April 2023 | Report

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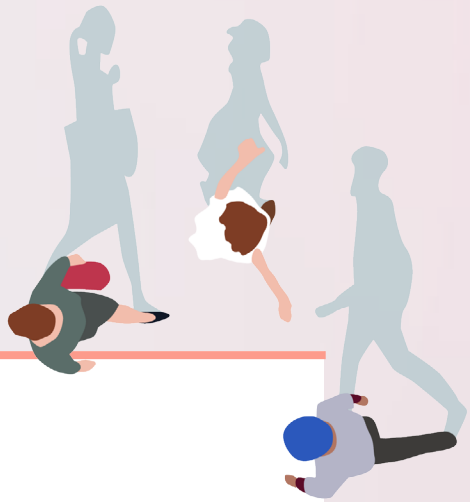

SUPERVISING DESIGNATED SAFEGUARDING LEADS IN SCHOOLS: FOCUS ON CHILD SEXUAL ABUSE

April 2023

Acknowledgements

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About What Works for Early Intervention and Children's Social Care

What Works for Children's Social Care (WWCSC) and the Early Intervention Foundation (EIF) are merging. The new organisation is operating initially under the working name of What Works for Early Intervention and Children's Social Care. Our new single What Works centre will cover the full range of support for children and families from preventative approaches, early intervention and targeted support for those at risk of poor outcomes, through to support for children with a social worker, children in care and care leavers.

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EXECUTIVE SUMMARY

Introduction and background

This study aims to establish the impact of providing a designated social worker to supervise Designated Safeguarding Leads (DSLs) in schools. The programme has a specific focus on supporting DSLs in identifying and responding to child sexual abuse (CSA). Support on sexual abuse is facilitated through specific training for both social workers and DSLs, with training and materials developed and delivered by the Centre of Expertise on Child Sexual Abuse.

DSLs are responsible for child protection and safeguarding in schools. The role of a DSL can involve making difficult decisions about vulnerable children in often complex circumstances.

Through the provision of supervision, the key aims of this programme are to:

- Improve DSLs' knowledge and understanding in respect of identifying and responding to potential indicators of child sexual abuse
- Improve knowledge and understanding of children's social care processes and issues among DSLs, resulting in reductions in "inappropriate" contacts to children's social care
- Reduce DSL stress and anxiety, resulting in reduced rates of DSL burnout and turnover.

The intervention being evaluated in this trial is an adapted version of a programme originally developed by Bolton Council and explored as part of a pilot evaluation in 2019/20; this programme provided supervision for DSLs but did not have a specific focus on CSA.

Objectives

This evaluation aims to establish whether the programme is successful in meeting its aims. The evaluation includes a randomised controlled trial (RCT), an implementation and process evaluation (IPE), and analysis of costs.

The primary research question assessed in the RCT is whether there is a difference in the number of contacts made by schools to children's social care in relation to potential child sexual abuse (measured as a proportion of pupils) between schools assigned to receive the programme and those that are not.

Secondary research questions explored are: whether there is an impact on the total number of contacts made by schools to children's social care; the number of contacts resulting in no further action; the number of referrals originating from schools and referrals resulting in no further action. For each of these outcomes we consider those contacts/referrals relating to CSA only and those which are made for any reason. We also consider whether there is evidence of greater impacts on contacts relating to CSA in the latter period of the intervention, and whether there are differences in effectiveness between primary and secondary schools. Finally, the

impact evaluation assesses whether the programme has an impact on the wellbeing of DSLs.

The IPE aims to explore fidelity and adaptation, programme differentiation, reach and acceptability, and perceived impacts and outcomes.

The cost evaluation aims to establish the costs of delivering the programme.

Design

The trial involved a total of 757 schools across nine local authorities (LAs) in England. Both primary and secondary schools were included, with LA, academy and some independent schools participating. Within each LA, schools were randomly allocated to either the intervention group, who receive the programme (282 schools) or the control group (475 schools), who do not receive the programme and continue with business as usual.

The IPE involved interviews and focus groups with a total of 106 DSLs, other school staff, Supervising Social Workers (SSWs) and LA managers across all participating LAs. Data were also collected through baseline and endline surveys with control and treatment schools, achieving 421 responses in total. SSWs also provided data on how many supervision sessions happened in each school, alongside estimates of their engagement during the programme and their need for support.

