



Signs of  
Safety®  
Supervisor  
Practice  
Fidelity  
Assessment

Field Test and  
Evaluation  
Report

**SAFE  
STRONG  
SUPPORTIVE**

safe children | strong families | supportive communities



## Authors and acknowledgements

The authors wish to give special thanks to the following for their contributions:

Paula Christian (Sacramento County California Child Protective Services)  
Beverly Edwards (City and County of Swansea Child and Family Services)  
Jane Forsdike and Mick McCracken (Children’s Safeguarding Standards Agency, Newcastle)  
Erin Harvey (Family and Children’s Services of Guelph and Wellington County)  
Deborah Goodman and Avi Versanov (Children’s Aid Society of Toronto)  
Gill Graham (Leicestershire County Council, Children and Young People’s Service)  
Bart Knudsgaard (Ktunaxa Kinbasket Child & Family Services Society)  
Fred Magie and Sandra May (Children’s Aid Society of Hamilton)  
Mick McGuire (Buncombe County North Carolina Department of Health & Human Services)  
Norman Welch (Her Majesty the Queen in Right of Alberta represented by the Minister of Human Services Alberta)  
Joke Wiggerink (Bureau Jeugdzorg Drenthe)

This report was prepared by: Yvonne Humenay Roberts, Mike Caslor, Andrew Turnell, Peter Pecora, and Kim Pearson, working in collaboration with Leah Bromfield, Dana Blackwell, Paula Christian, Dan Koziolk, Audrey Lee, Dan McCormick, Terry Murphy, Kirk O’Brien, Keeva Pierce, Mary Salverton, and Jane Simmons.

## Contents

Executive Summary .....	4
Foreword .....	7
Introduction.....	9
Background .....	10
The Signs of Safety Approach.....	10
Phase I of the Study: Item Pool Generation and Initial Pilot Test.....	10
Phase II: Field Test.....	11
Signs of Safety Supervisor Practice Fidelity Assessment.....	12
Analysis.....	13
Research Limitations.....	13
Participant Characteristics and Response Rate.....	14
Individual Item-Level Analysis.....	16
Factor Analysis .....	20
Comparisons by Jurisdiction .....	22
Qualitative Analysis .....	26
Aspects of practice.....	26
Checklist structure and content.....	27
Summary of Findings and Next Steps.....	29
Issues to consider .....	30
Next steps for jurisdictions .....	30
Future directions in research.....	31
Appendix A. Scale Variance for Each Item.....	33
Appendix B. Factor Loading Matrix for the Supervisor Assessment .....	42
Appendix C. Standardized Scores for each Jurisdiction by Dimension of the Signs of Safety Supervisor Practice Fidelity Assessment .....	44
Appendix D. Qualitative Analysis Sample Responses .....	46
Appendix E. Original Signs of Safety® Supervisor Practice Fidelity Assessment.....	53

## Executive Summary

One of the more recent efforts to reform child welfare work with families is Signs of Safety® — a strengths-based, safety-focused approach to Child Protective Services (CPS). The approach was created by Andrew Turnell, social worker and brief family therapist, and Steve Edwards, Child Protection practitioner, in partnership with over 150 Child Protection caseworkers in Western Australia during the 1990s. The approach has evolved over time based on the experiences and feedback of Child Protection practitioners. It is currently being implemented in over 100 jurisdictions in 12 countries around the world ([www.signsofsafety.net](http://www.signsofsafety.net)). The Signs of Safety approach was designed to give CPS practitioners a framework for engaging all persons involved in a case, including professionals, family members, and children. A participatory risk assessment framework is at the heart of the approach, and Signs of Safety draws on a range of practitioner-designed practice tools, all targeted at building the safety of children in their everyday lives.

As the Signs of Safety (SofS) approach has been implemented by more and more jurisdictions, it is typical that agencies and managers ask questions of fidelity, or the degree to which the delivery of a practice adheres to the program model as intended.

Through the vision and leadership of Casey Family Programs and Sacramento County Child Protective Services, and in consultation with the international Signs of Safety community of practitioners, a Fidelity Research Project team was established to create a series of assessment tools that enable agencies to assess the fidelity of Signs of Safety practice of workers, supervisors and agencies. Measuring how well and to what degree practices are implemented is critical to facilitating change and improvements in the quality and effectiveness of services, ensuring accountability, and reflecting progress toward attaining the shared goals of providers, individuals, and families served within the system.

This report summarizes the development and testing of the Signs of Safety® Supervisor Practice Fidelity Assessment (Supervisor Assessment). The Supervisor Assessment began in 2012 with a working group of over 100 Signs of Safety practitioners/trainers/consultants from eight countries. Members articulated key elements of the Signs of Safety practice approach, as well as the key attributes and behaviors that best represent a skilled Signs of Safety practitioner. Responses were collated and distilled into a core list of attributes and behaviors relevant to Signs of Safety fidelity. The identified core list of items were then distributed back to international stakeholders for review, confirmation and feedback on supervisor and parent fidelity assessment items drafted based on the information provided by the group. Initial pilot of the Signs of Safety® Supervisor Practice Fidelity Assessment was undertaken with a small number of supervisors from the international Working Group. Feedback from the initial pilot was used to refine the assessment tool. The current international pilot tests the first complete version of the Supervisor Assessment, which included 35 items rated on an 11-point Likert-type scale ranging from 0 (Never) to 10 (Always) to assess worker fidelity to the SofS model.

A total of 435 workers were assessed by 285 supervisors from 13 jurisdictions in six countries. A factor analysis revealed that a number of duplicative checklist items could be cut from the checklist while preserving four key fidelity assessment sub-scales that relate well to the core aspects of child protective services practice and key competencies for Signs of Safety. Factor structure and additional psychometric properties were assessed using Item Response Theory.

The final analysis of 28 items yielded four factors, or sub-scales, explaining a total of 74.81% of the variance for the entire set of variables. Items that loaded moderately high on one or more factors were placed into their final factor based on clinical acumen and group consensus. Factor

1 was labeled Indicators of Good Child Protective Services practice, included 13 items and explained 55.85% of the variance. This factor includes core skills needed for CPS practice that are reinforced and taught in SofS training, as well as tied to SofS model practices.

The second through fourth factors include different SofS practice components that build upon and add to core CPS skills. Together, these three SofS factors explain 18.96% of the variance. The second factor derived was labeled Signs of Safety Mapping, included five items and explained an additional 10.03% of the variance. Factor 3 was labeled Signs of Safety Family/Support Network Engagement in Safety Planning, (abbreviated as SofS Family Engagement in Safety Planning), included seven items, and explained 4.87% of the variance. The fourth and final factor derived was labeled Signs of Safety Engagement with Children, included three items, and explained 4.06% of the variance

Across the initiative, nearly half of the items were rated within the high fidelity range. So while there are many areas of high worker proficiency (score of 8-10), there remains room for improvement: 34% of the items were rated in the moderate range (score of 5-7), and the remaining 18% of the items were rated in the low range (score of 0-4). Comparisons across the 13 participating jurisdictions found variability across sites. While some sites reported practicing all four aspects of SofS to a greater extent than the average, other jurisdictions reported mixed, or lower than average, practice.

The skill items with lower scores mainly relate to adherence to specific activities of Signs of Safety versus the other items, which were overall rated much more highly, and were chosen to reflect quality indicators for CPS casework. Adherence to a specific model such as Signs of Safety and quality of other areas of practice are different areas of measurement and may behave differently psychometrically as we found here.

Qualitative information from supervisors revealed that overall, the checklist was an opportunity to reflect on both individual and group level practice in Signs of Safety; to identify areas of strength and areas in need of further development; and to clarify what good practice looks like specific to Signs of Safety.

Factor analyses revealed a final 28-item tool yielding the above proposed four factors, or sub-scales: Indicators of Good Child Protective Services practice, Signs of Safety Mapping, Signs of Safety Family/Support Network Engagement in Safety Planning, and Signs of Safety Engagement with Children. Advanced Item Response Theory analyses confirmed this proposed tool and found items provided good fit to the measurement model and no pronounced patterns in ratings.

### Issues to consider

The following themes emerged during the evaluation of the Supervisor Assessment. Signs of Safety program leaders and developers may be interested in examining these issues further as they relate to scaling up the Signs of Safety approach.

Of the jurisdictions who participated, researchers observed that those social workers rated as more advanced in their Signs of Safety practice, when compared to those rated as less advanced (novices and early learners), were more likely to be rated as further along in their integration and faithful practice of the model. This may be attributed to the fact that while the Signs of Safety tools are relatively simple and straightforward, it is using them in practice that results in the real learning and understanding of the model. This idea was further supported through qualitative answers provided by supervisors.

Effective implementation of Signs of Safety and most other practice models take time. It is important that jurisdictions take a long-range view to any implementation of SofS, with a multi-year commitment to supporting supervisors and workers in getting the kind of training and coaching necessary to learn the skills and practice associated with the model.

Finally, jurisdictions need to be aware that they may not see significant change in outcomes until implementation continues for two to three years, even with strong SofS fidelity. Striving toward model fidelity is a critical step in achieving the benefit of any practice innovation. High fidelity practice supports greater understanding of what works across the field. If further research finds that the jurisdictions who have higher fidelity to the model have better outcomes in critical areas such as lower child placement rates, lower re-referral rates, and fewer terminations of parental rights, the benefit this understanding gives to the field and to other jurisdictions considering implementing SofS is great.

## Next steps for jurisdictions in terms of practice improvement

### Social worker level

- Actively endeavor to gain more experience with Signs of Safety tools and practice in order to increase comfort level and confidence and sharpen practice skills.
- Continue to reach out to supervisors and other professionals for support in Signs of Safety practice, particularly in involving children and youth. Workers should be encouraged to use Words and Pictures and safety mapping in every case to help explain child protection concerns to children and parents. Further, they should endeavor to use the Three Houses, Wizard, or Fairy Safety House tools to help children have their voices heard.
- Continue to actively engage all members of the family in your work, and to think creatively around different ways to support families. The simplest way to create a good working relationship with parents is for the professionals to continually identify and honor the parents for everything they see that is positive in their everyday care and involvement with their children. In this way parents will be much more likely to listen to the workers' views about the problems and more likely to work with them through the challenges involved in building a lasting safety plan.

