



Signs of Safety Quality Assurance System

Collaborative Case Audit

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he Signs of Safety **Collaborative Case Audit** matrix and methodology presented here offers a participatory methodology for reviewing and improving key dimensions of recorded Signs of Safety case practice.

The dimensions examined in the overview matrix set out below apply to assessment, analysis and planning (often called mapping) and to safety planning. The dimensions that apply to Three Houses work with children, and Words and Pictures are also listed below

The full set of matrices (for Mapping, Three Houses, Words and Pictures and Safety Planning) together with tailored sample scales and sample questions, and detailed guidance, is available on request and at the Signs of Safety Knowledge Bank (knowledgebank.signsofsafety.net).

Revisioning Quality Assurance

Quality assurance and audit processes are increasingly central in any child protection/children's services system to ensure practice consistency and depth in assessment, decision-making and planning that affects the lives the vulnerable children at the centre of the endeavour.

Case audit usually involves an identified independent reviewer/auditor reviewing relevant written case documents. This audit work is usually done independently of the service delivery professionals to achieve independence and 'objectivity' within the review. The reviewer then typically provides feedback

most often in written form or sometimes face to face with the practitioner, or both. The audit criteria and matrix described herein can be utilised in this independent style audit process, however the underlying ethos of the Signs of Safety seeks always to operationalise the idea, '*nothing about us without us*'. The audit methodology presented here is designed therefore to be undertaken through a participative learning process together with the practitioner(s) responsible for the direct work since this consistently delivers a more robust and detailed picture of the practice, constructed from and with those who have the best knowledge about the case. A collaborative audit methodology which directly involves the responsible practitioners is also far more likely to drive practice improvement and minimise the perverse outcome of increasing defensiveness that audit work can trigger.

One of the unintended negative consequences of much QA in child protection and children's services field is that the QA work becomes focused on the 'expert' opinion of the reviewer or inquiry team and the professionals whose work is at the centre of the review feel alienated from the learning process. When the practitioners and supervisors feel disenfranchised by the audit/QA process they then tend to focus on satisfying the auditor and surviving the process rather than genuinely engaging in the audit as a learning process that assists them to bring their best intelligence to critically think through their own work and grow their learning and skills. The more a QA system reproduces 'top down' compliance processes and culture the more anxiety provoking the process becomes for **both** reviewers and the practitioners, reviewers feel growing anxiety to 'get it right', to

find and fix the errors and poor practice and service deliverers themselves become defensive about their work. The Signs of Safety collaborative case audit matrix and methodology (together with the other Signs of Safety child protection QA tools) offers a QA process that is undertaken with a 'whole system' focus, where the audit matrix can be used with a learning methodology that begins with and is used regularly in teams and by team leaders/practice managers using the Signs of Safety.

The learning methodology offered in the collaborative case audit (CCA) focuses on both metrics and analytics, metrics addressing the quantitative aspect of the practice, analytics addressing the quality of the practice. The metrics of the method are defined by key criteria listed in the left-hand column of the matrix and are designed to facilitate a judgment of the practice fairly and quickly. The analytics component of the CCA offers a qualitative inquiry methodology based around critical questions for the reviewer and professionals to dig into the quality of the casework, assessment and safety planning.

Signs of Safety, Collaborative Case Audit Matrix

Dimension	Yes/No & Rating	Feedback: Best Aspects	Feedback: Concerns	Qualitative Questions to Explore Practice Depth
Purpose	Y/N			
People	Y/N			
Plain Language	Y/N			
Behavioural	Y/N			
What's Working Focus	Y/N			
Scaling	Y/N			
Everyday Living Arrangements	Y/N			
Parent Involvement	Y/N			
Support Network	Y/N			
Child's Voice	Y/N			
Demonstrated over Time	Y/N			
Risk Intelligent Thinking	Y/N			
Local Legislation and Practice Guidance	Y/N			

Additional or alternative dimensions applying to other aspects of recorded practice

