



Government of **Western Australia**  
Department for **Child Protection**

# **A REPORT ON THE 2010 SIGNS OF SAFETY SURVEY**

**INFORMATION, RESEARCH AND EVALUATION**

**August 2010**

## TABLE OF CONTENTS

EXECUTIVE SUMMARY .....	i
BACKGROUND AND OBJECTIVES .....	1
RESEARCH METHOD .....	2
SAMPLE .....	2
DATA ANALYSIS .....	2
STATISTICAL SIGNIFICANCE .....	3
SAMPLE CHARACTERISTICS .....	3
KEY FINDINGS .....	4
TRAINING .....	4
USE OF THE SIGNS OF SAFETY CHILD PROTECTION PRACTICE FRAMEWORK .....	5
Use of Signs of Safety in the last three months.....	5
Uptake of specific aspects of the Signs of Safety framework in the last three months.....	6
CONFIDENCE IN THE USE OF SIGNS OF SAFETY .....	7
Levels of confidence.....	7
Factors affecting confidence in the use of Signs of Safety.....	8
Factors considered to increase confidence.....	9
Levels of confidence versus the number of training sessions attended .....	10
USEFULNESS OF THE SIGNS OF SAFETY FRAMEWORK IN DECISION-MAKING REGARDING THE SAFETY AND WELLBEING OF CHILDREN .....	10
PERCEIVED DIFFERENCE THAT THE USE OF SIGNS OF SAFETY HAS MADE TO PRACTICE .....	11
STAFF CONCERNS IN THEIR APPLICATION OF THE SIGNS OF SAFETY FRAMEWORK	12
PERCEIVED OUTCOMES FOR CLIENTS .....	13
THE EFFECT OF THE IMPLEMENTATION OF SIGNS OF SAFETY ON JOB SATISFACTION.....	13
FURTHER FEEDBACK .....	14
CONCLUSION .....	15
APPENDIX ONE - THE QUESTIONNAIRE.....	16

## EXECUTIVE SUMMARY

### Background and Objectives

A key part of the Department for Child Protection's reform agenda, based on the Ford Review, was to adopt and implement Signs of Safety as the basis of a consistent, evidence-based child protection practice framework across its services. The Signs of Safety Child Protection Practice Framework was introduced in mid 2008 with a five-year project plan. Evaluation of the implementation of the framework is through the conduct of surveys and the recording and dissemination of exemplary practice (including detailed qualitative descriptions of practice such as videoed examples using appreciative inquiry). This report presents the results from the 2010 Signs of Safety Survey.

The overall aim of the survey was to determine the impact of the implementation of the Signs of Safety Child Protection Practice Framework on service delivery staff.

The objectives of the survey were to:

- Determine what is working well in the application of the Signs of Safety Child Protection Practice Framework.
- Identify any concerns that staff may have when using the framework.
- Work out what needs to happen to ensure departmental staff are confident when using the framework to assess risk and promote the safety and wellbeing of children.

### Research Method and Sample Characteristics

The survey was conducted on-line via SharePoint (the Department's web-based shared workspace). The target group for the survey was all staff in service delivery roles.

The survey opened on Monday 22 March 2010 (with the first invitation to participate) and closed on Friday 21 May 2010. Several strategies were put in place to encourage participation including reminder e-mails to staff, announcements via *News of the Day* and voluntary entry into a prize draw to win a book voucher.

From the 1460 invitations sent to staff, there were a total of 251 responses, representing an approximate 17% response rate.

- The majority of staff worked in the metropolitan area (64%).
- The largest group of staff to respond to the survey were Caseworkers and Senior Field Workers (34% and 21% respectively) which is likely to be reflective of this being the largest population of service delivery staff in the Department.
- Fifty-nine percent of staff had worked for the Department for three years or less, one in five between four to six years and the same proportion for seven years or more.

### Key Findings

Half of the staff (49%) had attended one training session only, with the two day introduction course being the most popular. Just over one fifth (22%) had attended two training sessions, followed by three training sessions (13%) and four training sessions (2%). Twelve percent of staff had not attended any training at all.

In the three months prior to the survey, Signs of Safety had most commonly been used in relation to intake and assessment and investigations (both at 47%) followed

by care planning (32%), case reviews (26%), reunification (26%) and supervision (21%). The framework had also been applied to carer reviews, carer assessments, abuse in care and quarterly reviews but to a lesser extent. Nine percent of staff had not used Signs of Safety in the last three months.

Uptake of specific aspects of the Signs of Safety framework (prompted) was reasonable across the board with the exception of 'developed a Words and Pictures document' with only 5% of staff stating that they had done this in the previous three months. Eleven percent of staff had not used any of the specific aspects of the framework.

While the majority of staff are confident ('very' or 'somewhat') in participating in a Signs of Safety meeting, they are less so when it comes to facilitating a meeting, particularly when other agencies are in attendance. With regard to the use of specific aspects of the framework, confidence is fairly high for use of the Three Houses (or equivalent) and safety planning (both at 70%) but low for developing a Words and Pictures document (32%).