### Supervisor level

- Use of tools such as the Supervisor Assessment within a supervisory context on an ongoing basis is an opportunity to reveal what workers are doing well, as well as highlight areas for individual growth. Deeper infusion of Signs of Safety practice methods through ongoing coaching and reinforcement by supervisors and managers appears needed, as the strategy takes approximately five years to be fully implemented.

### Jurisdiction or agency level

- Create a learning organization to expand Signs of Safety within the agency. For instance, use data gathered from the tool for Continuous Quality Improvement, as well as to highlight successes of overall agency implementation and areas for growth.
- Construct a process through which data collected on staff is compiled and presented in a group/organizational context to initiate and promote a conversation about relative strengths and needs for improvement, and to facilitate generation of ideas for program, organizational, and system-level action steps to improve fidelity and quality.

- Continue a commitment to support the development of strong practice leaders (PLs) who have an in-depth understanding of Signs of Safety in all child protection practice contexts.
- Create an ongoing group learning process for establishing, consolidating, and refining the Signs of Safety mapping and Appreciative Inquiry work as the central activities to deepen the practice culture of practitioners. For instance, integrate peer group supervision as a core approach for sharing work, sharpening practice, and informing decisions that impact families receiving services.
- Endeavor to examine the relationship between the Supervisor Assessment and outcomes for youth and families.

### Future directions

The findings suggest several important directions for future research. There is still much to learn about the structure and process elements that have the greatest treatment utility (i.e., that predict positive child and family outcomes). For example, establishing the reliability (e.g., inter-rater and test-retest reliability), in order to ensure the measure produces stable and consistent results. Further, a criterion predictive validity study is needed that would identify what threshold level of fidelity to the model is required to achieve positive outcomes for children and families. As more fidelity research is undertaken, it is necessary to continue to refine the checklist to ensure alignment with Signs of Safety practice, as well as to identify elements of practice that contribute most significantly to effectiveness of delivery and to meaningful outcomes.

## Foreword

Despite the huge amount of money spent on child protection services, managing child protection services and assessing their impact is difficult for many reasons. One of the most evident but difficult problems is the fact there are no widely used, clear and meaningful measures that provide data about whether services are actually successful other than the child maltreatment recidivism. Around the world child protection systems are measuring or counting many things but research would suggest that systems are mostly measuring services provided, rather than fidelity, quality, satisfaction, or outcomes experienced by children.

The Signs of Safety approach is a practitioner's model since it has developed from practice-based evidence, progressively refining the model by considering what actually works in practice for practitioners and service recipients. Having established its credibility as a fit-for-purpose approach to child protection casework, the international community of professionals and agencies leading and using Signs of Safety has over the past five years purposefully focused on participating in research that can establish the Signs of Safety as an evidence-based practice. There are two key strands in this work. The first is the Results Logics/Theory of Change research endeavor that has defined the model for research purposes. This work is being led by the Australian Centre for Child Protection at the University of South Australia and defines what the model is so that it can be researched. The second key strand of building the evidence base is the work around fidelity. Fidelity research and the development of fidelity tools addresses whether the agency, supervisors and practitioners adhere to the program model as intended.

While the development of the fidelity research has been made possible through the leadership and research expertise of Casey Family Programs in the USA, it was the drive and determination of Sacramento County Child Protective Services that gave this work a practice-focused home

from which to really get started. From Sacramento the Signs of Safety Fidelity Research Project has reached out and involved agencies around the world so that the project is now well under way and has international strength and application.

The Signs of Safety Fidelity Research Project has been established to create a series of assessment tools that will enable agencies to assess the fidelity of Signs of Safety practice of workers, supervisors, and agencies. No practitioner is an island and we know that the decisions practitioners make, and the quality and nature of the services they deliver is extensively influenced by the supervision and support they receive, as well as the leadership and culture of the organization they work with. Therefore to be truly meaningful, the Signs of Safety fidelity effort must be holistic and will develop tools that take a 360 degree approach to fidelity so that an organization can garner real-time fidelity data from parents and children, alongside tools that assess the efforts of the practitioners, supervisors, leaders, and organization.

Over the coming years the Signs of Safety community, including the researchers that are supporting it, will pair the fidelity tools research with the results logic/theory of change work-correlating these against service outcomes to better understand the model and its impact. This will enable practitioners and organizations to better deliver their services based on meaningful measures and what actually counts for children and parents.

This report is one of the "first fruits" of the Fidelity work, which highlights the findings from the fidelity tool designed to help supervisors think into and through their practitioners' fidelity with the Signs of Safety practice.

Through Casey Family Programs' support, the Signs of Safety Fidelity Research Project is drawing upon North America's leading expertise in fidelity research and will significantly enhance the evidence base supporting the Signs of Safety and implementing organizations.

This work would not have been possible without the extraordinary commitment of the Working Group that consisted of Professor Peter Pecora, Yvonne Humenay Roberts and Kirk O'Brien from Casey Family Programs; Mike Caslor, Manitoba, Canada; Dan McCormick, SafeGenerations, Minnesota; Audrey Lee, Department for Child Protection and Family Support in Western Australia; and a special Sacramento County work group led by Kim Pearson. Also, special thanks to Eric Bruns from the University of Washington and Professor Eileen Munro, London School of Economics, for serving as project advisors. The fidelity project and the tools that will arise from it are being developed with the active participation of child protection agencies in USA, Canada, Netherlands, Wales, England, and Australia.

As you read this summary report we hope this will build and extend your vision for wrapping fidelity measures around your organization's implementation journey with the Signs of Safety to enable better results for everyone working in and served by your organization. The research endeavor to support the Signs of Safety will continue to strengthen and grow in coming years and we welcome the participation of practitioners, agencies, researchers, and academics to join us in this ongoing effort.

For more information about the most current developments in Signs of Safety fidelity research (including collecting parents' feedback regarding practice fidelity, and leadership and organization fidelity), please visit <http://www.signsofsafety.net/research/> regularly.

Dr. Andrew Turnell  
Perth, Western Australia

## Introduction

One of the more recent efforts to reform child welfare work with families is Signs of Safety (SofS), a strengths-based, safety-focused approach to Child Protective Services (CPS). The approach was created by Andrew Turnell, social worker and brief family therapist, and Steve Edwards, Child Protection practitioner, in partnership with over 150 Child Protection caseworkers in Western Australia during the 1990s. The approach has evolved over time based on the experiences and feedback of Child Protection practitioners. It is currently being implemented in over 100 jurisdictions in 12 countries around the world ([www.signsofsafety.net](http://www.signsofsafety.net)). The Signs of Safety approach was designed to give CPS practitioners a framework for engaging all persons involved in a case, including professionals, family members, and children. A participatory risk assessment framework is at the heart of the approach, and Signs of Safety draws on a range of practitioner-designed practice tools, all targeted at building the safety of children in their everyday lives.

As the Signs of Safety approach has been implemented by more and more jurisdictions, it is typical that agencies and managers ask questions of fidelity, or the degree to which the delivery of a practice adheres to the program model as intended.

Through the vision and leadership of Casey Family Programs and Sacramento County Child Protective Services, and in consultation with the international Signs of Safety community of practitioners, the Fidelity Research Project is now well under way. The project has been established to create a series of assessment tools that will enable agencies to assess the fidelity of Signs of Safety practice of workers, supervisors, and agencies. Measuring how well and to what degree practices are implemented is critical to facilitating change and improvements in the quality and effectiveness of services, ensuring accountability, and reflecting progress toward attaining the shared goals of providers, individuals, and families served within the system.

The purpose of the current evaluation is to report on the development and testing of the Signs of Safety Supervisor Fidelity Assessment Tool. Specifically:

- Assess practice competencies of workers using the SofS practice approach
- Empirically evaluate the fidelity of the Signs of Safety® Supervisor Practice Fidelity Assessment

## Background

### The Signs of Safety Approach

The Signs of Safety approach is based on the use of strength-based interview techniques, and draws upon techniques from Solution Focused Brief Therapy (SFBT).<sup>1</sup> It aims to work collaboratively and in partnership with families and children to conduct risk assessments and produce action plans for increasing safety and reducing risk and danger by focusing on strengths, resources, and networks that the family have.

Signs of Safety seeks to create a more constructive culture around child protection organization and practice. Central to this are the three core framework principles:<sup>2</sup>

- Establishing constructive working relationships and partnerships between professionals and family members, and between professionals themselves
- Engaging in critical thinking and maintaining a position of inquiry
- Staying grounded in the everyday work of child protection practitioners

The Signs of Safety revolves around a risk assessment and case planning process, which integrates professional awareness with family and cultural knowledge. It also balances a rigorous exploration of danger/harm alongside indicators of strengths and safety. This integration is done through the incorporation of a future focus within the assessment process. The Signs of Safety framework is used to determine:

- What supports are needed for families to care for their children
- Whether there is sufficient safety for the child to stay within the family
- Whether the situation is so dangerous that the child must be removed
- If the child is in the care system, whether there is enough safety for the child to return home

*“The Signs of Safety approach seeks to create a more constructive culture around child protection organisation and practice. Central to this is the use of specific practice tools and processes where professionals and family members can engage with each other in partnership to address situations of child abuse and maltreatment.”*

- Andrew Turnell

### Phase I of the Study: Item Pool Generation and Initial Pilot Test

As Signs of Safety has grown as a movement and more jurisdictions sign on for the implementation journey, some of the common questions we hear are, “What is next for implementation?”, “How do we know how we are doing as an organization?”, “How do I know that we are on the right track?”, “How will I know the areas that my workers or supervisors need to improve/ deepen their practice?” These are all questions of fidelity, or the degree to which we keep faith with or adhere to the model.

With thanks to the vision and leadership of Casey Family Programs and Sacramento County Child and Family Services, and in consultation with the international Signs of Safety community of practitioners, the Fidelity Research Project is well under way. The goals of the project were to provide consistent resources for organizations to consider when answering these questions, as

well as resources to capture practice-based evidence to grow and sharpen Signs of Safety in new ways.

