

How do we know if Signs of Safety is improving children's safety and wellbeing?

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How do we know if Signs of Safety is improving children's safety and wellbeing?

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Introduction

To those considering whether or not to use Signs of Safety, a key question is whether they have good reason to think that it will help improve the safety and well-being of children exposed to abuse or neglect. This is not a straightforward question to answer because of two main challenges. First, measurement is needed of whether and how well Signs of Safety has been used, taking account of how the Theories of Change emphasise the interconnectedness of organisational factors and individual worker skills. If, for example, front line workers do not have access to good team support and supervision, then the risk of weaknesses or biases in reasoning increases and if the recording system *does* incorporate the Signs of Safety practice logics the capacity to utilise the approach increases. Secondly, families are influenced by numerous factors so identifying the contribution that Signs of Safety makes to the overall progress (or deterioration) of a child's safety and well-being is complicated.

In this chapter, we begin by clarifying what evidence can help us answer this question, explaining how Signs of Safety has an impact on practice and subsequently on children, young people and families¹. It then provides an overview of what evidence is currently available to answer the question of helpfulness, drawing on three categories of evidence from:

- A realist synthesis of the empirical evidence supporting the theoretical assumptions in the Theories of Change
- Empirical studies of the use of Signs of Safety
- Administrative data on what happens within organisations who have implemented Signs of Safety.

How does Signs of Safety make a difference?

Both families and child protection agencies are complex social systems. Introducing a new factor into them does not have precisely predictable effects. People working in child protection will be familiar with this because it is apparent in much of the relevant research. Research on adverse childhood experiences (ACEs) for instance, concludes that they may contribute to physical and psychological problems later in life. However, adults can experience serious problems without experiencing any ACEs while others can experience several ACEs in childhood without perceptible difficulties later (Finkelhor, Shattuck, Turner, & Hamby, 2015).

Research that evaluates interventions in child protection work produces a similar pattern. Even where a study has shown better results for the group

¹ A more detailed account is available in Appendix A of the action research report on implementing Signs of Safety in ten English local authorities: details here.

receiving the intervention being evaluated compared with the control group, the average result for the group covers families who showed a lot of progress, no progress and even some deterioration (see e.g. Littell, 2006). The control group shows a similar variety of outcomes.

So because of the complexity of the causal links, the claim about Signs of Safety is not the simple: 'this will be effective' but a claim that it has a tendency to improve children's safety and well-being, in the way that an aspirin has a tendency to alleviate headaches – sometimes it will and sometimes it won't, depending on other factors in the situation. The aim of research on Signs of Safety is to develop our understanding of what works, how it works, for whom, and in what circumstances. Answers to this set of questions help potential users decide not only whether the evidence of positive impact looks credible but also whether the context in which they would implement Signs of Safety provides or can be reformed in order to provide the support factors to enable it to be implemented and used well.

The previous chapter has presented two Theories of Change for Signs of Safety: for the organisation and for the practice with families. The organisational Theory of Change captures our current understanding of the key organisational factors that influence how well workers implement the process, the principles and the methods of Signs of Safety. The practice Theory of Change outlines how the process, principles and methods contribute to greater safety and well-being of children and young people.

How often and how well Signs of Safety practice is being used in work with children, young people and families is crucial for judging whether Signs of Safety itself has contributed to the outcome. A failure to have a measure of the extent to which the families experienced a Signs of Safety service is a major flaw in some research studies. A major development of Signs of Safety has been to develop quality assurance methods for measuring the quantity and quality of Signs of Safety practice so that it is possible to form a judgment on whether the family have experienced a Signs of Safety service of sufficient depth and breadth to justify the name. Just as studying the efficacy of a drug requires some measure of how much was ingested by each patient so does studying the impact of Signs of Safety practice need a measure of the quantity and quality of the service that was delivered and of what has been experienced by the family.

The Theories of Change also take account of how front line workers' actions and inactions are influenced by the organisational system in which they are operating. This is of course true for all personnel in the organisation. Indeed, the fact that there is a Theory of Change for the organisation as well as for the direct work undertaken with families illustrates this. It recognises that an individual worker is not a free agent able to choose independently what he or she does in direct work but is always shaped, helped and constrained by their organisational system and the requirements placed on it. Indeed, many aspects of the organisation, such as quality assurance, resources, supervision, and managerial oversight, are explicitly designed to influence front line work. The organisational factors listed in the infinity loop are '*support*' factors that make it easier to

perform well and harder to perform badly. For example, having software for case recording that is aligned to the practice framework reinforces the reasoning processes in the approach. Our claim is that when these support factors are present they will tend to make the desired outcome (of improved safety and well-being of children) more likely. Other organisational factors however can be 'detractors', having the opposite effect to support factors: they tend to diminish the causal impact. Heavy workloads can have this detracting impact in Signs of Safety by reducing the time available to form good working relationships with families and their networks. A third category of factors is 'derailers': when they are present, they stop the causal pathway. For example, a new CEO who is opposed to Signs of Safety can stop its use.

