



Simplifying
Child Protection
Complexity

Signs of Safety Quality Assurance System

Parent and Staff Feedback

Version 2.1.1 | April 2019

Parent and staff surveys – Strengthening Feedback

1. Introduction

The set of quality assurance methods developed in the Signs of Safety England Innovations Projects, waves one and two, seeks to help organisations move from a culture dominated by checking compliance with aspects of process to one that is learning about the quality of help received by families. Two surveys have been developed as part of the quality system.

The parent survey seeks feedback about parents' experience of working with their social worker, looking for evidence that practice reflects the principles of Signs of Safety. The survey draws on work by the Casey Foundation in the USA in developing fidelity tools. This was not directly applicable in England because of differences in the way the jurisdictions operate but informed many of the questions.

The staff survey has three sections. Section One is for those who are involved in direct work with families and asks about their confidence in using the various Signs of Safety methods. Section Two measures organisational culture using the Safety Attitudes Questionnaire developed in the aviation and health sectors where extensive research has identified organisational factors that make mistakes more or less likely. Minor adaptations have been made to make it suitable for Children's Social Care. The research in other high-risk sectors has illustrated how improving safety is not simply a matter of better training for front line workers but also of modifying the work environment so that it is easier to work well and harder to make mistakes (or for mistakes to go unnoticed). The third section has open-ended questions to allow the workforce to feedback their opinions and worries about the implementation of Signs of Safety. It uses the three key Signs of Safety questions: 'what's worrying you; what's working well; what needs to change?'

This outline of the Signs of Safety Quality Assurance System explains the rationale for each of the surveys, provides the final versions developed, discusses how best to administer them so that a good response rate is achieved, and ethical and legal principles are followed, and offers guidance on analysing the results.

2. The parent survey

2.1. Rationale

The survey focuses on the parent's experience of working with their social worker. It does not request any personal case information. It asks questions that capture the extent to which the principles and disciplines of Signs of Safety are reflected in the practice and the presence of other factors that have been identified as contributing to successful helping relationships.

In Signs of Safety practice, the aim is to work in partnership with parents as much as possible to address the issues of concern. Communication is central. Speaking in clear language, especially in explaining what professionals are worried about, and listening to what the family members have to say are equally important. Practitioners should also be aiming to take a balanced view of the family's strengths as well as the dangers. Work is more effective if families feel they have been involved in making plans and agree with the aims of the intervention. Feeling that their worker cares about what happens to them is also associated with better outcomes. Part of respectful engagement is for practitioners to be reliable and keep their commitments. Finally, evidence is sought on whether children are being involved in line with the aims of Signs of Safety where the voice of the child being heard is central.

At the end of the survey, parents are given the opportunity to comment freely on their experience with their social worker and raise points that are not covered by the preceding questions. The first specifically asks parents what one thing they would change about the way their social worker worked with them, and the second asks if they had anything else they would like to add.

Signs of Safety has been extended from child protection to other ways in which professionals work with families, usually referred to as family support and early help services. The survey was originally created for use in child protection but some of the questions designed for a child protection case are inappropriate with less coercive forms of contact and so two variants were created, one for families with disabled children and the other for family support and early help services. However, analysis of the findings from the use of these variants revealed a high correlation between answers on the survey-specific questions and questions common to all the surveys (Cronbach Alpha = 0.957). Therefore, we have chosen to simplify the task and create a survey suitable for all families by removing the questions that can only be applied to a specific group of families.

2.2. The parents survey

1. Please choose how much you agree/disagree with each of the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My social worker listens to me in a way that shows they want to really understand my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My social worker does what they say they will do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My social worker notices what's working well in my family regarding the care, safety and wellbeing of my child/ren.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My social worker has been clear with me about how they see the concerns about my family situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My social worker and I agree on what we are concerned about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt involved in making plans about what to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My social worker has spent time with my child/ren and has listened to what they say about the problems and what should happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My social worker has made sure my child/ren fully understood what's being done to help them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My social worker cares that we solve our problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. If you could change one thing about how your worker is working with you, what would it be?

3. Finally, is there anything else you'd like to tell us about how your worker worked with your family?

2.3. How to administer the survey

Due to a number of issues such as time constraints or a lack of staff resources, a variety of methods were used by local authorities to administer the survey. However, the final results tell us that in order to achieve the best response rates and gather the most representative and robust findings, the following method is the most successful.