This work is being led by an international Working Group that consists of Andrew Turnell, co-creator of Signs of Safety; Mike Caslor, a consultant in Manitoba, Canada; Peter Pecora and Yvonne Humenay Roberts from Casey Family Programs; a special Sacramento County work group led by Kim Pearson, a Child Welfare leader in California; Dan Koziolk, a Child Welfare leader in Minnesota; Dan McCormick, from Connected Families; and Audrey Lee, from the Department of Child Protection in Western Australia. Phase I of the study included the following:

- The Working Group invited over 100 Signs of Safety practitioners/trainers/consultants from eight countries to articulate the key elements of the Signs of Safety practice approach, as well as the key attributes and behaviors that best represent a skilled Signs of Safety practitioner, supervisor, or manager. (July, 2012)
- Responses were collated and distilled into a core list of attributes and behaviors relevant to Signs of Safety fidelity. (December, 2012)
- The identified core list of items were distributed back to international stakeholders for review, confirmation and feedback on supervisor and parent fidelity assessment items drafted based on the information provided by the group. (December, 2012)
- Initial pilot of the Signs of Safety® Supervisor Practice Fidelity Assessment was undertaken with a small number of supervisors from the international Working Group. (March, 2013)
- Feedback from the initial pilot was used to refine the assessment tool. (Summer, 2013)

## Phase II: Field Test

This evaluation report summarizes the full-scale field test of the Supervisor Fidelity Assessment Tool that involved a large number of supervisors across various international jurisdictions, who assessed their workers in relation to the Signs of Safety approach.

### Overview of the Evaluation

The aim of the evaluation was to document the development and progression of the Signs of Safety® Supervisor Practice Fidelity Assessment (abbreviated as the “Supervisor Assessment”), the experiences of the 13 pilot communities as participants in the field test, empirically evaluate the fidelity of the Supervisor Assessment, and assess the practice competencies of workers as reported by supervisors using the SofS practice approach.

### Research Questions

1. What are basic frequencies and descriptives across the items and relevant scales and subscales?
2. Do workers vary in terms of fidelity ratings? For which fidelity items is there the greatest variance across workers?
3. What characteristics of staff and sites are associated with fidelity scores?
4. What are preliminary psychometric characteristics?
5. Which items from the first version should be retained?

6. Is the set of fidelity items in the Supervisor Assessment representative of the essential practice competencies that workers need to have when using this practice approach?
7. Do the items on the checklist cluster empirically into one or more sub-scales?
8. Do standardized scores vary across jurisdictions and across worker skill level?

### Methodology

This large-scale field test was conducted over a 14-month period with the collaboration of participating international jurisdictions and agencies. Partner organizations were recruited through a variety of means, including in-person and email contact, and written invitation. Once data sharing agreements were in place, participating agencies provided contact information for supervisors in their organization.

To be eligible for this study, a supervisor (1) must have been currently supervising at least one caseworker relatively new to Signs of Safety; (2) must have been currently supervising at least one caseworker experienced in Signs of Safety; and (3) not have participated in Phase I of the study (the initial field test).

Eligible supervisors were sent an email by their agency informing them of the study and next steps for participation. Participants were then sent an email asking them to participate in the survey. A consent form was included in the email and each participant was given an option whether or not he or she would like to participate. There were no professional repercussions for those supervisors who declined participation. Each participating supervisor was asked to: (a) complete the Supervisor Assessment; (b) provide Signs of Safety background information for at least two of workers (one experienced and one novice Signs of Safety worker); and (c) provide feedback on his/her experience with the tool. Each assessment took approximately 20-30 minutes to complete.

All study materials and procedures were approved by Casey Family Programs' Human Subjects Review Committee.

### Signs of Safety Supervisor Practice Fidelity Assessment

The Signs of Safety Supervisor Practice Fidelity Assessment (Supervisor Assessment) fidelity measure provides a tool for ensuring that the Signs of Safety intervention is replicable and consistently adheres to the principles of Andrew Turnell and Steve Edwards' approach to child protection casework, trademarked as Signs of Safety®<sup>3</sup>.

The Supervisor Assessment included 35 items rated on an 11-point Likert-type scale ranging from 0 (*Never*) to 10 (*Always*) to assess worker fidelity to the SofS model. Supervisors were asked to select the rating that best fits the worker's practice for that aspect of their work and were provided anchors for each item. In thinking about where to rate the worker against each item supervisors were asked to picture the ways in which the worker carries out the skill listed in that item. For example, item 1 asks supervisors to rate the worker's capacity to listen and understand, with anchors "Never listens to and understands the family" and "Always listens to and understands the family."

Observations about additional aspects of practice were gathered through two supplemental questions: What else did you see the worker do to achieve the key case outcomes? Having completed this survey, what do you think would be most helpful in supporting the worker to further

strengthen their practice knowledge and skills? Feedback about the fidelity checklist structure and content was solicited through four additional open-ended questions:

1. Did rating these items help you identify all the significant *strengths* in the worker's practices? Does the checklist have any gaps in this area?
2. Did rating these items help you identify all the significant *weaknesses* in the worker's practices? Does the checklist have any gaps in this area?
3. What was most useful for you about using this supervisor's checklist?
4. What was problematic for you about using this supervisor's checklist? (In the initial field test, supervisors were asked which items were difficult to rate or what wording needed to be changed,)

Information about supervisor and worker backgrounds and organization-level SofS practice were also ascertained.

### Analysis

The quantitative data were analyzed using basic descriptive statistics in SPSS (e.g., mean, median, mode). To screen for the best conceptually relevant items for inclusion in the final version of the Supervisor Assessment, an exploratory factor analysis was conducted in SPSS (principal component factoring followed by varimax rotation). A confirmatory factor analysis was then conducted using AMOS, a visual statistical tool that enables specification and estimation of models to show and test hypothesized relationships. Internal consistency for each of the scales was examined using Cronbach's alpha.

Item Response Theory (IRT) was conducted to confirm the factor analysis, as well as further establish psychometric properties of the proposed final Supervisor Assessment.

Qualitative data, consisting of open-ended responses to questions about worker practice, and checklist structure and content were reviewed by two researchers for identification of common themes. ATLAS.ti qualitative data analysis research software was then used to code qualitative responses.

### Research Limitations

The following limitations should be considered when interpreting the findings presented in this report:

- Modest sample size limits within-agency comparisons. The results are based on a total of 285 supervisors, who assessed 435 workers. While we believe this sample size is still sufficient to yield valuable information, a larger sample would strengthen the results and allow for within-group comparative analysis (e.g., comparison within jurisdictions) that was not possible here.
- Variability across jurisdictions. The jurisdictions included in this analysis are from various countries that have been implementing Signs of Safety for different amounts of time (from months to several years) and have received varying amounts of training on the study protocol and procedures, thus there exist several differences across jurisdictions, including each jurisdiction's unique history with Signs of Safety, and the extent to which this approach is being implemented consistently by case workers.

- Generalizability of findings. While the sample of workers who are assessed for the field test is not strictly representative of the entire group of SofS trained workers, the ratings should provide some indications of the kinds of variance we might see in other studies of SofS worker fidelity ratings.

For these reasons, this study should be considered a pilot investigation. Additional research is needed to examine the long-term usage and benefit of the Supervisor Assessment, and to further validate the factor structure and reduced checklist proposed herein. Nonetheless, as the first attempt to create and validate a Signs of Safety Supervisor Fidelity Checklist, it can provide valuable guidance to future research efforts. Such efforts should include a larger sample from an even broader range of jurisdictions in other parts of the world where the Signs of Safety model is being implemented.

### Participant Characteristics and Response Rate

A total of 326 supervisors across the jurisdictions were asked to complete the Supervisor Assessment on at least two different Signs of Safety workers. Two hundred eighty-five supervisors (87%) participated. Four hundred thirty-five forms were fully completed, averaging 1.5 forms (range 1-11) completed per supervisor. Based on the 472 expected possible forms, an overall response rate of 92% was achieved, with completion rates among all the pilot test jurisdictions ranging from a low of 20% to a high of 100%.

Of the 285 supervisor completed fidelity surveys of 435 workers:

- 173 surveys were from Canada (Her Majesty the Queen in Right of Alberta represented by the Minister of Human Services Alberta, Family and Children's Services of Guelph and Wellington County, Children's Aid Society of Hamilton, Ktunaxa Kinbasket Child & Family Services Society, Children's Aid Society of Toronto)
- 36 surveys were from England (Leicestershire County Council, Children and Young People's Service, Children's Safeguarding Standards Agency, Newcastle)
- 18 surveys were from the Netherlands (Bureau Jeugdzorg Drenthe)
- 99 surveys were from the United States (Buncombe County North Carolina Department of Health & Human Services, Carver County Minnesota Community Social Services, Sacramento County California Child Protective Services)
- 22 surveys were from Wales (City and County of Swansea Child and Family Services)
- 87 surveys were from Western Australia (The Department for Child Protection and Family Support)

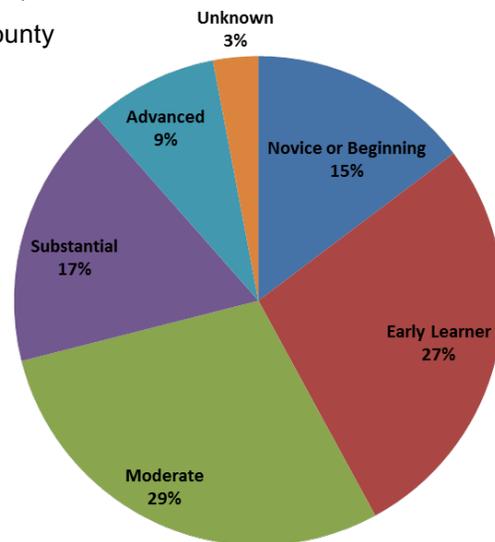


Figure 1. Percent of Signs of Safety skill level of all workers across the Collaborative as reported by Supervisors.

Supervisors reported the skill level of workers with respect to Signs of Safety, on a scale that ranged from novice or beginning level to advanced level (see Figure 1).

- 64 were Novice or Beginning
- 119 were Early Learner
- 126 were Moderate
- 76 were Substantial
- 37 were Advanced
- 13 were Unknown

Supervisors reported that they had been supervising said workers an average of 2.60 (SD = 2.33) years, and that workers had been practicing Signs of Safety an average of 2.35 (SD = 1.91) years (see Table 1). The average length of time practicing SofS was commensurate with supervisor ratings of SofS skill level.