The cost evaluation analyses information on LA expenditure on the programme, and is conducted purely as a financial analysis, in order to understand the costs of delivering the intervention, rather than undertaking a value for money or cost–benefit analysis.

The intervention was delivered to schools from September 2021 to July 2022.

Findings

The key findings can be summarised as follows:

- The impact evaluation did not find that the programme had a statistically significant impact on the primary outcome of contacts relating to potential child sexual abuse.[1]
- A number of sensitivity analyses were conducted in relation to the primary outcome; but the main result remains robust to these additional analyses. In addition, the findings did not suggest evidence of an impact in the latter period of the intervention, and no differences in effectiveness were apparent between primary and secondary schools.
- Analysis of secondary outcomes relating to contacts and referrals also showed no statistically significant differences between schools allocated to receive the programme and those that were not. Thus we observe no impact of the programme on total contacts made by schools; contacts resulting in no further action; new referrals originating from schools, or referrals resulting in no further action (all measured as a proportion of pupils).
- The impact evaluation did not find a statistically significant impact on DSL wellbeing. Effects on DSL wellbeing were considered using two scale measures:

1 The estimated effect size stood at -0.03 (95% confidence interval [-0.17; 0.11]). This would be equivalent to an average difference between treatment and control schools of fewer than 0.1 contacts relating to CSA per school.

job-related anxiety-contentment and job-related depression-enthusiasm.

- 73% of schools in the treatment group had a least one supervision session, while 27% did not have any sessions.
- Many DSLs did not attend the CSA training day, sometimes as a result of starting the programme late and/or because they were notified at too short notice. Most DSLs and SSWs said the supervision sessions had not focused specifically on CSA issues, and that they were not well connected with the initial training day. Overall, with the exception of DSLs attending the one-day training course on CSA, our findings suggest that this programme was not fundamentally different to the concurrent DSL supervision programmes that did not have a CSA focus.
- The survey findings suggest some perceived positive impacts on confidence and practices around CSA. Based on interviews with DSLs, we would expect these to be mainly driven by impacts of attending the bespoke training course, rather than any additional, substantial impacts of the supervision sessions compared to the other programmes.
- DSLs interviewed found the supervision sessions useful, including having the time for reflection, receiving advice, developing new ideas, discussing complex cases or new types of cases, being signposted by the SSW to useful resources or local support organisations, learning from a social worker's perspective, and discussing their own wellbeing. DSLs expressed support for potential wider rollout.
- There were mixed findings on perceived impacts. Many DSLs interviewed reported that supervision had no impact on their practices, as they were already confident in their ability to perform the role and their knowledge, including about thresholds for referrals to children's social care. At the same time, many DSLs described positive impacts, particularly by improving confidence in the role, their emotional wellbeing, practices around referrals and knowledge of thresholds, their support of families and children, and in bridging the gap between schools and social care.
- The cost of the intervention is estimated at around £1,400 per school, per school year. This cost is based primarily on the cost of employing a SSW; while this is the most substantive element of expenditure, it is likely to underestimate the full cost of programme delivery as it does not include, for example, hiring costs or ongoing training or support for the SSW.

Limitations, conclusions and implications

Overall, the findings from the impact evaluation do not provide evidence to suggest that the programme affected the outcome measures considered. However, lower than anticipated take-up, as well as challenges in outcome measurement and data collection (including differences across LAs in data systems, terminology and processes), mean these results should be interpreted with caution. Findings from the IPE suggest that other than the initial training, there was limited specific focus on issues relating to CSA in supervision sessions, and thus it is perhaps not surprising that no quantitative impact is found in this respect.

The IPE suggests that the most substantive perceived improvements were in relation to wellbeing and confidence of DSLs, and in bridging the gap between schools and children's social care. It is important to bear in mind that there may be bias among the

sample of individuals who respond to the surveys and interviews that form part of the IPE. Nevertheless, the findings indicate that these views were prevalent among the subset that did respond. No measurable impacts on wellbeing were found in the impact evaluation, although issues in survey response cast doubt on the robustness of these results.