Practice (86%), training (79%) and colleagues (61%) were the top three factors affecting confidence in the use of Signs of Safety. Around a third of staff mentioned Senior Practice Development Officer, Team Leader, local learning activity and feedback from parents. Factors having less impact on confidence were supervision, Practice Leader Facilitator and Practice Leader.

Practice and training were also the most frequently mentioned factors considered to increase confidence (at 44% and 35% respectively). A small number of staff (3%) already feel confident in their use of Signs of Safety.

The majority of staff (88%) found the Signs of Safety framework to be 'very useful' or 'somewhat useful' in their decision-making regarding the safety and wellbeing of children (fifty-seven percent found the framework 'very useful'). Only 2% of staff rated the framework as 'not very useful'. Comments in relation to usefulness of the framework included: 'provides a clear picture/direction/record' (26%) 'family/parents' input is recognised' (10%), 'not helpful/impedes practice' (6%) and 'not enough experience with the framework' (5%).

The majority of staff (80%) stated that Signs of Safety has made a 'very positive difference' or 'somewhat positive difference' to their practice (thirty-five percent stated that it had made a 'very positive difference'). Only 1% of staff stated that Signs of Safety has made a 'somewhat negative difference' or 'very negative difference'. One in ten staff remained neutral on this point, stating that that it had made neither a negative nor positive difference.

Responses to what staff are most worried about in their application of the Signs of Safety framework were varied and included concerns relating to themselves as well as other staff. The biggest concern (although only 11%) related to the framework 'not being used properly/to its best advantage/inconsistent use'. Fourteen percent of staff had no concerns.

In the main, staff believe that with Signs of Safety there have been positive outcomes for clients with three measures ('clearer goals to work towards', 'opportunity to have their say' and 'involved in decision-making') at 70% or above and three ('more collaborative, 'better understanding of the impact of harm' and 'better relationship with the Department') between 50 and 65 percent. Fewer staff believed that clients

are 'more likely to accept family centred support' (38%) and 'less likely to return as a Concern for a Child's Wellbeing (CCW)' (15%). Only 1% of staff stated that there had been no change for clients.

Almost two thirds of staff (64%) stated that using Signs of Safety has made their job satisfaction 'greatly increase' or 'somewhat increase' (twenty-two percent stated that using Signs of Safety has made their job satisfaction 'greatly increase'). Only 2% of staff stated that Signs of Safety has made their job satisfaction 'greatly decrease' or 'somewhat decrease'. One in four staff remained neutral on this point, stating that that it has neither increased nor decreased their job satisfaction.

The following statistically significant differences were found based on comparisons by location (metropolitan versus country/remote) and length of time with the Department (three years or less versus four years or more):

- More staff in country/remote areas had attended one training session only compared to their metropolitan counterparts (58% versus 45%).
- More metropolitan (28%) than country/remote staff (15%) had used Signs of Safety in only one way. At the other end of the range of use, more country/remote than metropolitan staff had used Signs of Safety in five or more ways (21% versus 11% respectively).
- Use of Signs of Safety in five or more ways was significantly higher among staff who had been with the Department for four years or more (23%) than those three years or less (9%).
- Uptake of only one specific aspect of the framework was higher among metropolitan than country/remote staff (21% versus 7%).
- Country/remote staff consistently showed higher levels of confidence than staff in the metropolitan area in facilitating a Signs of Safety Meeting.
- Country/remote staff showed higher levels of confidence than metropolitan staff in 'using the Three Houses or equivalent' (78% versus 66% respectively).
- Staff who had been with the Department for four years or more were more confident than those three years or less in participating in meetings with other agencies (87% versus 77% respectively).

In general, there was a gradual increase in confidence in relation to facilitating or participating in Signs of Safety meetings the more training sessions staff had attended although this increase was much less marked in relation to participating in meetings with confidence levels already high. A similar pattern occurs in relation to uptake of specific aspects of the framework, with the exception of 'developing a Words and Pictures document' where there is very little difference in the level of confidence dependent upon the number of training sessions attended.

## **Conclusion**

Overall, the results are very positive and indicate widespread support for the application of the Signs of Safety framework in case practice on the part of service delivery staff surveyed. Further insights on the impact of the implementation of Signs of Safety could be gained if the survey were repeated at the conclusion of the five-year plan.

## BACKGROUND AND OBJECTIVES

A key part of the Department for Child Protection's reform agenda, based on the Ford Review, was to adopt and implement Signs of Safety as the basis of a consistent, evidence-based child protection practice framework across its services. The Signs of Safety Child Protection Practice Framework was introduced in mid 2008 with a five-year project plan.

The Signs of Safety approach originated from work with departmental child protection practitioners in the early 1990s. It has subsequently been developed further through work with a number of international jurisdictions, most extensively Olmsted County in Minnesota in the USA, but also the United Kingdom, New Zealand and Canada. Data from Olmsted County indicate reduced numbers of children in care and a reduced re-substantiation rate.

With a rigorous but streamlined assessment of the safety of children, the framework (based on the Signs of Safety risk assessment approach) promotes case practice that demands more engagement with families where there are safety concerns and provides the families with more opportunity to work with the Department and other community services to build demonstrable safety measures around the children.

