for case to be closed	26	25
	100 (n=90)	100 (n=84)

33. Does the assessment make clear how the recommended interventions/services will address the problems identified

Assessment Guide	Intervention	Control
No, the assessment fails to make clear how the recommended interventions/services will address the problems identified	31	31
Yes, the assessment makes clear how the recommended interventions/services will address the problems identified	27	33
N/A – no recommendations made or required	17	11
N/A – recommendation is for case to be closed	26	25
	100 (n=90)	100 (n=84)

34. Does the assessment include an estimate of overall prospects of successful intervention?

Assessment Guide	Intervention	Control
No, the assessment fails to include an estimate of the prospects of successful intervention	59	63
Yes, the assessment includes an estimate of the prospects of successful intervention	1	1
NA – no interventions identified	40	36

35. Does the estimate of success include an estimate of how long it will take to bring about the required changes?

Assessment Guide	Intervention	Control
No, the assessment does not include an estimate of how long it will take to bring about the required changes	66	61
Yes, the assessment includes an estimate of how long it will take to bring about the required changes	1	4
Not applicable – no changes identified	33	36
	100 (n=90)	100 (n=84)

36. Is there evidence that the recommendations made take appropriate account of the child's age and stage of development?

Assessment Guide	Intervention	Control
No, there is no evidence that the recommendations take appropriate account of the child's age and stage of development	33	23
Yes, there is evidence that the recommendations take appropriate account of the child's age and stage of development?	30	43
N/A – no recommendations made	11	11
N/A – case closed.	26	24
	100 (n=90)	100 (n=84)

37. Does the assessment separately consider the needs of the child for therapeutic intervention/s to address the consequences of maltreatment or mental health needs, broadly defined?

Assessment Guide	Intervention	Control
No, the assessment fails separately consider the needs of the child for therapeutic interventions?	34	31
Yes, the assessment separately considers the needs of the child for therapeutic interventions (including making clear that therapeutic intervention is not required)?	26	24
No, but not relevant to this assessment	40	45
	100 (n=90)	100 (n=84)

38. Does the assessment make clear the why any therapeutic services/intervention identified for the child are appropriate?

Assessment Guide	Intervention	Control
No, the assessment does not make clear why any therapeutic services/interventions identified for the child are appropriate?	12	7
Yes, the assessment makes clear why any therapeutic services/interventions identified for the child are appropriate?	14	18
Not applicable, there is no consideration of the child for therapeutic interventions	73	75
	100 (n=90)	100 (n=84)

39. Does the assessment set clear, measureable (SMART) goals to enable the monitoring of the effectiveness of each intervention/service?

Assessment Guide	Intervention	Control
No, the assessment fails to set clear, measurable (SMART) goals to enable the monitoring of the effectiveness of each intervention/service?	40	35
Yes, the assessment sets clear, measurable (SMART) goals to enable the monitoring of the effectiveness of each intervention/service?	12	15
N/A No goals set	19	21
Not relevant – case closed	24	21
	100 (n=90)	100 (n=84)

40. Does the assessment set out a means of assessing the effectiveness of the plan/service in securing improved outcomes for the child(ren)?

Is there a mechanism or process for monitoring progress e.g. who is responsible, what data will be collected etc.

Assessment Guide	Intervention	Control
No, the assessment fails to set out a means of assessing the effectiveness of the plan/service in securing improved outcomes for the child.	48	41
Yes, the assessment sets out a means of assessing the effectiveness of the plan/service in securing improved outcomes for the child?	3	11
N/A no plan made/no goals set.	22	24
Not relevant – case closed	27	25
	100 (n=90)	100 (n=84)

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