The value of this type of programme ultimately depends on and will be informed by which outcomes decision-makers are most seeking to influence. The current design of the programme may not substantially impact the number of contacts made to children's social care relating to CSA (or those made for other reasons), but rather the key focus may be on other outcomes not considered as part of the impact evaluation, such as confidence of DSLs, and joint working between education and social care. These causal pathways remain untested, and may be areas for exploration in future research.

INTRODUCTION

Background

This report presents findings from the evaluation of a programme providing a designated social worker to provide supervision to Designated Safeguarding Leads (DSLs) in schools. The programme has a specific focus on supporting DSLs in identifying and responding to child sexual abuse. The evaluation includes a randomised controlled trial (RCT), an implementation and process evaluation (IPE), and analysis of costs.

DSLs are responsible for safeguarding and child protection in schools, and are expected to: manage referrals; act as a point of contact with safeguarding partners, and liaise with head teachers and other school staff; undergo specialist training; raise awareness; and maintain child protection files.

The role of DSL can involve making difficult decisions about vulnerable children in often complex circumstances. In this project, each local authority (LA) assigned a dedicated Supervising Social Worker (SSW) to supervise DSLs to support children and families more effectively. The aim was to improve the appropriateness and quality of contacts made by schools to children's social care, and to improve DSLs' knowledge and understanding in respect of identifying and responding to potential indicators of child sexual abuse. A further aim of the intervention was to improve DSLs' wellbeing, with increased confidence in decision-making and reduced anxiety among DSLs.

The programme has a specific focus on child sexual abuse. Support on sexual abuse is facilitated through specific training for both SSWs and DSLs around child sexual abuse, with training and materials developed and delivered by the Centre of Expertise on Child Sexual Abuse. The training provided was focused on improving skills in identifying and responding to child sexual abuse, including intra and extra familial abuse, and peer-on-peer abuse.

Addressing child sexual abuse has become an issue of increasing concern; in 2021, Ofsted conducted a review of practices and policies in schools relating to child sexual abuse; recommendations included the provision of greater support for DSLs (such as protected time in timetables) as well as national training.[2] While the programme has a specific focus on child sexual abuse, the supervision still covers any potential issues raised in relation to children's social care.

This programme offers formal supervision sessions for DSLs in the selected schools in participating LAs, along with specific training for both SSWs and DSLs in identifying and responding to child sexual abuse. Both primary and secondary schools participated in the project, with primary schools receiving

2 Ofsted. (June 2021). Review of sexual abuse in schools and colleges. https://www.gov.uk/government/publications/review-of-sexual-abuse-in-schools-and-colleges/review-of-sexual-abuse-in-schools-and-colleges#executive-summary-and-recommendations

one-to-one supervision and secondary schools receiving group supervision. This programme builds on and extends an initial pilot programme delivered to primary schools in Bolton in 2019–20, which showed some signs of potential (Stokes et al., 2021) and was thus warranted to consider further research. However, this is the first version of the programme to have a specific focus on child sexual abuse.

The DSL role is often undertaken in addition to other duties, and so, for example, is in addition to an individual's teaching and other leadership responsibilities. Schools structure their safeguarding teams differently, and there can be multiple staff with DSL responsibilities. As the study involved both primary and secondary schools, and it was anticipated that the number of staff with DSL responsibilities would typically be higher in secondary schools, this motivated the use of the different forms of supervision (individual or group) by school phase. All sessions were intended to take place on an approximately monthly basis during the school year 2021/22.

Three additional evaluations of similar programmes of DSL supervision, also funded by the Department for Education, via WWCSC, have been conducted in parallel to this evaluation. These are:

- A programme providing group supervision for DSLs in secondary schools
- A programme providing individual supervision for DSLs in primary schools
- A programme providing individual supervision for DSLs in secondary schools in Greater Manchester.

These versions of the programme do not have a specific focus on child sexual abuse. Results from these evaluations will be reported and published separately.

Intervention and logic model

The main features of the intervention are described below, drawing on key elements from the template for intervention description and replication (TIDieR) framework (Hoffmann et al., 2014).