Collaboration with partner agencies is a key feature of the framework and has increased with agencies such as the Children's Court, King Edward Memorial Hospital, regional child and community health services, Aboriginal community controlled health organisations, local mental health services and drug and alcohol services.

Evaluation of the implementation of the Signs of Safety Child Protection Practice Framework is through the conduct of surveys and the recording and dissemination of exemplary practice (including detailed qualitative descriptions of practice such as videoed examples using appreciative inquiry).

This report presents the results from the 2010 Signs of Safety Survey.

The **overall aim of the survey** was to determine the impact of the implementation of the Signs of Safety Child Protection Practice Framework (also referred to within this report as the Signs of Safety framework or simply Signs of Safety) on service delivery staff.

The **objectives of the survey** were to:

- Determine what is working well in the application of the Signs of Safety Child Protection Practice Framework.
- Identify any concerns that staff may have when using the framework.
- Work out what needs to happen to ensure departmental staff are confident when using the framework to assess risk and promote the safety and wellbeing of children.

The **specific information objectives** of the survey were to gather data covering:

- Knowledge staff have of Signs of Safety.
- The extent to which they have applied Signs of Safety.
- Their skills and confidence in using Signs of Safety.
- How useful it is in their casework.
- Whether it has impacted their casework.
- The outcomes they believe it has had for clients.
- Whether Signs of Safety has affected their job satisfaction.

## RESEARCH METHOD

The survey was conducted on-line via SharePoint (the Department's web-based shared workspace).

The questionnaire (at Appendix One) was developed by the Director Case Practice and the Senior Practice Development Officer working on the Signs of Safety project in consultation with Information, Research and Evaluation. The Signs of Safety Steering Committee also provided input and endorsed the questionnaire.

The questionnaire took approximately 10 minutes to complete.

The target group for the survey was all staff in service delivery roles. A list was generated by Human Resources and further refined by staff in Information, Research and Evaluation in consultation with the Senior Practice Development Officer. The resulting target group comprised 1460 staff. Invitations to participate were then sent via e-mail.

The survey opened on Monday 22 March 2010 (with the first invitation to participate) and closed on Friday 21 May 2010.

Several strategies were put in place to encourage participation. These were:

- A reminder e-mail to staff on Wednesday 21 April 2010.
- Three announcements via *News of the Day* on the Department's intranet homepage on Monday 1 March, Wednesday 14 April and Thursday 20 May 2010.
- Mention in an article in the 24 March 2010 edition of the Department's newsletter, *Looking Forward*.
- An incentive of voluntary entry into a draw to win a \$100 Dymocks book voucher.

## SAMPLE

From the 1460 invitations sent to staff, there were a total of 251 responses, representing an approximate 17% response rate.

## DATA ANALYSIS

The results were exported from SharePoint to Excel for analysis. Code frames were developed for the five 'specify your own value' categories and five open-ended questions with responses grouped under common themes. There are instances where the percentage of respondents in particular categories is very low (less than 5%). This is to demonstrate the varied nature of responses rather than have a high percentage recorded under 'other'. Caution should be exercised in the interpretation of these results.

Further analysis was conducted through a series of crosstabs which explored:

- The number of training sessions attended, use of Signs of Safety, level of confidence, usefulness of the framework, the difference made to practice and impact on job satisfaction by location<sup>1</sup> and length of time with the Department (three years or less versus four years or more<sup>2</sup>); and
- Level of confidence by the number of training sessions attended.

Comparisons between groups are drawn where statistically significant.

---

<sup>1</sup> As the sample cell of staff in remote areas was only 11, for analysis purposes these were added to the country sample. Comparisons were drawn between staff in the metropolitan area (n=160) versus country/remote (n=91).

<sup>2</sup> Three years or less (n=149), four years or more (n=102).

## STATISTICAL SIGNIFICANCE

Statistical significance is reported at the 95% confidence level.

A result is statistically significant if the difference between it and another result is large enough to make the possibility of sampling error low. In this study, a t-test with a 95% confidence level has been used, which means that in 95 cases out of 100, the difference in results reflect a 'real' difference rather than being a function of sampling error. The larger the sample size, the smaller the difference required, for the result to be statistically significant.

## SAMPLE CHARACTERISTICS

The total sample of 251 respondents (hereafter referred to as 'staff') is further broken down by location, current role and length of time with DCP in Table 1 below. In summary:

- The majority of staff worked in the metropolitan area (64%).
- The largest group of staff to respond to the survey were Caseworkers and Senior Field Workers (34% and 21% respectively) which is likely to be reflective of this being the largest population of service delivery staff in the Department.
- Fifty-nine percent of staff had worked for the Department for three years or less, one in five between four to six years and the same proportion for seven years or more.