A specific period is chosen of two or three weeks in which to administer the survey. This is done to limit the size of sample since surveying all families known to the authority would be a very big task. This also produces a manageable sample without introducing bias – all families have an equal chance of being included.

A hard copy of the survey, along with an explanation of its purpose (Appendix 1), is handed to parents by their social worker on visits to all families. The social worker informs the parent/s that someone independent of them or their team will telephone them to ask for their consent and, if they agree, to carry out the survey with them over the phone. The social worker then passes on the contact details of each family to the interviewing staff. This is all the social worker should do, they do not ask for consent nor carry out the surveys with the parents. There are briefing notes for the social worker on this process (Appendix 2).

The telephone interviews should be carried out by staff from outside of the frontline teams e.g. workforce or practice development teams, research units etc. The survey should ideally be uploaded on to an online survey software tool (in our case we used Survey Monkey). The interviewer/s then read out the questions and input the responses directly into the software during the call to parents. There is an introductory script for the interviewer to follow as the first page of the survey. This gives details of where they are calling from, the purpose of the survey, a request for consent and a reassurance of confidentiality (Appendix 3). Any identifying personal details about the respondents should be kept separate from the survey itself and not entered into the online survey.

Referred parents should be called at least three times to attempt contact and answerphone messages left on unanswered calls. The best times to call were found to be evenings and weekends, and times to avoid are school start and finish times and school holidays.

2.3.1. *The rationale for the guidance*

This guidance on how to administer the survey addresses three fundamental requirements. It should be conducted in a way that is ethical, legal, and likely to achieve a representative sample so that generalisations can be drawn. Meeting the first two requirements puts limits on the third, restricting options in how to carry out the study.

2.3.1.1. *Ethics*

The survey was administered in the EIP project in line with the Research Ethics Policy of the London School of Economics (available from

<http://www.lse.ac.uk/intranet/researchAndDevelopment/researchDivision/policyAndEthics/ethicsGuidanceAndForms.aspx>).

In addition, it was scrutinized by the research governance mechanisms in individual authorities.

The key ethical issues to consider are obtaining free, informed consent and confidentiality.

Free and informed consent is a fundamental ethical requirement (see LSE guidance: <http://www.lse.ac.uk/intranet/LSEServices/policies/pdfs/school/infCon.pdf>). Ensuring that parents do not feel coerced into responding is a particular concern in the context of child protection services where parents may feel under pressure to please the worker. This is why the task has been separated into two components: the family's worker gives them a copy of the survey, explaining its purpose and giving them time to understand what they were being asked to consent to so that they are in a position to give an informed response; someone independent phones them later to ask if they consent, assuring them that their social worker will not know what their decision is.

The other major ethical concern is confidentiality. Parents are assured of confidentiality both by their worker and by the person who phones them. In this instance, the concern is not only that their answers should be identifiable to a wider audience but also that they would not be fed back to the worker. If the latter were a significant risk, many parents would feel inhibited and possibly alter their responses and so compromise the results of the survey. Consequently, this survey cannot be used for identifying weak individual practitioners, but provides a general view of practice.

2.3.1.2. Law

The information that a family is known to a child protection service is personal and sensitive and so there are legal restrictions on sharing this without consent. However, it has been deemed legal to share the information within the department and so the method we have settled on both addresses this legal requirement and offers the parents a confidential space where they can discuss their experience without fearing repercussions from the social worker.

The law also spells out the importance of keeping personal data secure. In the EIP project, no personal identifiers were attached when recording data and the online survey software tool Survey Monkey was used. Survey Monkey is certified under the US-EU Safe Harbor Framework in relation to data privacy. There are other online survey services available, but their security level should be checked.

2.3.1.3. Obtaining a representative sample

The ideal outcome is to have a randomly selected sample that is sufficiently large to give confidence that the results can be generalized. The real world offers a number of obstacles to achieving this.

The need to obtain free, informed consent limits the size and the randomness of the sample. If a large number refused to take part, there might be significant differences between those who agree and those who refuse so that answers are not representative of the whole set. However, in the first wave EIP project, when the recommended method was used, a very good response rate of 65% was achieved. Only 4% actively refused. 31% were not contactable. Obtaining up-to-date phone numbers seems more of a problem than finding parents willing to participate.