**Table 1: Supervisor and Worker Demographics**

	Average	Mode <sup>a</sup>	Range	Standard Deviation
<b>Supervisors</b>				
<b>Signs of Safety Background</b>				
Years Practicing Signs of Safety	3.46	3	0 – 12	2.11
Years organization has been practicing Signs of Safety	4.04	3	1 – 12	1.98
Years supervising the worker	2.60	1	0 – 15	2.33
<b>Signs of Safety Training</b>				
Introductory Training	7.28	3	0 – 60	7.62
Intensive Participatory Training	5.66	5	0 – 20	4.30
Case Consultations	4.98	0	0 – 54	6.53
Conferences	2.80	0	0 – 15	3.75
Other SofS Training	4.50	2	0 – 20	4.20
Other non-SofS Training	4.01	0	0 – 15	4.04
<b>Workers</b>				
<b>Signs of Safety Background</b>				
Years Practicing Signs of Safety	2.35	1	0 – 15	1.91
Beginner	1.38	1	0 – 9	1.41
Early Learner	1.64	1	0 – 6	1.03
Moderate	2.32	2	0 – 10	1.53
Substantial	3.05	2	0 – 8	1.74
Advanced	4.97	5	0 – 15	3.09
<b>Signs of Safety Training</b>				
Introductory Training	4.19	3	0 – 15	3.32

Intensive Participatory Training	1.80	0	0 – 15	3.06
Case Consultations	2.60	0	0 – 15	4.08
Conferences	1.15	0	0 – 15	2.49
Other SofS Training	2.45	0	0 – 15	3.00
Other non-SofS Training	2.28	0	0 – 15	2.83

<sup>a</sup>Most frequent response.

## Individual Item-Level Analysis

Workers did vary somewhat across the different Signs of Safety practice areas, as shown in Table 2. Of the 35 items, the mean and median ratings across all the items and ratings was 6.82 and 7.09, respectively. The rating scale was designed so that 0 was labeled “Never” and 10 was labeled “Always.” Thus a low rating means that the skill area was used less frequently in practice.

Workers tend to be rated between 8.0 and 10.0 on most items. (See Appendix A for a histogram of the scale variance for each item.) But this is not the case for all items and all workers: of all the possible item ratings (15,225), 7,325 items (48%) were rated 8-10, 5,226 items (34%) were rated 5-7, and 2,674 items (18%) were rated 0-4— indicating there are areas for improvement among the workers. (See Figure 2 for breakdown of response choices.)

Items with the highest average rating:

- No. 2: Treats family members as unique individuals. (Average rating of 7.98)
- No. 3: Did what they say they would do. (Average rating of 8.08)
- No. 5: Is able to be honest and direct with family members about what the Child Protection Service is worried about. (Average rating of 8.23)
- No. 7: Tells the family what they see is working well in the care and safety of the children. (Average rating of 7.78)
- No. 33: Engages with mothers/primary female caregivers. (Average rating of 8.31)

Items with the lowest average rating:

- No. 15: Uses Signs of Safety mapping techniques to help understand the family situation. (Average rating of 5.93)
- No. 16: Uses Signs of Safety mapping to reflect what is working well in the family. (Average rating of 5.91)
- No. 19: Uses the Three Houses, Wizard or Fairy Safety House, or other tools to help children have their voices heard. (Average rating of 5.45)
- No. 21: Considers using the Words and Pictures method to explain the child protection concerns to the child. (Average rating of 3.95)
- No. 22: Considers using the Words and Pictures method to explain the child protection concerns to the parents. (Average rating of 3.76)

Items with the greatest amount of variability between jurisdictions were marked with one asterisk. (Mean [SD] = 6.92 [1.73] to 9.00 [2.05]). Items with the least amount of variability between jurisdictions were marked with two asterisks (Mean [SD] = 1.66 [1.92] to 8.83 [1.15]).

- The skill items with lower scores mainly relate to adherence to specific activities of Signs of Safety versus the other items, which were overall rated much more highly, and were chosen to reflect quality indicators for CPS casework. Adherence to a specific model such as Signs of Safety and quality of other areas of practice are different areas of measurement and may behave differently psychometrically as we found here.

**Table 2. Mean and median worker score for each checklist item**

Checklist Item		Mean	Median	Mode
Regarding humility and integrity, the worker...	1. Listens to and understands the family	7.86	8	8
	2. Treats family members as unique individuals	7.98	8	9
	3. Did what they say they would do**	8.08	8	9
	4. Works with humility, accepting that their judgments may need to change**	7.73	8	9
Regarding transparency, the worker...	5. Is able to be honest and direct with family members about what the Child Protection Service is worried about**	8.23	9	10
Regarding working with strengths, the worker...	6. Pays careful attention to what's working within the family in the care and safety of the children	7.72	8	8
	7. Tells the family what they see is working well in the care and safety of the children**	7.78	8	10
Checklist Item		Mean	Median	Mode
Regarding a focus on safety, the worker...	8. Involves the family in figuring out what needs to happen to get the child protection concerns addressed	7.60	8	8
	9. Is able to communicate clear judgments to the parents, children, network and professionals about how safe the worker believes the children to be**	7.67	8	8
	10. Focuses on the specific caring behaviors the family must demonstrate so the children will be safe enough to close the case	7.44	8	8
Regarding being	11. Is able to involve children in the casework process	7.12	7	7

Checklist Item		Mean	Median	Mode
participatory and collaborative, the worker...	12. Is able to help children have their voices heard to influence decision-making	7.24	7	7
	13. Is able to help parents have their voice heard to influence decision-making	7.71	8	8 <sup>a</sup>
	14. Asks family members whether what professionals are doing is helping	6.70	7	7 <sup>a</sup>
Regarding listening to and understanding family members, the worker...	15. Uses Signs of Safety mapping techniques to help understand the family situation*	5.93	6	5
	16. Uses Signs of Safety mapping to reflect what is working well in the family*	5.91	6	5
	17. Uses Signs of Safety mapping to reflect what we are worried about for the children*	6.00	7	8
	18. Uses Signs of Safety mapping to reflect what needs to happen in the family*	5.97	6	8
	19. Uses the <i>Three Houses, Wizard or Fairy Safety House</i> , or other tools to help children have their voices heard	5.45	6	5
Regarding being clear about harm and danger, the worker...	20. Distinguishes between past harm and future dangers with the family members and professionals	6.35	7	8
	21. Considers using the <i>Words and Pictures</i> method to explain the child protection concerns to the child*	3.95	4	0
	22. Considers using the <i>Words and Pictures</i> method to explain the child protection concerns to the parents	3.76	3	0
	23. Uses a scaling question or process with family members and professionals to rate the safety of the child	5.63	6	7
	24. Makes a distinction between strengths and acts of protection	5.90	6	7
	25. Makes sure that the Signs of Safety mapping is understandable to family members	5.81	6	8
Regarding enhancing	26. Communicates the safety goals so the family knows how they can address the child protection concerns	6.50	7	7

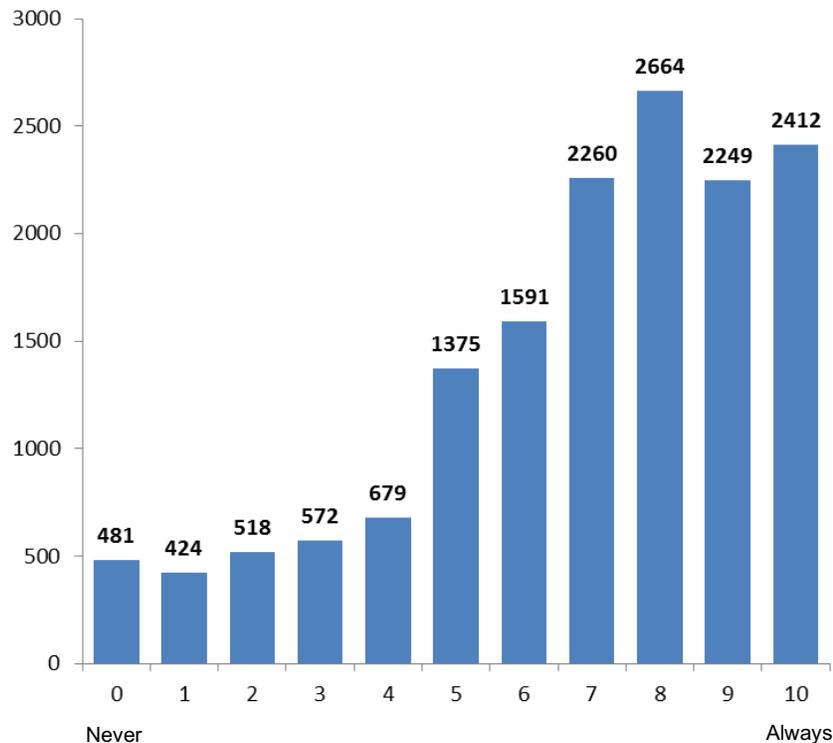
Checklist Item		Mean	Median	Mode
safety, the worker...	27. Creates safety plans with family members and professionals that reflect agreement about what will keep the child safe	6.80	7	7
	28. Discusses with family members how proposed services will keep the child safe	6.99	7	8
	29. Works with the parents to involve as many friends and family as possible to help keep the child safe	6.98	7	8
	30. Checks with family members and the safety network to determine if the safety plan is working	6.71	7	10
	31. Works with family members and the safety network to refine the parts of the safety plan that are not working	6.46	7	7 <sup>a</sup>
Regarding working with individual family members, the worker...	32. Engages with children	7.77	8	10
	33. Engages with mothers/primary female caregivers	8.31	9	10
	34. Engages with fathers/primary male caregivers	7.42	8	8
	35. Engages with grandparent(s) or other kin	7.19	8	8

<sup>a</sup>More than one mode exists (more than one answer appears most often and to the same extent). The smallest value is shown.

\*Items with the greatest amount of variability between jurisdictions. (Mean [SD] = 6.92 [1.73] to 9.00 [2.05])

\*\*Items with the least amount of variability between jurisdictions. (Mean [SD] = 1.66 [1.92] to 8.83 [1.15]).

**Figure 2. Number of times that a practice Item was rated in frequency as a zero “Never” to 10 “Always” by supervisors**



As depicted in Figure 2, supervisors rated a larger number of workers as frequently using the SofS practices (48% of scores ranged from 8-10). While nearly half of the items were rated within the high fidelity range, there remains room for improvement, with 34% of items rated in the moderate range (score of 5-7) and the remaining 18% of items rated in the low range (score of 0-4).