Table 1: Sample Characteristics

<b>Characteristic</b>	<b>N=251 %</b>
<b><i>Location</i></b>	
Metro	64
Country	32
Remote	4
<b><i>Current Role</i></b>	
District Director	2
Practice Leader	4
Team Leader	10
Senior Field Worker	21
Senior Practice Development Officer	4
Caseworker	34
Senior Officer Care Services	5
Aboriginal Practice Leader	3
Psychology Services	2
Legal Practice Services	2
Other	13
<b><i>Length of time with DCP</i></b>	
Less than 1 year	16
Between 1-3 years	43
Between 4-6 years	20
Between 7-10 years	7
More than 10 years	14

## KEY FINDINGS

### TRAINING

Table 2 shows the types (and combinations) of Signs of Safety training attended, from single training session attendance through to a maximum of four sessions. Half of the staff (49%) had attended one training session only, with the two day introduction course being the most popular. Just over one fifth (22%) had attended two training sessions, followed by three training sessions (13%) and four training sessions (2%).

More staff in country/remote areas had attended one training session only compared to their metropolitan counterparts (58% versus 45%).

No statistically significant differences were found through an analysis of training attended by length of time staff had been with the Department.

Twelve percent of staff had not attended any training at all.

Table 2: Signs of Safety training attended

Type of training attended	N=251 %
<b><i>Single training session attendance</i></b>	
2 day introduction	34
5 day workshop	9
District based learning	4
Half day skills development workshop	2
<b>Total</b>	<b>49</b>
<b><i>Two training sessions attended</i></b>	
2 day introduction, district based learning	14
2 day introduction, half day skills development workshop	3
5 day workshop, half day skills development workshop	2
5 day workshop, district based learning	1
Half day skills development workshop, district based learning	1
5 day workshop, 2 day introduction	1
<b>Total</b>	<b>22</b>
<b><i>Three training sessions attended</i></b>	
2 day introduction, half day skills development workshop, district based learning	8
5 day workshop, 2 day introduction, district based learning	4
5 day workshop, 2 day introduction, half day skills development workshop	1
5 day workshop, half day skills development workshop, district based learning	>1
<b>Total</b>	<b>13</b>
<b><i>Four training sessions attended</i></b>	
5 day workshop, 2 day introduction, half day skills development workshop, district based learning	2
<b>Total</b>	<b>2</b>
No training attended	12

Further analysis of the group who had not attended training (n=31 or 12%) showed the following:

- Ten staff members had not attended training and had not used Signs of Safety in the last three months.
- One staff member had not attended training and had not used Signs of Safety in the last three months as it was not required in their role.
- Twenty staff members had not attended training but had used Signs of Safety in the last three months with intake and assessment being the most frequent circumstance in which it was used. Other examples of use were reunification, care planning, case reviews, carer reviews, carer assessments and investigations.

## **USE OF THE SIGNS OF SAFETY CHILD PROTECTION PRACTICE FRAMEWORK**

### **Use of Signs of Safety in the last three months**

In the three months prior to the survey, Signs of Safety had most commonly been used in relation to intake and assessment and investigations (both at 47%) followed by care planning (32%), case reviews (26%), reunification (26%) and supervision (21%). The framework had also been applied to carer reviews, carer assessments, abuse in care and quarterly reviews but to a lesser extent.

As well as being prompted with a list of ways in which the framework may have been used, staff were able to specify their own answer. These included 'case consultation/mentoring/training' and 'pre-birth planning/pre-hearing conferences'.

Further analysis was conducted to reflect how many ways staff had used Signs of Safety from one through to five or more. Results are as follows:

<u>Number of ways used</u>	<u>% staff</u>
One	23
Two	27
Three	15
Four	12
Five or more	15

More metropolitan (28%) than country/remote staff (15%) had used Signs of Safety in only one way. At the other end of the range of use, more country/remote than metropolitan staff had used Signs of Safety in five or more ways (21% versus 11% respectively).

Use of Signs of Safety in five or more ways was significantly higher among staff who had been with the Department for four years or more (23%) than those three years or less (9%).

Nine percent of staff had not used Signs of Safety in the last three months.

Table 3: Use of Signs of Safety in the last 3 months

Type of use	N=251 %
<b>Prompted</b>	
Intake and assessment	47
Investigations	47
Care planning	32
Case reviews	26
Reunification	26
Supervision	21
Carer reviews	13
Carer assessments	12
Abuse in care	10
Quarterly reviews	8
<b>Unprompted</b>	
Case consultation/mentoring/training	5
Pre-birth planning/pre-hearing conferences	2
Safety planning	2
Other	10
Not applicable/not required in current role	1
Have not used Signs of Safety in the last 3 months	9

Further analysis of the group who had not used Signs of Safety in the last three months (n=23 or 9%) showed that thirteen had attended training as follows:

- Two day introduction (n=8)
- Five day workshop (n=2)
- Half day skills development workshop (n=1)
- Two day introduction and half day skills development workshop (n=1)
- District based learning (n=1)

### **Uptake of specific aspects of the Signs of Safety framework in the last three months**

Uptake of specific aspects of the Signs of Safety framework (prompted) was reasonable across the board with the exception of 'developed a Words and Pictures document' with only 5% of staff stating that they had done this in the previous three months.

Unprompted responses included 'attended meetings' and 'led training/used in training exercises'.

Further analysis was conducted to reflect the number of specific aspects of the framework that staff had used from one through to five or more. Results are as follows:

<u>Specific aspects used</u>	<u>% staff</u>
One	16
Two	22
Three	24
Four	15
Five or more	13

Uptake of only one specific aspect of the framework was higher among metropolitan than country/remote staff (21% versus 7%).