Bias in the sample might also creep in if practitioners choose which families to approach. They might avoid those families with whom they have the most problematic relationship. To avoid this, we have recommended distributing the survey to *all* who are seen in a particular timeframe. However, it has to be recognized that there may be cases where the practitioner considers it inadvisable due to the sensitivities of the case at that point. Therefore, this risk of bias can be reduced but not totally eliminated.

One authority sought to eliminate the risk of bias from social workers choosing who received the survey by omitting this stage in the process. However, cold calling families was less successful, with only a response rate of 23%. It is also open to criticism because it gives less opportunity to families to read about the survey and reflect before making an informed choice about whether to take part.

Postal surveys are known to obtain low response rates and this was true in two instances where local authorities tried this method. In both of these cases only a 7% response rate was achieved. Very low response rates can be very biased and this was evidenced in one instance where the local authority subsequently distributed the survey using the recommended method and obtaining a better response rate. Here it was possible to compare the responses and it was found that the few who responded to the postal survey expressed significantly more negative views of their social workers than those in the larger sample.

Attaining a high response rate is important but there are no hard and fast rules that can be applied as to the level required, but 60% is a good guide as the minimum aim. This has been shown to be possible in the initial administration of the survey, with those areas that followed the best practice guidance achieving over 65%. It should be noted however, that a non-biased case selection process is more important than a high response rate. That means that every family should be considered for inclusion in the survey equally, and certain types of family should not be ruled out. If there were a situation where, say, a biased 60% or an unbiased 40% could be achieved, it is the latter that should be the aim.

2.4. How to analyse the findings

The survey contains both quantitative and qualitative data. The quantitative data can be used to derive descriptive statistics on the levels of agreement to each of the questions which can be used to see how much parents agree with certain statements. This can be done using online tools that come packaged with different survey sites, via excel or through more sophisticated software such as SPSS or Stata. If the survey is hosted on Survey

Monkey for instance, the descriptive charts can be seen by looking at the 'analyse results' tab, or the data can be exported for further analysis in excel.

Good communication is key underlying principle Signs of Safety and questions 1 and 4 capture this. Making balanced assessments, paying attention to what is working well as well as what is worrying, is reflected in question 3. Questions 5 & 6 capture the extent to which parents are involved in planning and agree with their social worker. Research evidence indicates that agreement is a key factor in effective practice. Questions 2 & 9 reflect on whether the parent finds the social worker reliable and caring about what happens to them. Questions 7 & 8 concern the involvement of children both in terms of listening to their point of view and in helping them understand what is happening.

Inspection of the qualitative data can illuminate the patterns seen in the quantitative and provide the 'why and the how' to the quantitative 'what'. It provides rich, descriptive data about the parents' experiences and feelings about their social worker given freely in their own words. During the analysis, clear trends become apparent within the comments and using either a specialised qualitative software tool, or other tools such as Excel, these trends can be coded and the findings can be presented in a thematic way. The themes can be as simple as 'positive' or 'negative' comments, or go further and identify the key issues parents may raise, such as how well their social worker listened to them, how reliable they were, how involved they felt in the process etc.

3. The Signs of Safety staff survey

Introduction

It is important to learn whether Signs of Safety is being used properly and families are receiving the appropriate help. This is important at the initial implementation stage but also matters on a long-term basis. Child protection agencies are complex, living systems that evolve over time and are influenced by external factors in ways that are often unintended and unpredictable. Managers therefore need to monitor the quality of service being provided on an ongoing basis and learn of emerging areas of weakness or difficulties at an early stage.

Monitoring fidelity to the practice framework involves more than studying direct work itself. The Signs of Safety theory of change includes an account of the organizational factors needed to enable direct work to be carried out in line with the principles and disciplines of Signs of Safety (Munro *et al.*, 2016 p.11).

Studies in safety management have highlighted the extent to which organizational factors support or hinder good performance and how improving individual performance crucially involves improving the system around them (Reason, 1990; Woods *et al.*, 2010).

Therefore, when studying whether individuals are using Signs of Safety properly it is important to include a study of the extent to which their environment is helping them to do so. Good practice in Signs of Safety is not just an individual responsibility but also an

organizational one. The theory of change involves a set of hypotheses about how to support good practice.

'The aim is to make it harder for people to do something wrong and easier for them to do it right' (Institute of Medicine, 1999).