## Factor Analysis

### Exploratory Factor Analysis

All 35 questions of the Supervisor Assessment were factor analyzed using principal component analysis with varimax (orthogonal) rotation. Three, four, and five factor solutions incorporating the remaining 28 items were then examined, using varimax rotations of the factor loading matrix. The four factor solution was preferred because of its previous theoretical support, the “leveling off” of eigenvalues on the scree plot after four factors, and the insufficient number of primary loadings and difficult interpretation of the fifth factor.<sup>1</sup>

<sup>1</sup> By previous theoretical support, we mean that the SofS fidelity research team thought that there were clusters of items that fit together well according to the SofS and general CPS practice models. Scree plots are visual representations of data used to assess which components or factors explain most of the variability in the data.

During several steps, a total of seven items were identified to be eliminated on the new Supervisor Assessment because they did not contribute to a simple factor structure, failed to meet a minimum criteria of having no cross-loadings of .5 or above, were similar to other item(s) in the checklist, or were inherent in other item(s) in the checklist:

- The item “Pays careful attention to what’s working within the family in the care and safety of the children” was removed, as it was deemed similar to the item “Tells the family what they see is working well in the care and safety of the children” while not being action driven.
- The item “Uses Signs of Safety mapping techniques to help understand the family situation” was removed, as it was decided the answer is inherent in the items “Uses Signs of Safety mapping to accurately reflect what is working well in the family” and “Uses Signs of Safety mapping to accurately reflect what we are worried about for the children.”
- The item “Communicates the safety goals so the family knows how they can address the child protection concerns” was removed as it had factor loadings of .7 and .5 on the sub-scales Indicators of good child protective services and Signs of Safety mapping, respectively.
- Four separate items asking specifically about engagement with (1) children, (2) mothers, (3) fathers, and (4) grandparents or other kin were removed, as it was decided that the answers are inherent in the other checklist items.

The final analysis of 28 items yielded four factors, or sub-scales, explaining a total of 74.81% of the variance for the entire set of variables. Items that loaded moderately high on one or more factors were placed into their final factor based on clinical acumen and group consensus. Factor 1 was labeled Indicators of Good Child Protective Services practice, included 13 items and explained 55.85% of the variance. This factor includes core skills needed for CPS practice that are reinforced and taught in SofS training, as well as tied to SofS model practices.

The second through fourth factors include different SofS practice components that build upon and add to core CPS skills. Together, these three SofS factors explain 18.96% of the variance. The second factor derived was labeled Signs of Safety Mapping, included five items and explained an additional 10.03% of the variance. Factor 3 was labeled Signs of Safety Family/Support Network Engagement in Safety Planning, (abbreviated as SofS Family Engagement in Safety Planning), included seven items, and explained 4.87% of the variance. The fourth and final factor derived was labeled Signs of Safety Engagement with Children, included three items, and explained 4.06% of the variance. The factor loading matrix for this final solution is presented in Appendix B.

#### Confirmatory Factor Analysis

A confirmatory factor analysis was then run and internal consistency for each of the sub-scales was examined using Cronbach’s alpha. The alphas were high — .89 for SofS engagement with children, .94 for SofS family engagement in safety planning, and .95 for both indicators of good CPS practice and SofS mapping. (See Table 3). Overall, these analyses indicated that four distinct factors corresponding to the above defined sub-scales were underlying supervisor ratings of worker fidelity to Signs of Safety practice.

**Table 3. Descriptive statistics for the four Supervisor Assessment factors (N = 435)**

	No. of items	M (SD)	Alpha
Indicators of good CPS practice	13	99.13 (19.88)	.95
SofS mapping	5	29.31 (13.56)	.95
SofS family engagement in safety planning	7	46.18 (15.33)	.94
SofS engagement with children	3	13.17 (8.76)	.89

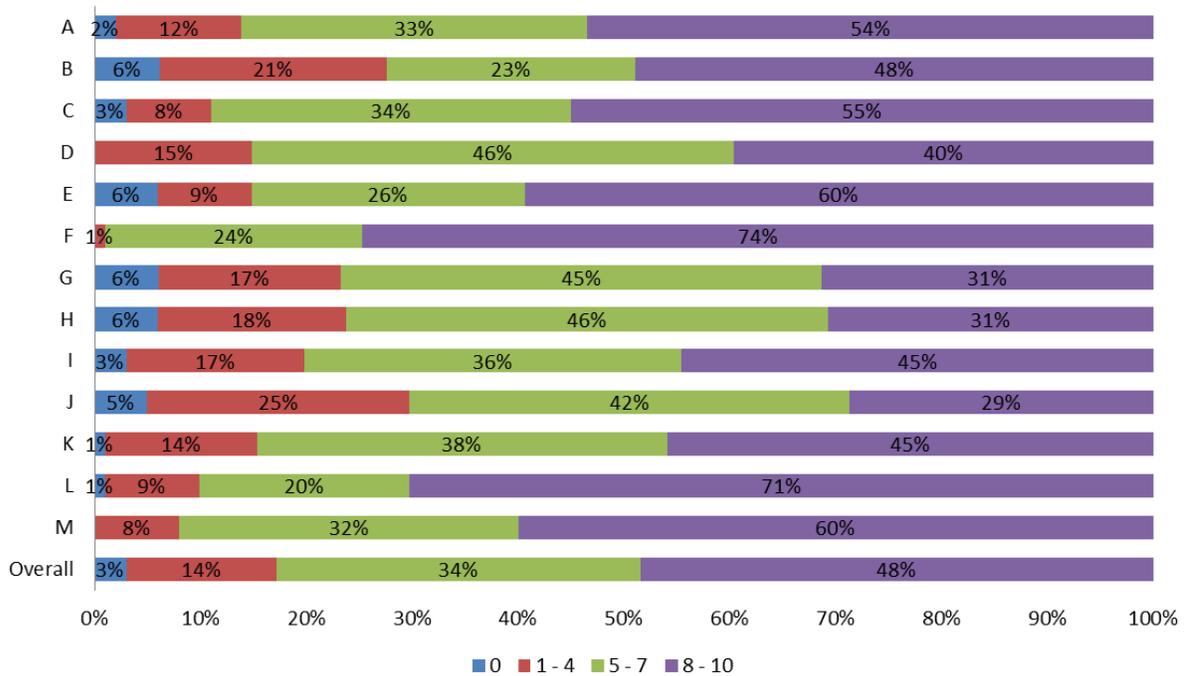
### Item Response Theory

Item Response Theory (IRT) was undertaken to assess the final 28-item Checklist structure as well as to assess item fit and response patterns. The IRT confirmed the final proposed Checklist structure. Supervisors tended towards leniency, however ratings were across the board (both lenient and more demanding), suggesting appropriate level of fidelity. No patterns in responses/ratings, meaning there was no difference in scores by rater (no one was a more demanding versus a more lenient rater). Analyses revealed little distinction and separation between categories in the middle of the scale. Thus, the recommendation is to reduce the number of response rating categories from 11 to seven and to provide definitions for each of the seven rating categories in order to aid in completion of the tool.

### Comparisons by Jurisdiction

After the factor structure was identified, we then began to compare data across the jurisdictions (A-M) using the new, streamlined version of the Supervisor Tool. As depicted in Figure 3 below, a large portion of supervisors in all the jurisdictions reported that certain practice skills were being used frequently (48% of scores ranged from 8-10 for the overall collaborative). However, although an overwhelming larger number of items were rated within the high fidelity range, there remains room for improvement: 34% of items were rated in the moderate range (score of 5-7), and the remaining 2% or 14% of items were rated in the low range (score of 0 or 1-4, respectively). While the general pattern holds true across the participating jurisdictions, there is variability, with some jurisdictions reporting higher levels of higher-item scores (e.g., 74% for jurisdiction F) and other jurisdictions reporting higher levels of low-range scores (e.g., 27% and 30%, respectively, for jurisdictions B and J).

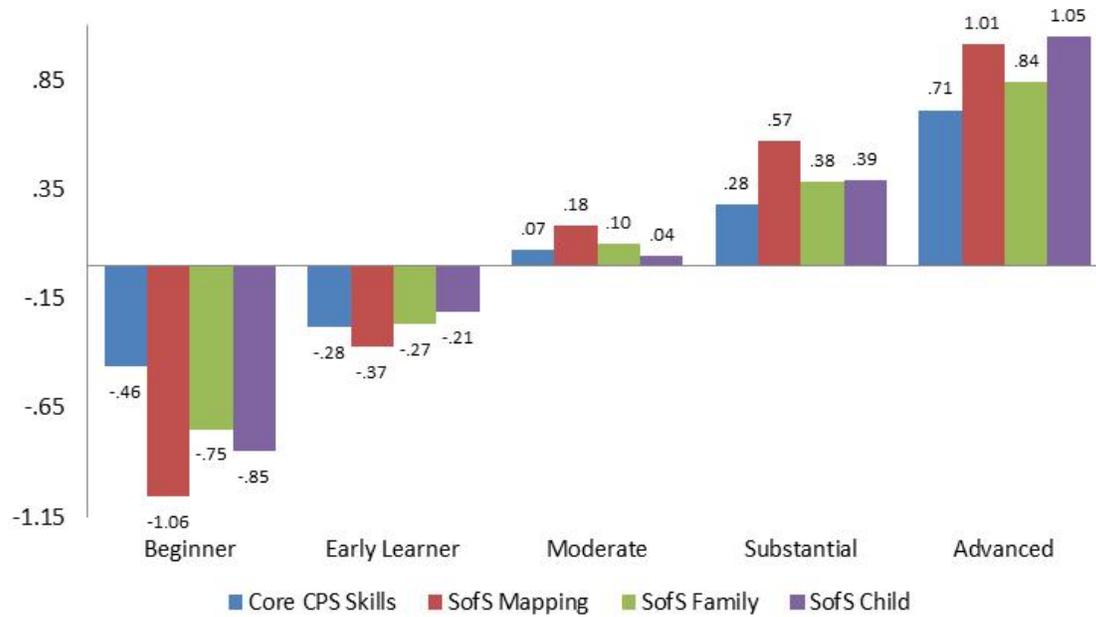
**Figure 3. Percent of item-level scores across each jurisdiction and of the overall Signs of Safety Collaborative**



To compare across jurisdictions, we created standardized scores, or z-scores, for each of the four sub-scales across the 13 participating jurisdictions. A positive Z-score indicates a score that is higher than the mean, or average. A negative Z-score indicates a score that is less than the mean. The larger the Z-score, the greater difference there is between the score and the mean. While some jurisdictions reported scores consistently above the mean, or average, across the four dimensions of practice (jurisdictions A, E, F, L and M; see Figure 4, next page), others reported scores that were mixed (jurisdictions B, C, D, G, I and K) or consistently lower than the mean (jurisdictions H and J). For a breakdown of jurisdiction-level scores by checklist dimension, see Appendix C.