There were no statistically significant differences based on length of time with the Department.

Eleven percent of staff had not used any of the specific aspects of the framework.

Table 4: Uptake of specific aspects of the Signs of Safety framework in the last 3 months

Type of use	N=251 %
<b>Prompted</b>	
Used the Signs of Safety Assessment and Planning Form	57
Developed a Safety Plan	55
Mapped a case within your team	49
Used the Three Houses or equivalent with a child	42
Mapped a case with a family	40
Developed a Words and Pictures document	5
<b>Unprompted</b>	
Attended meetings (community/strategy)	2
Led training/used in training exercises	1
Pre-hearing conference	1
Other	8
None	11

### CONFIDENCE IN THE USE OF SIGNS OF SAFETY

Confidence in the use of Signs of Safety was explored in three ways:

- How confident staff felt in different scenarios;
- What helps staff to feel confident; and
- What would help staff to feel more confident.

### Levels of confidence

Table 5 shows the results based on a combined 'confidence' measure, that is, all staff whose rating of four or five on the scale showed that they were 'very confident' or 'somewhat confident'. It is clear that while the majority of staff are confident in participating in a Signs of Safety meeting, they are less so when it comes to facilitating a meeting, particularly when other agencies are in attendance. With regard to the use of specific aspects of the framework, confidence is fairly high for use of the Three Houses (or equivalent) and safety planning (both at 70%) but low for developing a Words and Pictures document (32%). The latter is not unexpected given the 5% uptake discussed earlier.

Table 5: Levels of confidence

<b>'Very confident' or 'somewhat confident' in.....</b>	<b>N=251 %</b>
<b>FACILITATING a Signs of Safety Meeting</b>	
With DCP staff only	53
With parents	52
With other agencies	43
<b>PARTICIPATING in a Signs of Safety Meeting</b>	
With DCP staff only	88
With parents	85
With other agencies	81
<b>SPECIFIC ASPECTS of the Signs of Safety Child Protection Practice Framework</b>	
Using the Three Houses (or equivalent)	70
Developing a Words and Pictures document	32
Safety planning	70

Country/remote staff consistently showed higher levels of confidence than staff in the metropolitan area in facilitating a Signs of Safety Meeting as follows:

<u>'Very' or 'somewhat' confident in facilitating a Signs of Safety Meeting</u>	<u>Metropolitan staff %</u>	<u>Country/remote staff %</u>
With DCP staff only	48	62
With parents	46	63
With other agencies	38	53

Results between the two groups were very similar in regard to confidence in participating in Signs of Safety meetings and likewise for uptake of specific aspects, with the exception of 'using the Three Houses (or equivalent)' where country/remote staff showed higher levels of confidence than metropolitan staff (78% versus 66% respectively).

Staff who had been with the Department for four years or more were more confident than those three years or less in participating in meetings with other agencies (87% versus 77% respectively). Results between the two groups in regard to facilitating meetings were very similar.

There were no statistically significant differences in the uptake of specific aspects of the Signs of Safety framework based on length of time with the Department.

### **Factors affecting confidence in the use of Signs of Safety**

Practice (86%), training (79%) and colleagues (61%) were the top three factors affecting confidence in the use of Signs of Safety. Around a third of staff mentioned Senior Practice Development Officer, Team Leader, local learning activity and feedback from parents. Factors having less impact on confidence were supervision, Practice Leader Facilitator and Practice Leader.

A small number of staff mentioned other factors such as 'feedback from staff and other agencies', 'observation of other staff' and their own 'study/research' as having an impact on confidence.

Table 6: Factors affecting confidence

<b>Factors affecting confidence</b>	<b>N=251 %</b>
<b><i>Prompted</i></b>	
Practice	86
Training	79
Colleagues	61
Senior Practice Development Officer	39
Team Leader	38
Local learning activity	35
Feedback (parents)	32
Supervision	24
Practice Leader Facilitator	19
Practice Leader	16
<b><i>Unprompted</i></b>	
Feedback (staff/other agencies)	2
Observation of other staff	1
Study/research	1
Other	4
Not applicable	2

### Factors considered to increase confidence

Staff were asked to suggest what would help them to feel more confident. It is not unexpected, given the focus on practice and training as being factors affecting confidence in the previous question, that these two were also the most frequently mentioned factors considered to increase confidence (at 44% and 35% respectively). Table 7 presents the range of responses.

It is encouraging to see that a small number of staff (3%) already feel confident.

Table 7: Factors considered to increase confidence

<b>Factors considered to increase confidence</b>	<b>N=251 %</b>
More practice/experience	44
More training (eg. general, in district, Practice Leader, practice development, with examples, refresher)	35
Discussion/reflection/feedback	9
More support/supervision	7
Observation of other practitioners/meetings	4
Specific training on different aspects of the framework (eg. Words and Pictures, Appreciative Inquiry, mapping, safety planning, harm and danger statements)	4
Training in facilitation	3
More case mapping experience	3
Opportunity to facilitate meetings	2
Other	8
Don't know/not applicable	4
Already feel confident	3

### **Levels of confidence versus the number of training sessions attended**

In general, there was a gradual increase in confidence ('very' or 'somewhat' confident) in relation to facilitating or participating in Signs of Safety meetings the more training sessions staff had attended although this increase was much less marked in relation to participating in meetings with confidence levels already high. A similar pattern occurs in relation to uptake of specific aspects of the framework, with the exception of 'developing a Words and Pictures document' where there is very little difference in the level of confidence dependent upon the number of training sessions attended. This result reflects the comparatively low levels of confidence around the use of this aspect of the framework per se (at 32%).