Name: DSL supervision in schools, focus on child sexual abuse

Rationale: Statutory guidance developed in previous years has highlighted the importance of the role of a DSL, the training and support this individual ought to receive, and the critical role of supervision to ensure the best outcomes for the child and family at risk. The Keeping "Children Safe in Education" guidance stipulates that DSLs ought to be senior members of a school's leadership team (Department for Education, 2014).[3] This guidance also states that DSLs "should be given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters." Further guidance such as "Working Together to Safeguard Children" (HM Government, 2018) also emphasises that "effective practitioner supervision can play a critical role in ensuring a clear focus on a child's welfare. Supervision should support practitioners to reflect critically on the impact of their decisions on the child and their family."

3 First edition published in 2014, most recent edition published in 2022 and available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1101454/Keeping_children_safe_in_education_2022.pdf

Despite this guidance, concerns have been raised over a lack of formal supervision and sufficient training for DSLs.[4] DSLs support children in challenging and complex circumstances, and this can often be stressful, challenging and emotionally taxing for the DSLs themselves.[5] DSLs receive statutory (including refresher) training, but as highlighted in the findings of this evaluation, while DSLs typically found this training useful, it was not necessarily considered sufficient. The provision of supervision aims to build on this and add further support for DSLs, providing a space for reflective practice.

At the same time, it is important to bear in mind that there have been changes to the environment in which schools and social care services are operating over recent years; Baginsky et al. (2019) discuss, for example, the academisation of schools and the changing nature of relationships between LAs and schools in the context of increased diversity in school provision. There is also acknowledgement of the growing pressures faced by schools, with recent years seeing cutbacks in funding of welfare services and difficulties in accessing, for example, child and adolescent mental health services (Baginsky et al., 2022).

Furthermore, Ofsted's 2021 review of sexual abuse in schools and colleges highlighted the prevalence of sexual harassment and online sexual abuse. The review highlighted some examples of good practice, but recommendations included the need to ensure support for DSLs (for example, through protected time in timetables), as well as national training.

Supervision: Supervision is defined by this programme as an activity that brings skilled supervisors and practitioners together (in this case social workers and DSLs respectively) in order to reflect upon their practice. "Supervision aims to identify solutions to problems, improve practice and increase understanding of professional issues" (UKCC, 1996). It serves to manage the emotional demands of the work, maintain relationships, and make difficult judgements and decisions often in light of conflicting information (Wonnacott, 2012). Supervision serves to reflect critically on one's own practice, receive emotional support, and to develop skills, knowledge and an increased understanding of the mechanisms of children's social care threshold limits and processes.

Existing work has explored how supervision can be used in schools to support staff in their safeguarding role (for example, Sturt & Rowe, 2018). Supervision is a fundamental process within a social care context, supporting the development of staff skills and practices in their work; this programme applies the same principles to be used within the supervision of DSLs in schools, and builds on the original model tested in the Bolton primary school pilot.

The supervision approach differs for primary and secondary schools.

In primary schools, supervision sessions are delivered on a one-to-one basis, based on Wonnacott's (2012) 4x4x4 model. This model identifies four stakeholders in supervision (service users, team members (DSLs), organisation (school) and partner organisations); four functions of supervision (management, development, support and mediation), and four elements of the supervisory cycle (experience, reflection,

4 https://www.et-foundation.co.uk/safeguarding-and-prevent/the-role-of-dsl-its-time-to-speak-up/

5 https://www.tes.com/magazine/archive/wellbeing-who-safeguards-safeguarding-leads

analysis, action). The approach aims to promote reflective practice, critical thinking and secure decision-making.

In secondary schools, a group supervision approach is used, following the Reflective Case Discussion model (Ruch, 2007). This involves a member of the group presenting a situation that they would like the group to reflect on. The approach recognises that exploring differing perspectives can increase understanding of complex situations. There are three main stages (as described in the manual): first, one group member presents their thoughts on a particular situation (without identifying any individuals); then the other members reflect and explore what they have heard, while the presenter listens; finally the presenter then rejoins the group, sharing their thoughts on the discussion, with the whole group then discussing together. The session is not intended to result in conclusions or actions, rather it is intended to encourage participants to be curious and consider alternative perspectives.

The aims of programme?

The key aims of the intervention are to:

Improve DSLs' knowledge and understanding in respect of identifying and responding to potential indicators of child sexual abuse

Improve knowledge and understanding of children's social care processes and issues among DSLs, resulting in reductions in inappropriate contacts to children's social care

Reduce DSL stress and anxiety, resulting in reduced rates of DSL burnout and turnover.