**Figure 5. Standardized scores across the four dimensions of the Signs of Safety Supervisor Assessment by worker skill level**



**Table 4. One-way Analysis of Variance of calculations of the four dimensions of SofS practice by worker skill level**

Dimension of Practice	Df	SS	MS	F	p
<b>Indicators of good CPS practice</b>					
Between groups	4	48.59	12.15	22.03	<.01
Within groups	417	229.89	0.55		
Total	421	278.48			
<b>SofS mapping</b>					
Between groups	4	153.33	38.33	82.82	<.01
Within groups	417	193.00	0.46		
Total	421	346.33			
<b>SofS family engagement in safety planning</b>					
Between groups	4	82.27	20.57	36.80	<.01
Within groups	417	233.09	0.56		
Total	421	315.36			
Dimension of Practice	Df	SS	MS	F	p
<b>SofS engagement with children</b>					
Between groups	4	100.45	25.11	42.94	<.01
Within groups	417	243.85	0.59		
Total	421	344.29			

Note. *df* = Degrees of freedom; *SS* = Sum of Squares; *MS* = Mean Square; *F* = F statistic; *p* = significance.

## Qualitative Analysis

### Aspects of practice

1. What else did you see the worker do, to achieve the key case outcomes?

- **Collaboration and good rapport with families is essential.** Forty-two percent of supervisors identified positive relationships with families as being important in achieving key case outcomes. Many respondents identified specific aspects of rapport-building, including reflective listening, transparency, good engagement skills, and a supportive approach (see Appendix D for specific examples). While empathy and rapport-building skills were identified as important, it was also noted that some workers need to continue to work on their empathy and rapport-building skills.
- **Working collaboratively with other professionals is crucial.** Seventeen percent of responding supervisors reported that collaboration with professionals is important.

Several examples of building and sustaining positive working relationships with other professionals highlighted the importance of collaboration. Such relationships are helpful if/when difficult situations or a difference of opinion arises. Supervisors recognized that ensuring everyone involved in the case can work together helps improve outcomes for children and families.

- **Signs of Safety tools and methods are helpful.** Supervisors (17%) reported that when the Signs of Safety tools and methodologies are used, case outcomes for children and families are improved.
- **Worker characteristics can influence case outcomes.** Individual characteristics of workers were identified by supervisors as being important for achieving key case outcomes. Respondents identified qualities such as self-reflection and understanding, remaining hopeful, being open and approachable, and staying calm as positive attributes in caseworkers.

2. Having completed this survey, what do you think would be most helpful in supporting the worker to further strengthen their practice knowledge and skills?

- **More supervision, support, and modeling would enhance worker skillsets.** Eighteen percent of supervisors recognized the importance of providing more supervision and support around SofS to enhance worker practice knowledge and skills. This involves continued encouragement of workers to use SofS in practice, and helping workers identify areas to incorporate the tools. Modeling SofS within supervision and challenging workers were also identified as being helpful.
- **Additional experience with SofS tools would further strengthen worker practice knowledge and skills.** Many supervisors (25%) acknowledged that the Supervisor Assessment helped to highlight the importance of providing and encouraging more worker hands-on experience with the SofS tools. Increasing understanding and confidence in the tools through direct application helps strengthen SofS practice knowledge and skills.
- **Supplementary training in SofS is indicated.** In several cases (17%), supervisors realized through the use of the checklist that their workers needed more training in SofS practices. In particular, training using the Three Houses, and Words and Pictures to engage children would be helpful.

## Checklist structure and content

1. Did rating these items help you identify all the significant *weaknesses* in the worker's practices? Does the checklist have any gaps in this area?

- **The checklist helped to identify areas of SofS practice needing improvement.** The majority of supervisors (81%) reported that the checklist helped them to identify weaknesses, both within dimensions of SofS practice (e.g., mapping and/or safety planning) and CPS practice (e.g., teaming and/or engagement skills). While most

supervisors agreed that the checklist helped to identify weaknesses, some did not see the utility in using the checklist. Reasons given for lack of perceived utility included previous awareness of needs (i.e., the checklist did not bring any new insight), and difficulty assessing for weaknesses in worker practice without direct observation of practice. Further, some supervisors thought that the checklist is helpful for identifying areas of inexperience, rather than areas of weakness.

2. Did rating these items help you identify all the significant strengths in the worker's practices? Does the checklist have any gaps in this area?

- ***The checklist helped to identify worker strengths.*** Again, the majority of supervisors (83%) reported that the checklist helped them to identify worker strengths. Supervisors reported the identification and reflection on strengths highlighted by the checklist will assist in being mindful when assessing practitioners, in case planning, and in supervision. It could also be used to identify SofS practice champions who could act as leaders for the rest of their office. While most supervisors agreed that the checklist helped to identify strengths, some used it to clarify what they already knew, while others did not see the utility in using the checklist. Reasons given include broadness of questions, and the difficulty of giving quantitative ratings to qualitative practices.
- ***Some gaps in assessing strengths and weaknesses in practice were noted.*** Supervisors noted that in some instances, ratings were difficult or not applicable based on worker experience (e.g., new worker that has not completed training in SofS methods and practices) or case-specific considerations (e.g., how to properly assess engagement of young children).

3. What was most useful for you about using this Supervisor's Checklist?

- ***The checklist provides a tool for reflection and planning.*** Thirty-one percent of supervisors reported that completing the checklist helped them to reflect on the worker's current practice specific to the use of the Signs of Safety tool and helped to identify what needs to happen from a supervisor's standpoint to support the worker in building the worker's clinical skills by using the tool.
- ***The checklist helps to identify areas of strength and areas for development.*** Twenty-five percent of respondents reported that understanding where worker skills are lacking and where their strengths lie regarding practice are important to be able to acknowledge and celebrate victories, and identify areas needing attention and strength building. Supervisors also reported that the checklist could help to develop goals for the worker's practice development. One supervisor noted that completing this checklist with every worker on a team, in a department, or an agency, might allow for evaluation of the implementation of SofS at the system level.
- ***The checklist is a good reminder of practice requirements.*** Some supervisors (5%) reported that the checklist helped to clarify what good practice looks like specific to Signs

of Safety practice. This ability to categorize the different areas of SofS helped to evaluate proficiency and fidelity to the model.

#### 4. What was problematic for you about using this Supervisor's Checklist?

- **Scaling of items was viewed as subjective.** Multiple supervisors (8%) reported difficulties rating some items on the checklist due to the subjective nature of the rating scale. Some worried that their rating of an 8, for example, might be equivalent to another respondent's rating of a 6. It was also noted that it can be difficult to scale an item in which a supervisor has noted it as a strength or as a weakness, depending on the context.
- **Without direct observation, some practice items were difficult to answer.** While aspects of SofS are modeled and practiced within supervision, it is difficult to rate the degree of practice fidelity when supervisors are not directly privy to what happens between workers and families. Several supervisors (10%) reported finding it difficult to rate a worker based on their assessment of a worker's statements about what did or did not occur within the therapeutic setting, or finding it difficult to rate a worker based on the scaling provided.
- **Items were not always viewed as relevant to a case or situation.** For some respondents (9%), the checklist was viewed as too generalized in nature, or not applicable in some situations. Multiple supervisors wanted a way to be able to explain their answers, both in cases where they rated a worker high or rated a worker low.

## Summary of Findings and Next Steps

Fidelity measures detect the presence and strength of an intervention in practice, and they support the interpretation of outcomes. The Phase II evaluation offers very encouraging results. The current evaluation is the first large-scale field test of the Signs of Safety Supervisor Fidelity Assessment Checklist. A total of 285 supervisors across the jurisdictions were asked to complete the Supervisor Assessment on at least two different Signs of Safety workers, for a total possible sample of 570 forms. Four hundred thirty-five forms were fully completed. Based on the estimate of 570 possible forms, an overall response rate of 76% was achieved, with completion rates among all the pilot test jurisdictions ranging from a low of 20% to a high of 100%.

The factor analysis underscored the importance of a core set of fundamental CPS practice skills. And that the Signs of Safety practice model contributes three additional clusters of skills related to safety mapping, family engagement and safety mapping, and child engagement. Across the initiative, almost half of the items were rated as extremely used (within the high fidelity range). But there remains room for improvement, with 34% of items rated in the moderate frequency of use range (score of 5-7) and the remaining 18% of items in the low range (score of 0-4).

Item means, item intra-correlations, and a factor analysis revealed that a number of duplicative checklist items could be cut from the checklist while preserving four key fidelity assessment sub-scales that relate well to the core aspects of Signs of Safety practice. Thus internal consistency of the tool and sub-scales was confirmed.

Comparisons across the thirteen participating jurisdictions, however, found variability across sites. While some reported practicing all four aspects of SofS to a greater extent than the average, other jurisdictions reported mixed, or lower than average, practice. As might be expected with a sophisticated practice model, caseworkers with less experience, per their supervisor's report, were rated consistently lower than average across the four dimensions of practice, and that with more experience, practice and ratings improved.

Qualitative information from supervisors revealed that overall, the checklist was an opportunity to reflect on both individual and group level practice in Signs of Safety, to identify areas of strength and areas in need of further development, and to clarify what good practice looks like specific to Signs of Safety.

### Issues to consider

The following themes emerged during the evaluation of the Supervisor Assessment. Signs of Safety program leaders and developers may be interested in examining these issues further as they relate to scaling up the Signs of Safety approach.