The staff survey is one source of information about the work environment and staff experience. It has three sections. The first and third are easy to explain. Section One is for those who are involved in direct work with families and asks about their confidence in using the various Signs of Safety methods. This gives a measure of the extent to which confident use of the whole process of Signs of Safety engagement with families is being developed in local authorities. The third section has open-ended questions to allow the workforce to feedback their opinions and worries. It uses the three key Signs of Safety questions: 'what's worrying you; what's working well; what needs to change?' The rationale for Section Two merits more detail.

The 'Safety Attitudes Questionnaire'

High risk sectors are those where serious accidents and adverse outcomes are relatively rare but have a very high cost. In aviation, for example, plane crashes are infrequent but can involve high death rates. In surgery, errors can also lead to death. Child protection belongs to this group of sectors. The rare but terrible outcome of a child's death has a pervasive impact on the functioning of the whole system.

When the pathway to an accident is traced back, investigations often find human error – a worker not following procedures or making a mistake in choosing actions. Typically, accident investigations have identified human error as a major cause in 70-80% of accidents in other sectors (Wright *et al.*, 1991; Boeing Product Safety Organization, 1993). A study of a set of child death reviews in child protection found a similar figure (75%) (Munro, 1999b).

Ending an inquiry at the point of identifying human error, however, was found to lead to recommendations that proved to be inadequate in reducing the incidence of accidents and, moreover, introduced new errors into the system. This led to reviewers taking 'human error' as the focus of further study: 'why did the worker press the wrong button?' 'why did s/he ignore the correct procedure?' The result has been to understand a great deal more about how the system within which a worker is operating influences human performance.

In relation to improving safety, dimensions of work environments have been identified that correlate with safe performance (Sexton *et al.*, 2001). These have been subjected to factor analysis of large samples to demonstrate they are empirically distinct (yet conceptually related) factors.

These dimensions, explained below, are what the 'safety attitude questionnaire' measures. It is important to note that they are all aspects of the work environment that are malleable – susceptible to deliberate change efforts and to unintentional shifts.

Teamwork climate: the level of satisfaction with the quality of teamwork and cooperation experienced with colleagues.

Safety climate: the extent to which individuals perceive a genuine and proactive commitment to safety in their organization.

Perceptions of management: the extent to which the wider system supports the work.

Job satisfaction: the level of satisfaction with the organization, the individual's morale.

Stress recognition: the extent to which individuals recognize personal vulnerability to stressors and their impact on performance.

Work conditions: the extent to which the organization gives priority to key aspects of their work, such as having time with families and critical reflection.

Linking the Safety Attitude Questionnaires and Signs of Safety

Some of the organisational factors specified in the Signs of Safety theory of change can be monitored fairly straightforwardly. For example, 'organisational alignment so that structures and processes enable the practice' can be checked by examining policies and forms. 'Information technology to provide case and performance information consistent with the practice' is equally observable. However, as the safety management literature shows, people's performance is influenced by less tangible factors that shape the work environment in which they operate. The principles of SofS can be implemented to a greater or lesser extent depending on how the organizational system supports a high standard. Work in other jurisdictions has increased our understanding of significant factors.

For example, principle one: 'working relationships are paramount' is influenced by organisational messages about priorities. Time to spend with families is crucial but individual choices do not have complete autonomy on how to use their time. Organisations convey messages about what should be prioritized. These messages can be both overt and covert. An example of the latter was described by one worker as 'they say they want us to spend more time with families, but they only notice and criticise you if you are not keeping your recording up to date'.

Implementation of principle two is also influenced by organisational priorities. 'Thinking critically and maintaining a stance of critical inquiry' takes time and it needs involvement of colleagues. A crucial aim in SofS is to improve analysis and planning. In Western culture there has been a tradition of seeing reasoning as an individual skill and of considering logical thinking the ideal with intuitive reasoning as unacceptably fallible. Increasingly, these views are being eroded by research in psychology and neuropsychology. Intuitive and logical reasoning are seen as two systems that interact with intuition being the predominant form.