Materials: What Works for Children's Social Care worked with Bolton Children's Services to develop a manual for the Supervision of DSLs programme, building on materials originally developed for the pilot programme in primary schools in Bolton. This provides guidance on how supervision should be delivered and template documents for use in setting up and maintaining good-quality supervision.

The manual includes agreements drafted for supervisors and supervisees, in order for all involved to have an understanding of the processes, and of expectations of roles and responsibilities. Template documents include:

- Memorandum of understanding
- Supervision agreement
- Record of supervision
- First session sheet
- DSL session worksheet
- Record of ad hoc or unplanned supervision
- Reflection form

These documents form the basis for those used by all participating LAs, although each can make adaptations where necessary to tailor this as required for their own authority.

The manual also includes an introductory guidance document for the DSLs involved providing an overview of the programme, roles and responsibilities, and outlines what DSLs can expect.

Who: Each participating LA recruits a social worker to provide the supervision. This supervisor is also in charge of scheduling sessions, and ensures the programme moves forward as expected. The typical model is that there is one SSW per LA, although there may be more than one if the number of schools required this, or, for instance, due to part-time working patterns. The SSWs were invited to an induction event, to explain their role and ensure they are comfortable with the materials.

Supervision will be undertaken with school DSLs. In primary schools, this will take the form of one-to-one individual supervision sessions. In secondary schools, this will take the form of a group supervision model, open to multiple DSLs within the school. The number of DSLs/Deputy DSLs varies by school; there were no prior expectations or requirements placed on the number that would participate in group supervision.

How:The supervisors and DSLs receive (separate) training focused specifically on child sexual abuse, delivered by the CSA centre. The training to DSLs was delivered separately for DSLs in primary and secondary schools, and adapted to reflect the different age groups. The SSW will be invited to an induction event, to explain their role and ensure they are comfortable with the materials.

Supervision sessions follow the same format for each session, and for each DSL. These sessions will be separate supervision sessions for each school, taking place either face-to-face or remotely. All sessions are logged, and a written record kept.

Where additional support or sessions are needed on an ad hoc basis, these should be logged and recorded as well, specifying whether these took place by email, phone or in person.

A community of practice for SSWs was also set up by WWCSC as part of the project, which was held on a termly basis. These sessions aimed to give SSWs the opportunity to share their experiences of delivering supervision as part of the programme (and involved SSWs from across the three different projects providing supervision for primary schools, secondary schools, and this programme with a specific CSA focus).

It should also be noted that SSWs were instructed not to discuss cases already open to children's social care where a child already had a social worker. This was originally implemented to avoid supervision conversations potentially duplicating or contradicting those of the case holding social worker, and to avoid any potential issues with information sharing (for example, if a DSL disclosed information to the SSW rather than the case holding social worker).

Where: The supervision sessions take place within the schools of the DSLs, or remotely, especially in the context of COVID-19 restrictions. Where possible, the location of the sessions should remain consistent throughout, and ensure the space used is quiet and private, to minimise disruptions and allow for open discussion.

The training for DSLs and SSWs focused on CSA is held online.

When: The formal supervision sessions are intended to take place at regular monthly intervals (every 4–6 weeks), for a maximum of 2 hours at a time. Sessions were offered between September 2021 and July 2022.

The training for DSLs and SSWs focused on CSA took place at the start of the project. SSWs receive three days of training; DSLs receive one day of training.

Tailoring/adaptation: Given the nature of supervision, the content of the sessions could be tailored to the needs of each DSL; however, the format and style of sessions remains constant throughout.