- Of the jurisdictions who participated, researchers observed that those social workers rated as more advanced in their Signs of Safety practice, when compared to those rated as less advanced (novices and early learners), were more likely to be rated as further along in their integration and faithful practice of the model. This may be attributed to the fact that while the Signs of Safety tools are relatively simple and straightforward, it is using them in practice that results in the real learning and understanding of the model. This idea was further supported through qualitative answers provided by supervisors.
- Effective implementation of Signs of Safety and most other practice models cannot be done quickly. It is important that jurisdictions take a long-range view to any implementation of SofS, with a multi-year commitment to supporting supervisors and workers in getting the kind of training and coaching necessary to learn the skills and practice associated with the model. Acquisition of these practice skills takes time.
- Finally, jurisdictions need to be aware that they may not see significant change in outcomes until implementation continues for two to three years, even with strong SofS fidelity. Striving toward model fidelity is a critical step in achieving the benefit of any practice innovation. High fidelity practice supports greater understanding of what works across the field. If further research finds that the jurisdictions who have higher fidelity to the model have better outcomes in critical areas such as lower child placement rates, lower re-referral rates, and fewer terminations of parental rights, the benefit this understanding gives to the field and to other jurisdictions considering implementing SofS is great.

### Next steps for jurisdictions

#### Social worker level

- Actively endeavor to gain more experience with Signs of Safety tools and practice in order to increase comfort level/confidence and to sharpen practice skills.

- Continue to reach out to supervisors and other professionals for support in Signs of Safety practice, particularly in involving children and youth. Workers should be encouraged to use Words and Pictures and safety mapping in every case to help explain child protection concerns to children and parents. Further, endeavor to use the Three Houses, Wizard, or Fairy Safety House tools to help children have their voices heard.
- Continue to actively engage all members of the family in the work, and to think creatively around different ways to support families. The simplest way to create a good working relationship with parents is for the professionals to continually identify and honor the parents for everything they see that is positive in their everyday care and involvement with their children. In this way parents will be much more likely to listen to the workers' views about the problems, and more likely to work with them through the challenges involved in building a lasting safety plan.

#### Supervisor level

- Use of tools such as the Supervisor Assessment within a supervisory context on an ongoing basis is an opportunity to reveal what workers are doing well, as well as highlight areas for individual growth. Deeper infusion of Signs of Safety practice methods through ongoing coaching and reinforcement by supervisors and managers appears needed, as the strategy takes approximately five years to be fully implemented.

#### Jurisdiction or agency level

- Create a learning organization to expand Signs of Safety within the agency. For instance, use data gathered from the tool for Continuous Quality Improvement, as well as to highlight successes of overall agency implementation and areas for growth.
- Continue a commitment to support the development of strong practice leaders (PLs) who have an in-depth understanding of Signs of Safety in all child protection practice contexts.
- Create an ongoing group learning process for establishing, consolidating and refining the Signs of Safety mapping and Appreciative Inquiry work as the central activities to deepen the practice culture of practitioners. For instance, integrate peer group supervision as a core approach for sharing work, sharpening practice, and informing decisions that impact families receiving services.
- Endeavor to examine the relationship between the Supervisor Assessment and outcomes for youth and families.

### Future directions in research

The findings suggest several important directions for future research. There is still much to learn about the structure and process elements that have the greatest treatment utility (i.e., predict positive child and family outcomes). Furthermore, the threshold level required for “good” fidelity to the model is not known as it relates to outcomes for children and families. As more fidelity research is undertaken, it is necessary to continue to refine the checklist to ensure alignment with





















## Appendix B. Factor Loading Matrix for the Supervisor Assessment

Factor loadings and communalities based on a principal components analysis with varimax rotation for 28 items from the Signs of Safety Supervisor Fidelity Assessment Tool (N = 435)

	Indicators of good CPS practice	Signs of Safety Mapping	Family/Support Network Engagement	Engagement with children
Listens to and understands the family.	.85	.20	.14	.06
Treats the family as unique individuals.	.83	.18	.22	.08
Did what they said they would do.	.79	.10	.24	.05
Works with humility, accepting that their judgments may need to change.	.78	.15	.19	.13
Is honest and direct with the family about what the Child Protection Service is worried about.	.67	.24	.33	.04
Tells the family what they see is working well in the care and safety of the children.	.69	.28	.31	.10
Involves the family in figuring out what needs to happen to get the child protection concerns addressed.	.68	.30	.29	.25
Communicates clear judgments to the parents, children, network and professionals about how safe the worker believes the children to be.	.69	.26	.30	.19
Focuses on the specific caring behaviors the family must demonstrate so the children will be safe enough to close the case.	.69	.31	.30	.25
Involves the children in the casework process.	.56 <sup>a</sup>	-.02	.25	.62
Helps children have their voice heard to influence decision-making.	.61 <sup>a</sup>	.08	.22	.61
Helps parents have their voice heard so their views influence decision-making.	.75	.21	.25	.33
Asks family members whether what professionals are doing is helping.	.59	.09	.32	.35
Uses Signs of Safety mapping to accurately reflect what is working well in the family.	.34	.88	.27	.16
Uses Signs of Safety mapping to accurately reflect what we are worried about for the children.	.24	.89	.25	.16

	Indicators of good CPS practice	Signs of Safety Mapping	Family/Support Network Engagement	Engagement with children
Uses Signs of Safety mapping to accurately reflect what needs to happen in the family.	.25	.88	.26	.16
Uses the Three Houses, Wizard or Fairy, Safety House, or other tool to bring out the voice of the child have their voices heard.	.16	.58	.18	.54 <sup>a</sup>
Distinguishes between past harm and future dangers with family members and professionals.	.38	.49	.44 <sup>a</sup>	.24
Considers using the words and pictures to explain the child protection concerns to the child.	.09	.48	.17	.72
Considers using the words and pictures with the parents to help them understand the child protection concerns.	.09	.47	.18	.72
Uses a scaling question or process with family members and professionals to rate the safety of the child.	.24	.48	.35	.35
Makes a distinction between strengths and acts of protection.	.32	.35	.50	.34
Makes sure that the Signs of Safety mapping is understandable to family members.	.25	.80	.32	.19
Creates safety plans with family members and professionals that reflect agreement about what will keep the child safe.	.35	.30	.76	.18
Discusses with family members how proposed services will keep the child safe.	.36	.26	.77	.18
Works with the parents to involve as many friends and family as possible to help keep the child safe.	.38	.32	.74	.16
Checks with family members and the safety network to determine if the safety plan is working.	.37	.33	.75	.16
Works with family members and the safety network to refine the parts of the safety plan that are not working.	.35	.29	.76	.19

<sup>a</sup>Factor decision made based on clinical acumen and group consensus.





## Appendix D. Qualitative Analysis Sample Responses

### Aspects of practice

1. What else did you see the worker do, to achieve the key case outcomes?

#### Collaboration and good rapport with families is essential.

*Caseworker is highly ethical in practice and continues trying to see 'through the child's eyes' each decision she makes with the family, the courts and service providers. [Caseworker] scores high in 'listening' to children and advocating for their views to be heard by all parties; families, networks, judges and service providers.*

*Worker is transparent with the family; communicates issues as they arise; good engagement skills and supportive approach while adhering to expectations; clarifying role and parameters of role.*

*Reflecting back progress to the family in an encouraging way. Reviewing this progress at the start of every meeting/visit.*

*The worker uses the journal with children and parents as a reflective tool to follow up on discussions. [The worker] breaks down tasks in next steps specifically to review and monitor progress towards service plan goals. The worker also uses visual aid with families where there may be cognitive issues.*

*This worker will walk alongside clients and is very patient. [This worker] helps with practical tasks. [This worker] is a strong advocate for fathers and good at engaging with them.*

Some workers need to continue to work on their empathy and rapport building skills.

*Worker likes to make unilateral decisions as the guardian of the child or youth in care.*

*Worker tends to be authoritarian and hard to shift view or be open to other options. Limited use of signs of safety that could facilitate this process.*

*Focuses mostly on compliance with expectation and follow through with services.*

*Worker not able to see any strengths in adult family members, viewed them as 'lying' about safety and began mistrusting adult family members. No safety was established, had to be directed by supervisor to use safety factors to prepare case for closure when worker requested permission to apply for stronger court order to 'catch' adults lying.*

#### Working collaboratively with other professionals is crucial.

*Caseworker includes community spiritual elders, ceremonies and traditional practices to reach success. Caseworker practices excellent 'active listening' skills in sharing circle formats to elicit information from case planning participants and supports safe disclosure by children of worries.*

*Share information with another agency who was also involved. Handle difficult conversations with that agency who held a different view. Invite the worker from the other agency to attend all safety*

*planning meetings as well as agency meetings to discuss the case. Provide space in the planning for the other worker and supervisor to have their voices heard.*

### Signs of Safety tools and methods are helpful.

*[This worker] incorporated SofS tools from the beginning and expanded [this workers] usage in deepening her work. [The worker's] use of three house and safe house and its success inspired the entire unit and [this worker] continues to utilize and expand [this worker's] practice in investigation.*

*This worker's ultimate goal is always to have a safety plan in place before leaving this family. [The worker] makes it a point to find out what is working to bring the families strengths to their attention. [This worker] also, by means of AI and asking 'What next', brings out the needs, worries, and safety issues as well. I cannot recall ever having doubts, when closing one of [this worker's] cases, that there was not enough done and I know that the best safety plan is in place.*

### Worker characteristics can influence case outcomes.

*Check [this worker's] own values and judgments; stay organized and in touch with own next steps.*

*The worker never gives up hope.*

*Open and approachable manner to engage family as well as practitioners.*

*Being calm and work with patience, play with language to make sure the family understands what's expected from them and what the family can expect from the worker, being creative in using SofS skills.*

*[This worker] works with heart, that's what clients tell us in interviews. [This worker] can really listen very well to everyone involved.*

2. Having completed this survey, what do you think would be most helpful in supporting the worker to further strengthen their practice knowledge and skills?