Similarly, the Theory of Change for practice recognises that families are affected by numerous other factors that will influence the course of events so Signs of Safety alone cannot guarantee a good outcome. However, it does claim that addressing the problems with Signs of Safety practice tends to be helpful.

What evidence is there that Signs of Safety improves children's safety and well-being?

There are several sources of evidence that inform us about the impact of Signs of Safety practice. Within an organisation implementing Signs of Safety and aiming to create a learning organisation, the quality assurance system (detailed in chapter 10) provides an on-going mechanism for finding out how well the organisation is providing a Signs of Safety service and meeting its outcome goals for children and families. However, in this chapter, the focus is on the evidence available to inform someone considering whether to use Signs of Safety. There are three main sources: a realist synthesis of the research evidence that supports the components of the Signs of Safety Theories of Change, research studies of Signs of Safety in use, and administrative data within organisations.

Realist synthesis of Signs of Safety

Signs of Safety is a complex intervention operating in complex children's services systems, making it difficult to effectively evaluate using traditional evaluation methodologies. Dr. Louise Caffrey, Assistant Professor Social Policy at Trinity College Dublin, is leading a Realist Synthesis of Signs of Safety. Realist Synthesis is a literature reviewing methodology that goes beyond the traditional evidence-focus on "what works", asserting instead that this is not an especially useful question since nothing works for everyone everywhere. Therefore, rather than asking the traditional question, "Does Signs of Safety work?" or, more specifically, "Does Signs of Safety work on average?" the Realist Synthesis aims to better our understanding of *how* Signs of Safety works, *for whom* and *in what circumstances*.

Identifying Signs of Safety's Underlying Theory: Self Determination Theory

At the heart of the Realist Synthesis approach is a focus on identifying and making explicit theories that underpin Signs of Safety. In a Realist Synthesis, these theories may come from the literature on Signs of Safety as well as from diverse fields outside of child welfare. Realist Synthesis then seeks to use the available literature and stakeholder focus groups to support, refute or refine these theories.

We found that Self-Determination Theory (SDT) (Ryan & Deci, 2000) can help explain the psychological processes at play in Signs of Safety and our work offers a deeper explanation of how Signs of Safety expects to get from its strategies to its intended outcomes. SDT is a theory of human motivation that is supported by a strong evidence base across a very wide array of fields including health care, education, work, sport and psychotherapy (Ryan & Deci, 2017). The theory suggests that people's performance and well-being are affected by the type of motivation they have for the activities they are expected to engage in, whether as employees or service-users. It demonstrates that human beings can be proactive and engaged or else passive and alienated, largely due to the social context surrounding them. This has relevance for Signs of Safety since, at the practice level, the approach aims to motivate families to change their behaviour to support child safety. Further, at the organisational level, Signs of Safety aims to motivate social workers to engage in changing their practice in line with Signs of Safety's framework, to have a greater sense of ownership of their practice using the approach and to better their social work performance. Therefore, an attempt to engage both staff and service-user motivation is central to Signs of Safety.

The large evidence base supporting SDT suggests that motivation that is 'autonomous' (i.e. engaged in while feeling some element of voluntariness or willingness) is more effective than motivation that is 'controlled' (i.e. feeling coercive pressure to engage in it) for promoting people's performance, satisfaction and well-being. Autonomy here is not the same as independence or freedom from external influence. Indeed, limit setting can be an important part of the process, but limits can be set in either controlling or autonomy-supportive ways (Ryan & Deci, 2017, p. 445). Rather autonomy, it is about helping individuals recognize that they can make choices regarding their behaviours such that behaviours become self-endorsed, feel in keeping with the person's own interests and values and are engaged in willingly (Ryan & Deci, 2017, p. 10).