### **USEFULNESS OF THE SIGNS OF SAFETY FRAMEWORK IN DECISION-MAKING REGARDING THE SAFETY AND WELLBEING OF CHILDREN**

The majority of staff (88%) found the Signs of Safety framework to be 'very useful' or 'somewhat useful' in their decision-making regarding the safety and wellbeing of children (fifty-seven percent found the framework 'very useful'). Only 2% of staff rated the framework as 'not very useful'. The remaining 10% is made up (in order) of 'not applicable', 'neither' or 'don't know'.

Ratings ('very' or 'somewhat' useful) were very similar for staff both in terms of their location and length of time with the Department.

Following their rating of usefulness of the framework, staff were asked to provide additional comments in support of their answer. Table 8 presents the results according to positive, negative and neutral themes. One quarter of staff (26%) stated that the framework 'provides a clear picture/direction/record' and 10% that 'family/parents' input is recognised'. Negative comments included that there were circumstances where the framework is 'not helpful/impedes practice' (6%). Under the neutral category, five percent of staff expanded on their rating by saying that they did not have enough experience with the framework.

Table 8: Comments around usefulness of the Signs of Safety framework

<b>Comments around usefulness of the Signs of Safety framework</b>	<b>N=251 %</b>
<b>Positive</b>	
Provides a clear picture/direction/record	26
Family/parents' input is recognised	10
Aids decision-making (especially in complex cases)	8
Allows for views of <u>all</u> involved in a case	6
Families understand why there are concerns/DCP is involved	6
Open/transparent	6
Generally useful tool/improves practice	6
Simple/versatile/easy to use	5
Focus is on strengths/what is working well	5
Good when engaging children in the process	4
Good for building relationships	4
Useful for determining child safety/safety planning	4
Useful for mapping cases/getting a better understanding	3
Framework is understood/language is easy to understand	3
Useful assessment tool	2
Families understand what needs to be done/what needs to happen	2
Child focussed	2
Good when working with Indigenous families	1
<b>Negative</b>	
Circumstances where not helpful/impedes practice	6
Minimises some of the risks/concerns	2
Relies on the skill of the staff using it	2
Takes too long/tedious/repetitive	2
Does not accurately reflect cultural considerations/difficult to use with CaLD clients	2
<b>Neutral</b>	
Not enough experience with the framework	5
One of many tools used/useful as any other	4
Not completed the training	2
More training needed	2
<b>Other responses</b>	
Other	5
Not applicable	5
No further comment	2

### **PERCEIVED DIFFERENCE THAT THE USE OF SIGNS OF SAFETY HAS MADE TO PRACTICE**

The majority of staff (80%) stated that Signs of Safety has made a 'very positive difference' or 'somewhat positive difference' to their practice (thirty-five percent stated that it had made a 'very positive difference'). Only 1% of staff stated that Signs of Safety has made a 'somewhat negative difference' or 'very negative difference'. One in ten staff remained neutral on this point, stating that that it had made neither a negative nor positive difference. The remaining 9% is made up (in order) of 'not applicable' or 'don't know'.

Ratings ('very' or 'somewhat' positive difference) were very similar for staff both in terms of their location and length of time with the Department.

## STAFF CONCERNS IN THEIR APPLICATION OF THE SIGNS OF SAFETY FRAMEWORK

Responses to what staff are most worried about in their application of the Signs of Safety framework were varied and included concerns relating to themselves as well as other staff. The biggest concern (although only 11%) related to the framework 'not being used properly/to its best advantage/inconsistent use'.

Fourteen percent of staff had no concerns. Results are presented in Table 9 below.

Table 9: What staff are MOST worried about in their application of the Signs of Safety framework

<b>Staff are MOST worried about.....</b>	<b>N=251 %</b>
<b>Self</b>	
Lack of experience/knowledge/skills	8
Getting it right	7
Families/parents/children's lack of understanding	6
Lack of rigour/missing something crucial	5
Time taken to complete/not efficient/more paperwork	5
Not applicable to all areas of work/just a tool	5
Minimising risk/not recognising risk	4
Specific aspects/terminology (eg. Three Houses, harm and danger statements, Words and Pictures)	4
Not enough training	3
Families/parents/children not willing to engage	3
Facilitation/lack of facilitators	3
Other agencies' agendas	2
Misuse of scaling questions	2
Cultural issues (difficult to use with Indigenous/CaLD families)	1
Families not following through on agreed actions	1
Not using enough/no time	1
Breach of confidentiality/shared information increases risk	1
<b>Other staff</b>	
Not being used properly/to its best advantage/inconsistent use	11
Not being used across the board/lack of uptake by colleagues	2
Lack of understanding on the part of staff (eg. focus on tools without a clear understanding of principles and assumptions)	2
<b>Other responses</b>	
Other	10
Not applicable/do not use in my role	8
No concerns	14