A significant difference between these two modes of reasoning, as Kahneman (2011) points out, is that intuitive reasoning is *fast* and logical reasoning is *slow*. In child protection work, intuitive reasoning is likely to be dominant because of both workloads and the speed needed in carrying out a conversation with a family. This dominance is particularly significant in child protection work since it is known to be subject to persistent biases because of the shortcuts or heuristics that it uses to achieve speed. These biases are found in reviews of child deaths (Munro, 1999a) and the value placed on critical reflection in SofS

is partly to make it more likely that such biases are noticed and eliminated. However, research on improving reasoning has found that it is very difficult for people to police their own reasoning. Most techniques developed to reduce bias require the contribution of some other person. Hence it is important to recognise the contribution colleagues and supervisors provide to individual practitioners. Ethnographic studies of front line workers have shown the extent to which practitioners rely on others to think through and make sense of a case. Challenge and questioning from colleagues can also help reduce the risk of bias due to the emotional relationships the practitioner forms with different family members. For example, a practitioner may feel so sympathetic to the mother that they underestimate the harm being experienced by the child.

However, a significant factor inhibiting critical reflection can be a fear of being blamed for making mistakes leading to a defensive culture. This results in the removal of far too many children (false positives) for fear of leaving a child in danger however low the probability. Open discussion will also be inhibited if practitioners fear being criticised when weaknesses in their reasoning are identified.

The transformation framework talks of creating safety to reduce the defensive decision making but there is also the opposite problem, found in many child death reviews, of workers developing an optimistic assessment of the family and being blind to evidence that the children were suffering harm. It is also much pleasanter to work with families' strengths and support them (so that they like you) rather than to ask difficult questions or challenge their account of what is happening (potentially stirring up hostility) so keeping alert for danger needs to be actively encouraged and supported by the organisation. Managing the balance better is one of the key achievements of SofS when properly used and a good safety culture makes this more likely.

3.1 The staff survey

Q1. Please select your area of work from the drop-down menu: (insert appropriate list e.g. *child protection, early help, looked after children etc.*)

Q2. Which of the following does your role within Children's Social Care primarily involve?

- Direct work with children, young people, families or other groups.
- Managerial, senior or other position with limited or no direct work with children, young people, families or other groups.

Q3. Have you received any training in Signs of Safety? (yes/no)

- What Signs of Safety training have you attended? (please tick all that apply)
- 2-day practice training with external trainer
- 5-day residential training with external trainer
- Practice Leader training with external trainer
- Internal training or workshops
- Other (please specify)

Q4. Have you used Signs of Safety in your work within the last 3 months? (yes/no)

- Yes
- No

Q5. How confident are you using the following Signs of Safety methods?

- Have never used
- Not at all confident
- Slightly confident
- Somewhat confident
- Moderately confident
- Extremely confident

Methods:

1. Mapped a case with a family
2. Mapped a case within your team
3. Used the Signs of Safety Assessment and Planning Form
4. Used the Three Houses or equivalent with a child
5. Developed a Words and Pictures document
6. Involved a naturally connected network of support people in the casework with the parents and children
7. Used appreciative enquiry within your team
8. Used appreciative enquiry with a family
9. Developed a Safety Plan

10. Other (please specify)

Q6. Attitudinal questions (filtered from Q1 first option)

All are answered strongly agree, agree, neutral, disagree, strongly disagree. Answers are required.

To what extent do you agree/disagree with the following statements? (Some of the statements refer to 'families' as a broad term, please respond in relation to your own main client group)

Strongly disagree - Disagree - Neutral - Agree - Strongly agree

Staff

- 1 It is easy for staff in my team to ask questions when there is something they do not understand
- 2 I have the support I need from other staff to do my work
- 3 In my team it is difficult to speak up if I perceive a problem in the service provided to a family
- 4 Disagreements in my team are resolved appropriately (i.e. not who is right but what is best for the family / families)
- 5 The culture in my team makes it easy to learn from the difficulties in practice that others have experienced
- 6 I know the proper channels to direct questions regarding any child safety concerns I may have
- 7 In my team when my opinion on a case differs from others I find it difficult to speak up
- 8 I receive appropriate feedback on my performance
- 9 I would feel safe if I or a family member were to receive a service from my team
- 10 In my team, it is difficult to discuss poor practice
- 11 Senior managers do not knowingly compromise the safety of children
- 12 LA administration supports my daily efforts
- 13 I am provided with adequate timely information about events in the agency that might affect my work
- 14 The levels of staffing in my team are sufficient to handle the number of cases
- 15 This team is a good place to work
- 16 I am proud to work for my area office
- 17 Working here is like being part of a large family
- 18 Morale in my team is high
- 19 I like my job
- 20 I do not feel able to spend enough time in direct work with the family
- 21 In our team and LA we have a strong culture of sharing the responsibility for risk and decision-making
- 22 My team is organised so that we spend planned time on critical reflection of cases