My Three Houses

Preparation

Consent

Location

Child is prepared

Child is given choice where appropriate

Uses the child's exact language

Discussion and agreement about how the information will be used

Child's views incorporated in the assessment and/or safety planning

Words and Pictures Explanations

Title / Purpose

Parent / Network Involvement

Language - Plain and Child and Family Friendly, Third Person Stance

Different points of view presented – different sides of the family and professional

Includes all significant issues i.e. does not leave out major incidents such as an attempted suicide

Compassion – Non-blaming/shaming

Simple hand drawn pictures/stick figures

Free from pictures of the trauma

Includes messages of resilience

Appropriate length

Private Parts Frame in cases of sexual abuse

Recommended Collaborative Case Audit Process

The matrices are built around the analysis dimensions listed in the first column. The dimensions describe the criteria derived from the theory of change and results logics used to research implementation of the model (Bromfield et.al. 2015).

The matrices can be used in a quick way to undertake an overview of the written record of the Signs of Safety practice by using the blue shaded section (quantitative side) of the matrix, recording 'no' if there is no evidence in the written record of that attribute or dimension of the practice or where present a 0–10 rating is ascribed to rate the quality of the work relative to that dimension.

The green shaded section of the matrix is designed to guide more detailed analytical and qualitative exploration and review of the Signs of Safety practice.

Reviewing each dimension should use at least one 0–10 rating scale. The reviewer should then make observations regarding the best aspects of the Signs of Safety practice and record in relation to the dimension being considered and concerns they have. The review facilitator should then develop qualitative questions utilising the scaling and relationship (circular) questions (de Jong and Berg, 2001) focused on the experience and views of the children, parents and naturally connected people at the centre of the case. The questions should initiate detailed conversations with the practitioner(s) following collaborative exploration of the rating the reviewer and the practitioner each ascribe to each element of the practice. In the

qualitative exploration of the written record and the practice, the reviewer should look first at what's working and then concerns about the particular dimension before exploring with the practitioner what needs to happen to improve the work.

An expanded matrix below provides working definitions of each dimension and sample scales and questions as could particularly apply to the dimensions at the mapping stage of the work.

The recommended methodology to undertake a participatory case review involves:

- 1 The reviewer/review team should consider with the leadership group of the agency, district or team where the review is being undertaken whether the relationship the reviewers have with the reviewees can work sufficiently well to enable the learning process to be beneficial to the reviewees. If there is high anxiety and defensiveness the reviewer/review team should think through this with the leadership team asking them to propose ways to quickly establish the conditions and relationships where the review can be productive
- 2 Whatever the level of defensiveness and anxiety, a review process will inevitably trigger some anxiety, so the practitioner(s)/team leaders should always be given the opportunity to bring a support person who can support them to make the most of the learning opportunity of the review
- 3 Inform all the practitioners, teams and team leaders who will be potential targets of the review
- 4a Identify the case files that the review will focus on

- 4b If the review has been initiated to focus on a particular case ensure the practitioners and team leader know this will occur
- 5 If at all possible at the same time the reviewer is reviewing the case utilising the CCR matrix and methodology, the practitioner(s) and team leader undertake the same process individually
- 6 The reviewer and practitioner(s)/team leader come together and share their reviews and learnings
- 7 An audit evaluation questionnaire should be provided to the professionals subject to the review, following the review
- 8 The reviews findings should come back to the reviewers and line managers prior to wider distribution

Aggregating Data from Collaborative Case Audits

If the Collaborative Case Audit is used across the organisation, it is possible to aggregate the scale data to provide a measurement of the assessed depth of the practice, both as it applies to the practice overall, and broken down into measurements of depth of practice in the various dimensions.

The Signs of Safety Information Management System enables data aggregation to be automated. It also enables the reviewer to select those from dimensions from the dimensions in the various Collaborative Case Audit matrices as the ones to be examined in a particular review process.