## PERCEIVED OUTCOMES FOR CLIENTS

Staff were asked what outcomes they thought Signs of Safety has had for clients, with responses selected from a prompted list as well as the opportunity to include their own. Table 10 presents the results and indicates that in the main, staff believe that there have been positive outcomes for clients with three measures at 70% or above and three between 50 and 65 percent. Fewer staff believed that clients are 'more likely to accept family centred support' (38%) and 'less likely to return as a Concern for a Child's Wellbeing (CCW)' (15%). Only 1% of staff stated that there had been no change for clients.

Table 10: Perceived outcomes for clients

Perceived outcomes for clients	N=251 %
Clearer goals to work towards	76
Opportunity to have their say	75
Involved in decision-making	70
More collaborative	65
Better understanding of the impact of harm	55
Better relationship with the Department	54
More likely to accept family centred support	38
Less likely to return as a Concern for a Child's Wellbeing (CCW)	15
Other	9
Don't know/not applicable	4
No change	1

## THE EFFECT OF THE IMPLEMENTATION OF SIGNS OF SAFETY ON JOB SATISFACTION

Almost two thirds of staff (64%) stated that using Signs of Safety has made their job satisfaction 'greatly increase' or 'somewhat increase' (twenty-two percent stated that using Signs of Safety has made their job satisfaction 'greatly increase'). Only 2% of staff stated that Signs of Safety has made their job satisfaction 'greatly decrease' or 'somewhat decrease'. One in four staff (24%) remained neutral on this point, stating that that it has neither increased nor decreased their job satisfaction. The remaining 10% is made up (in order) of 'not applicable' or 'don't know'.

There was very little difference in staff ratings ('greatly' or 'somewhat' increase and 'neither increase nor decrease') based on staff location and length of time with the Department.

Following their rating on the effect using Signs of Safety has had on their job satisfaction, staff were asked to provide additional comments in support of their answer. Table 11 presents the results according to positive, negative and neutral themes. The most frequent response was 'family/parents' views are included/understand, they know what is expected' (14%). 'Clear direction/focus/roles clearer' and 'helpful tool/good base to work from/essential part of practice' were the next most frequent (both at 11%). Negative comments included that Signs of Safety is 'not applicable to all areas of work/just a tool/one tool among many others used' (4%). Under the neutral category, seven percent of staff expanded on their rating by saying that Signs of Safety was 'only part of what helps job satisfaction/does not greatly impact job satisfaction'.

Table 11: Comments on the affect of Signs of Safety on job satisfaction

<b>Comments on the affect of Signs of Safety on job satisfaction</b>	<b>N=251 %</b>
<b>Positive</b>	
Family/parents' views are included/they understand, know what is expected	14
Clear direction/focus/roles clearer	11
Helpful tool/good base to work from/essential part of practice	11
Encourages collaborative work (especially with other agencies)	6
Easier/better decision-making	5
Open/transparent/honest	5
Clear framework/easy to use	5
Department's position is clearer (eg. concerns, why it is involved)	4
Improves staff/client relationships	4
Good outcome for families/children	4
Focus on family strengths	2
Common language	1
<b>Negative</b>	
More training needed (not just Senior Practice Development Officers and Practice leaders)/more support in implementation	4
Not applicable to all areas of work/just a tool/one tool among many others used	4
Time consuming/more work	3
<b>Neutral</b>	
Only part of what helps job satisfaction/does not greatly impact job satisfaction	7
Limited use in current role/so far	4
Already practice something similar	2
Only worked at DCP with Signs of Safety/cannot compare	2
<b>Other responses</b>	
Other	10
Not applicable	10
No further comment	5

### FURTHER FEEDBACK

To ensure the best possible opportunity to have their say, at the end of the survey staff were asked whether they had any other feedback on areas not already covered. Responses are shown in Table 12 with the majority of staff (68%) having nothing further to add.

Table 12: Further feedback

<b>Further feedback</b>	<b>N=251 %</b>
Positive impact on practice/a great tool	10
Specific training (in district/Three Houses/mapping workshop/CaLD/Words and Pictures/facilitation)	5
Refresher course/advanced training/continuous training (especially Practice Leaders)	4
Enhance for use with a diverse group of people	2
Time consuming/pressure on resources/short-staffed	2
Other	12
No further feedback	68

## **CONCLUSION**

Overall, the results are very positive and indicate widespread support for the application of the Signs of Safety framework in case practice on the part of service delivery staff surveyed. Only a small number of staff had not attended training (12%) or had not used Signs of Safety in their role in the last three months (9%). These and other gaps (such as uptake and confidence in the use of 'Words and Pictures' and confidence in facilitation of meetings) will be addressed through continued work in line with the *Signs of Safety Child Protection Practice Framework Review and Implementation Plan 2010/11* (including ongoing training developments).