- 23 Manager or specialist involvement in case decisions encourages a sense of shared risk
- 24 Management usually assumes that a person who makes a mistake is incompetent or not conscientious
- 25 I think pressure to achieve performance targets takes precedence over time spent with the family
- 26 When my workload becomes excessive I am more likely to practice badly in tense or hostile situations
- 27 Fatigue impairs my practice during emergency situations
- 28 I am less effective at work when fatigued

Managers

- 1 It is easy for staff in my area/region to ask questions when there is something they do not understand
- 2 I have the support I need from other staff to do my work
- 3 In my area/region it is difficult to speak up if I perceive a problem in the service provided to a family
- 4 Disagreements in my area/region are resolved appropriately (i.e. not who is right but what is best for the family / families)
- 5 The culture in my area/region makes it easy to learn from the difficulties in practice that others have experienced
- 6 I know the proper channels to direct questions regarding any child safety concerns I may have
- 7 In my area/region when my opinion on a case differs from others I find it difficult to speak up
- 8 I receive appropriate feedback on my performance
- 9 I would feel safe if I or a family member were to receive a service from my agency
- 10 In my area/region it is difficult to discuss poor practice
- 11 Senior managers do not knowingly compromise the safety of children
- 12 LA administration supports my daily efforts
- 13 I am provided with adequate timely information about events in the agency that might affect my work
- 14 The levels of staffing in my area/region are sufficient to handle the number of tasks
- 15 This area/region is a good place to work
- 16 I am proud to work for my area/region
- 17 Working here is like being part of a large family
- 18 Morale in my area/region is high
- 19 I like my job
- 20 In our area/region and LA we have a strong culture of sharing the responsibility for risk and decision-making
- 21 My area/region is organised so that we spend planned time on critical reflection of cases
- 22 Manager or specialist involvement in case decisions encourages a sense of shared risk
- 23 Management usually assumes that a person who makes a mistake is incompetent or

not conscientious

24 I think pressure to achieve performance targets takes precedence over time spent with the family

25 When my workload becomes excessive I am more likely to practice badly in tense or hostile situations

26 Fatigue impairs my practice during emergency situations

27 I am less effective at work when fatigued

Qualitative

1 What are you worried about in the implementation of Signs of Safety in your area (please write as much or as little as you would like)?

2 What is working well in the implementation of Signs of Safety in your area (please write as much or as little as you would like)?

3 What needs to change in the implementation of Signs of Safety in your area (please write as much or as little as you would like)?

Administering the survey

The most efficient way to collect survey data from staff and achieve a good response rate is to administer the survey using an online software tool. It is an easy task for staff to follow a link to the survey and complete online. The survey contains questions about the person's role which then take them either to the practitioner version or to the senior personnel version.

To achieve good response rates there are five main things to consider:

Firstly, guarantee confidentiality so that no-one avoids being honest for fear of repercussions. This limits how much managers can use the findings to identify teams or areas of the agency that are giving cause for concern. Some geographical division is possible as long as it does not make individual respondents identifiable.

Secondly, think about the timing of the survey delivery. Staff can be subject to 'survey overload' and it is worth considering which surveys are essential and then time their delivery so that they do not coincide or are not delivered in too close a time period.

Thirdly, we found that higher response rates were achieved when staff received a direct message from their Director or Assistant Director explaining the purpose of the survey and urging them to complete it.

Fourthly, give staff a clear deadline for completion which is not too far into the future - two or three weeks is optimal.

Finally, asking a senior person to send a reminder near the closing date increases the response rate.

In the section that is an attitude questionnaire the aim is for workers to read and quickly record their response to a statement on a five-point scale from strongly disagree to strongly agree. There is a risk that responses might be significantly affected by recent events and not capture the respondent's more enduring attitudes, but researchers have generally found this to be a minor issue that does not compromise the results. In the survey, the questions are jumbled up so that the underlying dimensions being measured are less visible to the respondent.