Signs of Safety, Collaborative Case Audit Matrix
 Dimension Definitions and Sample Qualitative Questions

Dimension	Yes/No & Rating	Feedback: Best Aspects	Feedback: Concerns	Sample Qualitative Questions
<p>Purpose Clear purpose for the work is articulated within the document</p> <p>Parents and children are aware of the purpose</p>	<p>Y/N</p> <p>Y/N</p>			<p>On a scale of 0 to 10 where 10 means if I asked the mother/father/child they could tell me what the purpose of the work was and it would be the same as your purpose with them and 0 means they either wouldn't know or their idea about purpose would be very different to the professional purpose. Where would you rate this?</p>
<p>People All naturally connected people involved and relevant to the child and situation are listed and their relationship and their involvement with and to the child is clear</p> <p>All relevant professional are listed their role and their involvement are clear</p>	<p>Y/N</p> <p>Y/N</p>			<p>On a scale of 0 to 10 where 10 is we've done everything we can think of to find all relevant extended family, including on the father's side and people who have a natural connection to the children and 0 is we may have asked once or twice but really haven't followed through, where would you rate this?</p>
<p>Plain Language Considering the capabilities, capacity, education and culture of the children and family members the mapping and planning documents focus and language is likely to be completely understandable to the parents and children</p>	<p>Y/N</p>			<p>If we showed the mapping and planning documents to the (child, mother, father, grandmother, uncle, older sister, most important person supporting the child/parent) and were to ask them where would they rate the mapping and planning documents from 10 we may not agree with everything about this but we/I understand it and it makes sense and 0 is I know its about us but I can't understand any of what's in this mapping where would that person rate the mapping and planning documents?</p> <p>What would that person say makes most sense to them? What would they say worries/annoys them most about the mapping?</p>

Dimension	Yes/No & Rating	Feedback: Best Aspects	Feedback: Concerns	Sample Qualitative Questions
				What would they say needs to happen so they/the family could understand and get involved with the professionals about what's in the mapping?
<p>Behavioural The mapping and planning documents focus throughout on specific observable behaviours (in problems, what's working and goals), keeps generalised language to a minimum. Judgements are always connected to facts and behaviour</p>	Y/N			<p>Rate the mapping and written documents on a scale of 0 to 10 where 10 means every item listed in this mapping has specific behavioural detail e.g., it may say mum loves baby and then describes mum had baby on her lap, stroking, nuzzling, kissing, comforting, feeding throughout the home visit on 13/6. May say Mum uses drugs and details Mum uses meth 1 or 2x/week, has had 3 periods of intense use over past 2 months where she gets into violent fights with her boyfriend, forgets completely about the children and they have gone out into the yard, to the shop or to the neighbours because they have been scared, to 0 means the language is very general such as 'violent incidents', 'neglect' 'poor attachment' 'mentally ill' 'loving' 'good contact' 'comes to appointments' etc. with no supporting detail of the adult behaviour and its impact on the child?</p> <p>Which are the best behaviourally detailed child focused descriptions? Which are the most generalised? Which would be the most important items to build in behavioural detail to be able to get the parents/children/support people involved in the mapping process?</p>
<p>What's Working Focus</p> <p>Evidence that every effort has been put in to exploring every possible about what's positive in the child and family's life</p> <p>Absolute priority given to actions that directly improve the life and safety of the child</p> <p>Family involvement with professionals only included where it is clear how this</p>	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p>			<p>What are the best most relevant and detailed existing strengths and existing safeties?</p> <p>What are the vaguest descriptions of existing strength and existing safety?</p> <p>What seems to be missed in exploring existing strength and existing safety?</p> <p>What questions could be asked to engage the children, parents, support people in exploring the possible missing strengths and existing safeties?</p> <p>Who are the strongest of the support people who know the situation well? Have we asked them what most impresses them about Mum, Dad, Grandma's care or the children/ what mum, dad, the football coach does to keep the child safe?</p>