Repeating the survey at the completion of the five-year plan would provide further insights into the impact of the implementation of the Signs of Safety Child Protection Practice Framework on service delivery staff.

## APPENDIX ONE - THE QUESTIONNAIRE

### Department for Child Protection Signs of Safety Evaluation Questionnaire 2010

We are seeking your feedback on Signs of Safety, the Department's child protection practice framework. The purpose of this survey is:

- to determine what's working well in the application of Signs of Safety.
- to identify concerns when using the framework.
- to work out what needs to happen to ensure Departmental staff are confident using the framework to assess risk and promote the safety and wellbeing of children.

To be included in the draw to win a Dymocks book voucher, you can choose to include your name at the end of the survey. However please be assured that your individual responses will remain confidential. Only staff in Information, Research and Evaluation will be able to see your response for analysis purposes. Aggregated data, where your information will be combined with other responses and cannot be individually identified, may be made available to a broader audience such as Executive Directors and Signs of Safety Steering Committee.

Please complete the survey by 9th April 2010. It should take you around 10 minutes.

1a. What is your current role? (tick all that apply)

- District Director
- Practice Leader
- Team Leader
- Senior Field Worker
- Senior Practice Development Officer
- Caseworker
- Senior Officer Care Services
- Aboriginal Practice Leader
- Psychology Services
- Legal Practice Services
- Specify your own value \_\_\_\_\_

1b. Which of the following best describes WHERE you work (tick one)

- Metro
- Country
- Remote

2. How long have you worked at the Department for Children Protection? (tick one)

- Less than 1 year
- Between 1-3 years
- Between 4-6 years
- Between 7-10 years
- More than 10 years

3. What Signs of Safety training have you attended? (tick all that apply)

- 5 day workshop
- 2 day introduction
- Half day skills development workshop
- District based learning
- None

4. In the last 3 months, how have you used Signs of Safety in your role? (tick all that apply)

- Intake and Assessment
- Investigations
- Abuse in care
- Reunification
- Care planning
- Quarterly reviews
- Case reviews
- Carer reviews
- Carer assessments
- Supervision
- I have not used Signs of Safety in the last 3 months
- Specify your own value \_\_\_\_\_

5. Which of the following have you done in the last 3 months? (tick all that apply)

- Mapped a case within your team
- Mapped a case with a family
- Used the Signs of Safety Assessment and Planning Form
- Used the Three Houses or equivalent with a child
- Developed a Words and Pictures document
- Developed a Safety Plan
- None
- Specify your own value \_\_\_\_\_

6. How confident do you feel FACILITATING a Signs of Safety meeting... (tick one for each line)

	Not at all confident	Not very confident	Neither	Somewhat confident	Very confident	Not applicable
	1	2	3	4	5	
With DCP staff only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With other agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How confident do you feel PARTICIPATING IN a Signs of Safety meeting... (that is, talking about and assessing what you are worried about, what's working well, what needs to happen) (tick one for each line)

	Not at all confident	Not very confident	Neither	Somewhat confident	Very confident	Not applicable
	1	2	3	4	5	
With DCP staff only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With other agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How confident do you feel...(tick one for each line)

	Not at all confident 1	Not very confident 2	Neither 3	Somewhat confident 4	Very confident 5	Not applicable
Using the Three Houses (or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing a Words and Pictures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What helps you to feel confident using Signs of Safety? (tick all that apply)

- Training
- Local learning activity
- Practice
- Colleagues
- Team Leader
- Senior Practice Development Officer
- Practice Leader
- Practice Leader Facilitator
- Supervision
- Feedback from parents
- Specify your own value \_\_\_\_\_

10. What would help you to feel more confident?

---



---



---



---

11. How USEFUL have you found the Signs of Safety framework in your decision-making regarding the safety and wellbeing of children? (tick one)

- Not at all useful
- Not very useful
- Neither
- Somewhat useful
- Very useful
- Don't know
- Not applicable

12. Please provide additional comments in support of your answer.

---

---

---

---

13. What difference has the use of Signs of Safety made to your practice?

- Very negative difference
- Somewhat negative difference
- Neither negative nor positive difference
- Somewhat positive difference
- Very positive difference
- Don't know
- Not applicable

14. What are you MOST worried about in your application of the Signs of Safety framework?

---

---

---

---

15. What outcomes do you think Signs of Safety has had for clients?

- Better relationship with the Department
- Better understanding of the impact of harm
- Opportunity to have their say
- More collaborative
- Involved in decision making
- Clearer goals to work towards
- More likely to accept family centred support
- Less likely to return as a CCW
- Specify your own value \_\_\_\_\_

16. Overall, does using Signs of Safety make your job satisfaction...

- Greatly decrease
- Somewhat decrease
- Neither increase nor decrease
- Somewhat increase
- Greatly increase
- Don't know
- Not applicable

17. Please provide additional comments in support of your answer.

---

---

---

---

18. Do you have any other feedback on areas not already covered?

---

---

---

---

19. To be included in the draw for a Dymocks book voucher, please enter your name and work telephone number below. Please note that your individual responses will remain confidential.

Name \_\_\_\_\_  
Telephone \_\_\_\_\_

***Thank you for taking the time to complete this survey.***