### More supervision, support, and modeling would enhance worker skillsets.

*To continue to encourage the worker to use SOS in her daily practice and to look at ways that she can incorporate it into practice. For example, [the caseworker] may not be working on the youth returning home but if we are worried because the youth is running away and using drugs, [the caseworker] can use SofS mapping with the youth and his/her support network to create a safety plan.*

*Need to do more challenging in supervision, use of Appreciative inquiry to build on what is working well.*

*Keeping the SofS model conversation going; always speaking my appreciation for good works; and using appreciative inquiry during supervision.*

*Since the inception of the SofS trainings, our program has been asking how to fully implement the use of SofS; however because of the uniqueness of the job, we have not been provided with guidelines to assist our workers and supervisors to use SofS to its full capacity, without requiring*

*mapping, which again is not a reasonable expectation. Our workers use some aspects of SofS, which is what we were encouraged to do.*

**Additional experience with SofS tools would further strengthen worker practice knowledge and skills.**

*Opportunities to practice in areas that need strengthening so that they are more comfortable in areas of need.*

*Further work at getting the mapping worked into day-to-day practice. It is still the exception, not the norm.*

*We really need to work on using tools specific to SOS -mapping more frequently, sharing danger/harm and specific safety goals arrived at through mapping and in particular, more engagement with children to bring their voice into the planning.*

*Continued direct application of the framework and expectations of the formal use of mapping and other tools.*

*Worker continuing to build confidence by ongoing practice of the tool.*

**Supplementary training in SofS is indicated.**

*More training in Three Houses, Future Houses, and other techniques with children.*

*Working with worker more in asking questions from the three columns and not taking as many short cuts to just get a quick assessment done.*

**Checklist structure and content**

1. Did rating these items help you identify all the significant weaknesses in the worker's practices? Does the checklist have any gaps in this area?

**The checklist helped to identify areas of SofS practice needing improvement.**

*Yes, the ratings assisted in identifying weaknesses.*

*Yes - it has enabled me to see that whilst I am aware the worker struggles to be clear and consistent with families this has helped me see that [this worker] is focusing on all the negatives and not asking for feedback from the family on what is working well and what they are worried about and not considering scaling questions.*

*Yes, it helped me realize that although the worker engages really well with children [the worker] doesn't always bring their voice to the table in mappings. It also helped me to notice that [the worker's] engagement with dads isn't always as clear as that with mothers/ women or children. This is helpful in terms of assisting with [the worker's] practice development.*

While most supervisors agreed that the checklist helped to identify weaknesses, some did not see the utility in using the checklist.

*No, it did not help me.*

*The checklist assumes that I see everything a worker does in the field. I am basing my answers of what I am told and have observed. But I don't see the worker on every home visit.*

*I am aware of the needs and what practice concerns are for this worker.*

*I was already aware of these strengths and weaknesses for this worker. This is my assessment of the Worker based on the worker's description. I would suggest more cautious language use as a result. Instead of, 'The worker tells the family what they see is working well in the care and safety of the children', there needs to be recognition of the Supervisor assessing what the Worker reports. The family may have a different experience and I have not necessarily observed these areas directly.*

Some supervisors found the checklist as identifying areas of inexperience, rather than areas of weakness.

*Rather than weaknesses, it relates to inexperience and not having done a lot of training. Has the skills just needs to focus on SOS tools.*

*This rating identified weaknesses in the workers practice, but this is because of the lack of practice or opportunity, not a lack of willingness.*

### Some gaps in assessing weaknesses in practice were noted.

*Only gap is that some questions were not age specific particularly around child's involvement and their ages and ability to participate.*

*This does not consider involving carers in the process where the children may be in care and going through a reunification process or other safety planning.*

*The only thing that I am not sure about in the checklist is the link between the tools and the practice.*

*The worker scored lower in involving children, however, this is not an individual weakness but an identified difficulty for front end safety planning. The worker uses words and pictures extensively and has involved children with meetings, however, there are situations where it is difficult for children to participate and also parents can prevent their children from being fully involved.*

*It would have been nice to focus more on using signs of safety in cooperation with colleagues.*

*I feel it does not allow for English as being a 3rd or 4th language with a majority of the families that we work with. Also there should be discussion boxes after each question as sometimes the children cannot be included in the discussions due to their age etc.*

2. Did rating these items help you identify all the significant strengths in the worker's practices? Does the checklist have any gaps in this area?

**The checklist helped to identify worker strengths.**

*More so than the weaknesses, when I rated it - it actually helped me reflect that as a Team we are really good at doing things well.*

*Yes it did. It assisted me to think of the different facets of [the worker's] practice rather than [the worker's] case work as whole and in doing so identify the strengths and some challenges.*

*[The survey] does cover all of the significant areas and was good to focus on these in relation to strengths.*

*The rating helped me realize the areas this worker did well and made me wonder how I could duplicate this type of practice with the rest of my team.*

*Yes, in fact, I realized how much [the worker] uses and embraces SofS in daily work.*

While most supervisors agreed that the checklist helped to identify strengths, some used it to clarify what they already knew, while others did not see the utility in using the checklist.

*To a degree, but questions are quite broad and although worker uses these practice the questions do not indicate the successfulness of families being engaged and addressing concern through the use of SofS.*

*Assisted in clarifying what I already know.*

*No, it did not help me.*

*No. Quantitative ratings are a poor measure of practice and a qualitative approach would be of more value especially with regard to building good practice.*

*I don't think that it helped me to identify all the strengths because it was kind of specific where in the framework allows us to be more fluid.*

**Some gaps in assessing strengths in practice were noted.**

*Perhaps something around the process of mapping/ reviewing the safety plan to further enhance critical thinking around the case and ensuring that the Safety Plan meets Agency's approval.*

*The checklist is helpful to work where there are child protection issues. Where you work with young people and their network sometimes which doesn't include parents I think it would be helpful to talk about young people's risk taking behavior and how their social worker engages the young person's network to support them.*

*It would be nice that there is space to write about the special characteristics, talents of the worker, the things they are born with and can't be learned if you're not born with it.*

### 3. What was most useful for you about using this Supervisor's Checklist?

#### The checklist provides a tool for reflection and planning.

*The questions asked will help me to further guide my supervision of the worker.*

*Most useful was thinking about the worker and the families she has worked with, reflecting on the good work being done. I also found it useful as I reflected on other worker's practice and that I need to work and influence other worker's to build their capacity in the same manner as this worker referred to in the survey.*

*It was useful to concentrate on one worker and one family they are working with to be able to focus on specific issues and how well SOS has been used. It has enabled me the time to reflect on the use of SoS in my team and the difference between workers too.*

#### The checklist helps to identify areas of strength and areas for development.

*It helped to unpack the worker's needs and strengths; it helped to unpack my own needs and strengths.*

*Helped me to see the strengths this worker brings to their current practice and shows me areas I can support [this worker's] development in as we go forward.*

*Identifying strengths and needs of my team as a whole.*

#### The checklist is a good reminder of practice requirements.

*The way it breaks down all aspects of practice - relationship building, technical skills, and safety.*

*As someone who is also on a learning curve of the tool, the questions asked helped me to hone in on how the use of the signs of safety tool can bring good clinical outcomes.*

*It clearly delineated the 'components' of good SOS practice*

### 4. What was problematic for you about using this Supervisor's Checklist?

#### Scaling of items was viewed as subjective.

*It is hard to rate peoples practice on a scale.*

*The scaling being very subjective - every respondent would set a different level of standards - e.g. for me a 10 is impossible, so rating this experienced worker at 8 and 9 is extremely high for me.*

*The scale show different levels in blue, but when the rating falls between 9 - 10 (or any numeric value) it does not distinguish the difference in that range.*

#### Without direct observation, some practice items were difficult to answer.

*A supervisor does not always know when the worker is using SOS skills only when engaged with them on particular cases.*

*Some things I didn't know. For example I know we have mapped in supervision constantly on this case but I'm not sure how that has translated into mapping with the family.*

*It is based on my assessment of the Worker's statements. This may be different from the Worker's actions (since I was not present for them and they did things I was not aware of) and/or the family's perception.*

---

**The items were not always viewed as relevant to a case or situation.**

*It was very generalized, didn't allow variation for specific contexts skills may be used but instead had to look at overall score.*

*A worker might not have had equal exposure to all of the dimensions - given that cases transfer from duty team (where the mapping may have occurred, initial Signs of safety meeting with the family) then transfer over to a long term team dependent on the structure of the district, where the new case worker will continue progressing the case.*

*Questions quite general and not specific to a particular family group or client.*

*Difficult to rate when the worker is new and has not had the opportunity to participate in some of the questions covered.*

---

## Appendix E. Original Signs of Safety® Supervisor Practice Fidelity Assessment

### Instructions

Throughout this survey we will ask you to rate the worker's skills related to the family. This includes every individual in that family. Later in the survey we will include four questions directed more specifically to individual family members.

The survey is divided into four parts, each one focusing on a different aspect of the Signs of Safety® approach to child protection work. Please read the introductory phrase at the beginning of each section before you answer the scaling questions. On a scale ranging from *Never* (0) to *Always* (10), please select the rating that best fits the worker's practice for that aspect of their work. In thinking about where to rate the worker against each item we would ask you to picture the ways in which the worker carries out the skill listed in that item. For example, item 1 asks you to rate the worker's capacity to listen and understand, so you would think about the ways you know the worker does this with families.

Please print and retain a copy of the survey for your later use. We will send you a brief summary of the general results of the overall field test. Thanks for helping to create a practical checklist to support staff learning.

### Indicators of Good Practice

#### Regarding humility and integrity, the worker...

Never 0	1	2	3	4	5	6	7	8	9	Always 10
1. <u>Never</u> listens to and understands the family.										<u>Always</u> listens to and understands the family.
2. <u>Never</u> treats family members as unique individuals.										<u>Always</u> treats family members as unique individuals.
3. <u>Never</u> did what they said they would do.										<u>Always</u> did what they said they would do.









Never 0	1	2	3	4	5	6	7	8	9	Always 10
27. <u>Never</u> creates safety plans with family members and professionals that reflect agreement about what will keep the child safe.										<u>Always</u> creates safety plans with family members and professionals that reflect agreement about what will keep the child safe.

Never 0	1	2	3	4	5	6	7	8	9	Always 10
28. <u>Never</u> discusses with family members how proposed services will keep the child safe.										<u>Always</u> discusses with family members how proposed services will keep the child safe.

Never 0	1	2	3	4	5	6	7	8	9	Always 10
29. <u>Never</u> works with the parents to involve as many friends and family as possible to help keep the child safe.										<u>Always</u> works with the parents to involve as many friends and family as possible to help keep the child safe.

Never 0	1	2	3	4	5	6	7	8	9	Always 10
30. <u>Never</u> checks with family members and the safety network to determine if the safety plan is working.										<u>Always</u> checks with family members and the safety network to determine if the safety plan is working.

Never 0	1	2	3	4	5	6	7	8	9	Always 10
31. <u>Never</u> works with family members and the safety network to refine the parts of the safety plan that are not working.										<u>Always</u> works with family members and the safety network to refine the parts of the safety plan that are not working.