Psychologists have typically further differentiated between motivation that is 'extrinsically' and 'intrinsically' motivated. When people are extrinsically motivated they perform an activity in order to obtain some separable outcome (e.g. doing homework to pass exams) whereas, when they are intrinsically motivated they do the activity for its inherent satisfaction (e.g. doing homework because it is enjoyable) (Ryan & Deci, 2000). Contrary to what might be assumed, SDT suggests that, under the right circumstances, people can feel autonomous motivation - some sense of voluntariness - even if the activity is extrinsically motivated. This research suggests that, in the right conditions, it is possible for people to internalise behaviours that are extrinsically motivated so that they come to personally value them, feel ownership of them, accept and choose them. This is important in the context of Signs of Safety as it suggests that, even though families and staff may initially engage with the approach because they are extrinsically motivated in order to obtain an external goal (e.g. as families, to maintain care of their children or, as staff, to maintain their work position) they may nonetheless, in the right conditions, experience a feeling of 'autonomous'

rather than ‘controlled’ motivation, which is more likely to promote performance as well as feelings of satisfaction and well-being.

SDT has demonstrated, through a large and high-quality evidence base, that people tend to experience ‘autonomous motivation’ when three basic human needs are satisfied. The basic needs are for **autonomy** (feeling of willingness, of being the origin on one’s own behaviours), **competence** (feeling effective) and **relatedness** (feeling social connection to others, usually brought about by feeling understood and cared for by others, but people may also feel relatedness through caring for others). The SDT literature indicates that certain practices support the satisfaction of these needs and Signs of Safety’s strategies, at both the practice and organisational levels, are strikingly congruent with many of these practices.

SDT research suggests that Signs of Safety’s practices mirror those that SDT research has found can satisfy a need for ‘**autonomy**’ in both staff and service-users by a) enabling choice and participation and avoiding pressure and manipulation and b) providing help to find personally meaningful reasons to change. Signs of Safety strategies mirror those that SDT has found support the need for feeling ‘**competence**’ by a) helping to develop clear, realistic and achievable goals, b) providing informational feedback (i.e. focusing on the behaviour not the person) and incorporating positive feedback and c) setting incremental goals. Finally, Signs of Safety would seem to mirror strategies that have been found to support a feeling of ‘**relatedness**’ by a) judging the behaviour rather than the person and showing compassion b) understanding all perspectives and showing empathy c) providing full transparency of expectations, process and possible outcomes.

Overall therefore, a large body of research from the field of Self-Determination Theory would seem to support the logic of Signs of Safety’s strategies. Many Signs of Safety’s strategies to engage both staff and families match those that SDT research has found support basic human needs for feeling autonomy, competence and relatedness. The SDT evidence base indicates that Signs of Safety strategies are therefore likely to support ‘autonomous motivation’ in families and staff, which, compared to controlled motivation, is more likely to lead to better performance and well-being. Some studies of Signs of Safety (e.g. Skyrypek, Idzelis & Pecora, 2012) provide tentative supportive evidence but it would be helpful if future research could be structured to test more explicitly whether SDT is substantiated in the context of Signs of Safety, as it has been in other practice fields.

Contextual factors

While SDT literature lends empirical support to the underlying logic of Signs of Safety, the Realist methodology emphasises that, although a sound programme theory is crucial, having a sound programme will not in itself guarantee expected outcomes. Rather, the effects of Signs of Safety will also depend on the context it is introduced into.

For example, factors like workload, extent of bureaucratisation, alignment of forms and IT systems can influence *how much* Signs of Safety families experience since these factors can reduce the time social workers can spend with each family. If organisational factors draw workers time away from families, workers may not be

able to spend enough time with families to sufficiently build families' sense of competence, relatedness and autonomy. Ineffective leadership may mean that Signs of Safety is not implemented in full, particularly where leaders do not sufficiently support workers to feel a sense of competence, relatedness and autonomy. Additionally, Signs of Safety relies on workers having sufficient prior social work knowledge and skills so that they can draw on these in the process of Signs of Safety. In the absence of sufficient baseline social work skills and knowledge, families may not experience quality Signs of Safety practice.

Suffice to say that if, for whatever reason, families only experience parts of Signs of Safety, we would not expect it to have the intended effects. This should not imply that Signs of Safety is ineffective but rather that it has not had *the opportunity* to have an impact and so the effect of Signs of Safety has not been tested. Borrowing a metaphor from medicine, families may not experience a sufficient “dose” of Signs of Safety for it to be effective.

The Realist Synthesis will set out in detail the theory of how and why key factors, including leadership, organisational culture, engagement of other services, high workloads, organisational alignment and the individual skills and mindsets of workers can affect Signs of Safety outcomes for children and families.