Dimension	Yes/No & Rating	Feedback: Best Aspects	Feedback: Concerns	Sample Qualitative Questions
<p>connects to improvement in the child's life</p> <p>Clear distinction made between existing strengths and existing safety based on danger statements</p>	Y/N			<p>What positives if we explored them would make mum/dad/Aunt/neighbour most engage with our assessment and planning work?</p> <p>What are the best examples in the what's working descriptions that show us we have asked the child about the best things in their life and in their family?</p> <p>Looking at what we've focused on in the what's working well column on a scale of 0 to 10 if we were to ask the mum/dad/uncle/neighbour/grandfather/child/friend would they say we've done everything we can to take a balanced view and honour the parents and family for what they know and already doing that's working and 0 is we've just paid lip service to honouring them as people and what they know and are doing where would they rate us?</p> <p>Looking at what we've focused on in the what's working well column rate the detail there from 10 is we've really focused on what people in the child's everyday life are doing that is good for the child and 0 is we've just focused on parents attending and participating in professional services</p>
<p>Scaling</p> <p>A clear, specific safety scale connected to each danger statement and safety goal pair has been created</p>	Y/N			<p>On a scale of 0 to 10 where 10 means the safety scale has been crafted to fit the detail of the particular situation and clearly connects the danger statement and safety goal and can be throughout the case to define the trajectory of the safety planning work required to achieve the safety goal and 0 means the safety scale is just the standard one from the Signs of Safety handout map where do you rate this safety scale?</p> <p>If the (child, mother, father, grandmother, uncle, older sister, most important person supporting the child/parent) looked at the safety scale where would they rate it from 10 they would say I 'get it' and that's going to help all of us know where we stand in what we're doing and with children's services and and 0 this makes no sense to me where would they rate it?</p> <p>What does the worker think is in the safety scale that would most turn off the mother/father/child/granpa?</p>

Dimension	Yes/No & Rating	Feedback: Best Aspects	Feedback: Concerns	Sample Qualitative Questions
				<p>What does the worker think is in the safety scale that would most engage the mother/father/child/granpa with the scaling question and process?</p> <p>What does the worker think is most important to refine or sharpen to make sure the safety scale captures the seriousness and the goal, is understandable to the family and can be used in every contact with the family members and professionals?</p>
<p>Everyday Living Arrangements All safety planning documents spell out clear behaviours and/or rules describing who will do what in the family's everyday living arrangements to ensure the child is safe when things get difficult or danger is present</p>	Y/N			<p>If I was to ask the parents (the strongest person on the support network, the professional with the best connection to the family) on a scale of 0 to 10 to rate the safety plan from 10 which means this plan makes complete sense to me, we can and will do it and it will make sure and show everyone the child(ren) is/are safe and 0 is this plan makes no sense to me and I/the parents will say they and we will do it but really we're just saying that because they/we feel we have to and none of it will happen where would they rate this plan?</p> <p>If I asked Mum/Dad (the strongest person on the support network, the professional with the best connection to the family) what would they say are the most important rules in that safety plan that will make the most difference for the child what would they say?</p>
<p>Parent Involvement All mapping, safety planning and written documents show clear evidence that the assessment, decision making and planning has been created by and with the parents (those responsible for the direct care of the children)</p>	Y/N			<p>If I was to ask the parents (the strongest person on the support network, the professional with the best connection to the family) on a scale of 0 to 10 to rate their involvement in creating the safety plan from 10 which means they would say they (the parents) were completely in the middle of the assessment, decision making and figuring out the the safety plan and the rules and actions make complete sense to them and 0 is they would say they feel like we (the parents) just got told what the decisions are and what will happen where would they rate their involvement in the work?</p>
<p>Support Network The practice and written documents shows clear involvement of all naturally</p>	Y/N			<p>Do the support people understand the child protection concerns?</p> <p>On a scale of 0 to 10 where 10 means we've worked with the parents and children to find enough support people for the situation that understand the problems and</p>