In order to make sure that senior manager send meaningful messages of encouragement to the staff to complete the survey, and to give those managers instant feedback on the results survey, the online survey tool that has been developed will automatically feedback summary management information to each area. These reports will include information on usage and confidence for each Signs of Safety method, along with summary measures reporting the area's level across the 6 Safety Attitude Questionnaire domains, in comparison to national averages. No individually identifiable will be disclosed and report will only go to each area's senior management, but by giving something back it is hoped to increase buy-in to the project and help with the measurement of the implementation of the reforms.

4 Appendices

Appendix 1. Explanation of survey for parents

Children's Social Care Parent Survey

(Name of local authority) Children's Social Care department is carrying out this survey to help improve our services to you. Someone independent from your social worker will phone you shortly and ask you if you are willing to go through the questions with them to complete the survey. **(You can say No if you wish.)** This will give us the opportunity to hear from you about how you and your family experience your social worker. The survey is very short, and the phone call should only last about 5 minutes.

The information you give is strictly confidential, we do not need to know any personal details from you, and the completed survey will not be linked back to you.

How the survey will be completed:

The person who phones you will read out the statements in the survey one at a time asking you your reaction to it: whether you strongly agree/disagree/neither agree nor disagree/agree/strongly agree with the statement. At the end you will be asked if you could change one thing about how your social worker is working with you what would it be? Finally, you'll have the opportunity to tell us anything else about how your social worker worked with your family.

EIP Parent Survey - Briefing notes for social workers

1. Please hand the survey to parents during your visit. Explain to the parent/s that:

Your authority is carrying out the survey to help improve services to families.

Someone independent of you and your team will phone them and ask if they are willing to go through the questions with them to complete the survey. (Please do not ask parents for their consent at this stage, this will be asked by the interviewer.)

The information they give will be strictly confidential – they won't be asked for any personal details, and the completed survey will not be linked back to them. Neither you, nor anyone from your team, will see their responses.

The survey is voluntary: they can say 'No' when they are called or at any point in the conversation if they wish.

2. After you have given the survey to a family:

Please record their contact details and pass on to: *(each authority to enter details here)*

Parent Survey telephone interview script

My name is

(*Name of LA*) Children's Services department is carrying out a survey to help improve our services to you. I am completely independent from the team working with your family although I am employed by (*Name of LA*) children's social care.

Your social worker has mentioned this survey to you and given you a copy to look at so you know what we are interested in. This will give us the opportunity to hear from you about how you and your family experience your social worker. The survey is very short and should only take about 5 minutes. Is this ok? **You can say No if you wish, and you can stop the interview at any point.**

(*Name of LA*) is part of a national project to try to improve services for families. The information you give will form part of the information to that national project but nothing you say will be linked back to you and the national project will not have any of your details.

The information you give is strictly confidential, we do not need to know any personal details from you, and your social worker will not get to see your responses.

How the survey will be completed.

I will read out the statements in the survey one at a time asking you your reaction to it: whether you strongly agree/disagree/neither agree nor disagree/agree/strongly agree with the statement. At the end you will be asked if you could change one thing about how your social worker is working with you what would it be? *Finally*, you'll have the opportunity to tell us anything else about how your social worker worked with your family.

EIP Staff Survey

Frequently Asked Questions - Myths & Misconceptions

1. Signs of Safety places too much emphasis on strengths and positives. Isn't there a danger that professionals will become overly optimistic and miss potential risks?
2. Signs of Safety is too prescriptive. How can I use my existing analytical and risk-assessment skills with this approach?
3. Signs of Safety relies too much on what families tell us about their situation. Does this mean we will be ignoring past events and concerns?
4. Using the Signs of Safety framework is too time-consuming. How can I use this approach when my current workload is so huge?
5. How can I use Signs of Safety when our existing recording systems and paperwork don't match the approach?
6. Signs of Safety is designed for child protection cases. How can we be expected to use this in other areas, e.g. Early Help, Looked After Children, Fostering & Adoption, Children With Disabilities etc.?
7. How can I use Signs of Safety myself if colleagues and professionals from other agencies aren't using it and don't understand it?
8. I had the basic training a while ago and haven't had many opportunities to use the approach. Are we going to get further training or ongoing coaching?
9. Does the introduction of this new framework mean that the way I worked in the past was inadequate?
10. Is Signs of Safety here to stay, or is it just another 'tick box' exercise until the next new model comes along?

References

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