Conclusion

Overall therefore, by demonstrating the relevance of Self Determination Theory to Signs of Safety, the Realist Synthesis of Signs of Safety aims to offer an explanation of how and why Signs of Safety expects to achieve its outcomes that is grounded in a strong body of empirical literature spanning across a wide array of domains from healthcare to psychotherapy. However, the Realist Synthesis also emphasises that a sound programme alone is unlikely to be sufficient to consistently achieve expected outcomes. The context Signs of Safety is implemented into can result in families not experiencing the entirety of Signs of Safety or not experiencing enough of it for it to have an effect. Initial findings from the Realist Synthesis emphasise the need for future research that looks to say something about the effectiveness of Signs of Safety to thoroughly investigate whether or not services users are fully experiencing Signs of Safety. Where Signs of Safety has not been implemented in full, outcomes do not logically say anything about the effect of Signs of Safety. For this reason, the Realist Synthesis will investigate how key elements of context may combine with Signs of Safety to influence outcomes. The full report on the Realist Synthesis of Signs of Safety will be available on the Knowledge Bank when it is complete.

Empirical studies

A large body of literature has been published specifically about Signs of Safety. Some of these publications discuss the model's underlying theory, others report on experiences of implementing Signs of Safety, and others still on the impact Signs of Safety is seen to make. A full list of Signs of Safety related publications is available [here](#). Table X illustrates the nineteen publications that specifically

assess the impacts of Signs of Safety on children and/or families, along with the various factors that were considered in each analysis.

Before presenting details of the publications, there are some general considerations to take into account. Several researchers have undertaken, in various ways, the work of better understanding the difference Signs of Safety can make for children and families. To understand the difference Signs of Safety has made, it is first crucial to know how often and how well Signs of Safety practice and organisational alignment occurs so that any findings can be more confidently linked to Signs of Safety. Table X includes data on whether each study provided relevant information on breadth and depth.

Put table X here

The majority (12 of 20) of the impact reports we have found do not consider either the breadth or the depth of Signs of Safety practice with families in the cases they are evaluating. Those that did (Baginsky et al, 2017; Baginsky et al, 2020a; Baginsky et al, 2020b; Bunn, 2013; Munro et al, 2016; Munro & Turnell, 2020) have consistently found that the implementation of the practice is inconsistent and incomplete. Fewer still consider how often and how well Signs of Safety methods have been incorporated into supervision, leadership, or other aspects of organisational alignment, while Munro & Turnell (2020) found these are the major factors in determining the relative success or failure of the implementation. Bunn (2013) has identified that the success of the implementation is associated with increased impact.

Some authors report point-in-time findings, Bunn (2013) found that 'using Signs of Safety means that action and change is more likely to happen with children and families' (p.116). Holmgård Sørensen (2013) found 'the openness about the concerns and the involvement of the network results in a much better result for the child' (p.21). Skrypek et al (2012) found that Signs of Safety 'holds promise as an effective method of engaging families in assessing and planning around child safety' (p. 2), but small sample sizes, minimal consideration of how often or how well Signs of Safety was utilised, and a reliance on only perception interviews limit the strength of these findings.

Various publications track impact over time, either in a pre-post or time series analysis. Lohrbach & Sawyer (2004) findings suggest a positive reduction in repeat child maltreatment. Nelson-Dusek & Idzelis Rothe (2015) and Nelson-Dusek et al (2017) found that those families using Signs of Safety were less likely to have a re-report within 6 and 12 months (frequently used time frames for studying impact on reducing recurrence). But again, small sample sizes and limited consideration of the presence or quality of the Signs of Safety practice, compromises these findings.

Pre and post-test comparison group evaluations have also been undertaken, which is considered a stronger research methodology by some. Lwin et al (2014) found that investigations using Signs of Safety mapping had significantly

higher substantiation rates than the comparison group, while re-investigation rates within 12 months of closure were low (6%).

Vink et al (2017) and Reekers et al (2018) found that Signs of Safety did not significantly out-perform the comparison group in the area of parental empowerment or risk reduction. All these findings of difference can be questioned since there is little to no consideration for the 'dose' of the treatment; the breadth and depth of the Signs of Safety. Some may say that 'non-significant' differences suggest Signs of Safety does not have a significant impact, but this is difficult to assert without evidence about the extent to which Signs of Safety existed in the first place. These and other authors, including Sheehan et al (2018), have noted the small sample sizes of these studies as an additional limitation. Conversely, Baginsky et al (2020b) analysed a larger sample size as well as made attempts to consider 'dose' in spite of data limitations, and also found "little evidence to support the claim that Signs of Safety leads to better practice or reduced risk for children" overall (p. 12).