Dimension	Yes/No & Rating	Feedback: Best Aspects	Feedback: Concerns	Sample Qualitative Questions
connected support people in active roles to support the parents and ensure the child is safe				<p>will be active in supporting the parents and stepping in when/if they need to and 0 is we've got nobody naturally connected to the parents and children to supporting and watching out for the child where would you rate this safety plan?</p> <p>Who are the strongest safety and support people? What do they do that shows you they are strong? Can you tell me the things they have done to help create and make the safety plan happen? If I was to ask child/Mum/Dad who would they say is most important in helping them make sure this safety plan happens? Who in the safety plan is spending time with the child regularly? What are they doing to check in with the child about whether things are okay and they feel safe? What would the strongest person in the support network say are the most important parts of the safety plan?</p>
<p>Child's Voice and Involvement The children's involvement and their voice is clear throughout the practice and documents. An age appropriate version of the safety plan has been prepared and presented to the child</p>	Y/N			<p>On a scale of 0 to 10 where 10 means we've worked with and involved the children in every way possible throughout the case and they would say they understand what's happening and have been involved throughout and 0 means they know children's services has been involved but they couldn't say why or for what purpose where do you think they would rate the practice in this case?</p> <p>Has an age appropriate safety plan been created and presented to the child? Was this presented to the child with the parents and support people present? When the safety plan was presented to the child what did you see in the child's behaviour, how the parents and support people responded that most impressed you that this will make a difference? What would the parent's support people say is the most important rule in the child's safety plan?</p> <p>If I was to ask the child:</p> <ul style="list-style-type: none"> • What would the child say they like best about the safety plan? • What would they say are the most important rules in the safety plan? • What would they say are the most important differences have happened in their life since the safety plan has been created and in place? • On a scale of 0 to 10 where 10 is they know the parents and the safety people will follow the rules in the safety plan and 0 is they think their parents and

Dimension	Yes/No & Rating	Feedback: Best Aspects	Feedback: Concerns	Sample Qualitative Questions
				the support people will say they will; but actually, they probably won't where would they rate the safety plan actually happening?
<p>Demonstrated over Time Safety plan has been shown to work particularly at times of stress and possible danger over sufficient time to demonstrate it is sustainable</p>	Y/N			<p>How long have we making sure this safety plan will work? What have we done to support everyone to make sure the parents and support people have been following the safety plan? How have we been checking in with (child, support people, parents, most involved professionals) to see how this is going? What are the biggest challenges the parents, children and support people would say they have faced in making this safety plan happen? How have we worked with them to solve those issues?</p> <p>If I asked Mum/Dad (the strongest person on the support network, the professional with the best connection to the family, the child) what would they say were the times since the safety plan was set up when they thought wow that was a really hard time or here's the problem about to happen again and instead of the problem happening they saw someone make the safety plan happen?</p>
<p>Risk Savvy Thinking Clear evidence that the written documents, the safety plan and the practice has been created and undertaken with consideration of the professional knowledge and research relevant to the complexities of the situation. For example:</p> <ul style="list-style-type: none"> In neglect or cumulative harm cases the long-term impact of chronic behaviours such as low warmth/high 	Y/N			<p>What have been the biggest challenging issues/dynamics/complications in this situation as far as you're concerned? What have we done to address those issues? When you think about (name the issue e.g. the long term impact of Mum's mental illness, Dad taking responsibility for being violent) what have we got in the safety plan that addresses those issues?</p> <p>If I was to ask the strongest person (naturally connected or professional) connected to this family where would they rate this safety plan from 0 to 10 where 10 is it really addresses all the big issues that have been creating problems, scared and hurt the children and 0 is this plan is completely skating over the surface of the real problems where would they rate the plan? What would they see as the most important aspects of the plan to address the big issues? What would they say we've missed? Where would you rate the safety plan on the same scale?</p>

References

Bromfield, L., Salveron, M, Turnell, A. Simmons, J., Lee, A. and Lewig, K. (2015), Signs Of Safety: Articulating The Theory Of Change. Adelaide, Australian Centre for Child Protection Research, University of South Australia.

De Jong, P., & Berg, I.K. (2001). Interviewing for solutions. San Francisco, Brooks-Co