There are no randomised controlled trials (RCT) of Signs of Safety and, in our view, this is not an omission but a realistic consequence of the complexity of the intervention. While the RCT methodology is useful in testing drug treatments in medicine, it does not produce equally useful results in complex social systems. The average effect reported in an RCT misses the complexity of how interventions produce effects. This can be less of a problem in testing a drug where the input can be precisely defined in chemical terms and where it is added to a liver which has many similarities in its functioning whatever part of the world the patient lives in.

It is our position that pursuing evaluations with a focus on investigating the links between context, breadth, depth and impact is more appropriate and informative to understand what, how, for whom, and in what circumstances Signs of Safety works.

Administrative data

Child protection agencies typically collect an extensive range of data about how cases are processed through their system. Often the data collection is required by governments to monitor whether the organisation is meeting legal duties and as an indirect form of monitoring the quality of work done. Generally the data are of a quantitative not qualitative nature and provide, at best, only proxy evidence for the positive or negative impact that the service is having on the lives of the children and young people who need the help.

No single variable provides reliable evidence on impact on its own. A drop in numbers of children removed from their families may be due to improved skill in helping parents provide good enough care or to poor risk assessment leaving children in dangerous homes. However, administrative data can be useful in raising questions to investigate further what lies behind them. Also, the pattern of several sources of data can strengthen our understanding.

Several publications (City and Country of Swansea, 2014; Reeves, 2018; Rodger et al, 2017; Rothe et al, 2013) have shown how many different service trends have shifted together in positive ways after implementing Signs of Safety. For example, Reeves (2018) illustrates how child in care rates declined by more than one third and court involved cases halved while re-occurrences of maltreatment remain stable from 2012 through 2018. City and County of Swansea (2014) saw a reduced rate of entry into care (from 47.21% to 39.25%) as well as a reduced re-referral rate (from 30% to 21%). Rothe et al. (2013) found a decrease in the number of placements and a decrease in the number of children re-entering placements after being reunified. Rodger et al (2013) noted a 23% reduction in children being looked after in care and a reduced re-referral rate, in addition to improved behaviour and school attendance of involved children. In each case though, the evidence is suggestive but not conclusive in showing that Signs of Safety was a major factor in creating the change.

Conclusion

The evidence available, taken together, suggests that Signs of Safety can have a positive impact on the safety and well-being of children and families, but not necessarily. Since Signs of Safety doesn't always lead to better practice or outcomes for children and families, more research is needed and there is a particular need for studies that include a measure of the breadth and depth of the Signs of Safety practice being experienced by families.

For those considering adopting Signs of Safety, a further question that needs to be addressed is whether they would be able to implement it AND make the organisational changes necessary (context) to make it easier for the front line worker to engage with families using Signs of Safety methods (with breadth and depth), supported by aligned supervision and leadership.

Table X

Publication	CONTEXT		BREADTH			DEPTH			IMPACT		
	Organisational Factors (caseloads, IT alignment, form/policy alignment, collaboration with partner organisations)	Implementation Efforts (implementation strategies undertaken)	Frequency of practice methods used with families	Frequency of learning methods used in supervision	Frequency of leadership methods used within organisation	Practice Quality (including family engagement)	Supervision Quality	Leadership Quality	Child Safety Impacts (service trends or family/worker perceptions)	Family Impacts (wellbeing, court involved cases or rate of children in care or kin placement rates)	Organisational Impacts (job satisfaction or retention or workplace culture)
Baginsky et al (2017)		X	X			X	X	X	X		
Baginsky et al (2020a)	X	X	X			X		X	X		X
Baginsky et al (2020b)	X	X	X	X		X			X	X	X
Bunn (2013)			X			X			X		X

City and County of Swansea (2014)	X	X				X			X		X
Holmgård Sørensen (2013)			X			X			X	X	
Lohrbach & Sawyer (2004)						X				X	
Lwin et al (2014)									X		
Munro et al (2016)	X	X	X				X	X	X		
Munro & Turnell (2020)	X	X	X	X	X	X		X	X		X
Nelson-Dusek & Idzelis Rothe (2015)									X	X	
Nelson-Dusek et al (2017)									X	X	
Reekers et al (2018)						X			X		
Reeves (2018)	X	X							X	X	
Rodger et al (2017)		X							X	X	X
Rothe et al (2013)		X							X	X	
Skrypek et al (2012)						X			X		
Vink et al (2017)						X			X	X	

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