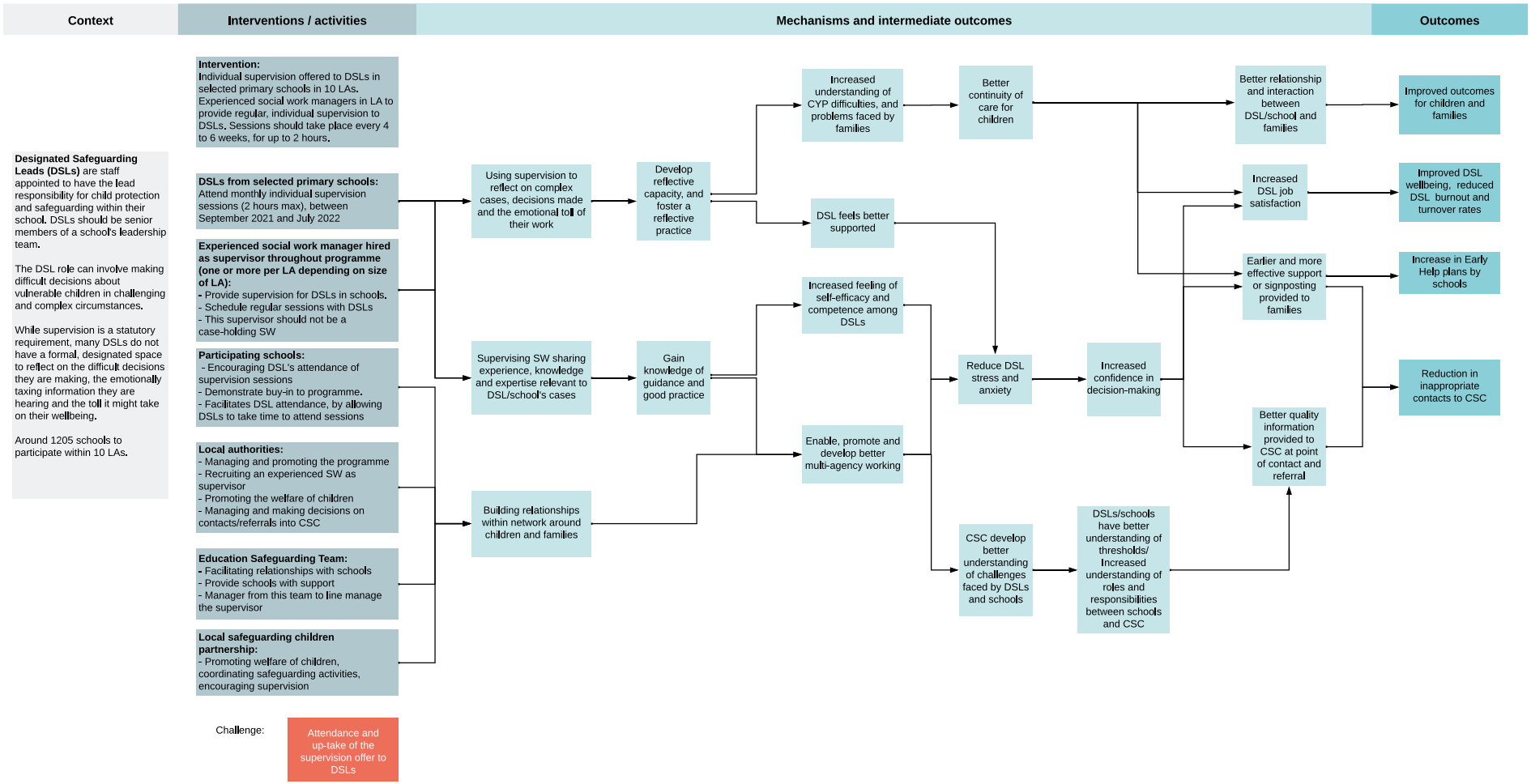
Logic model

The logic model for the intervention is presented in Figure 1. This sets out the context for the intervention, the activities that the intervention comprises and the stakeholders involved. It outlines the mechanisms through which the intervention is expected to operate and the intended outcomes.

A key underlying idea is that supervision can ultimately help to reduce inappropriate contacts (defined below) through DSLs benefiting from the experience of the SSW's knowledge and through increased reflection on their work. If knowledge of thresholds for referrals improves, and there is greater understanding of how best to make a contact (for example improving the quality of information provided), this has the potential to reduce inappropriate contacts. The specific focus on CSA aims to help DSLs in identifying and responding to potential CSA indicators. The intervention also aims to help DSLs feel better supported in their work, and together with increased feelings of self-efficacy, has the potential to lower levels of stress and anxiety and increase confidence in the role. Note that the evaluation focuses on these three outcomes, and does not consider whether the programme led to improved outcomes for children and families.

Figure 1: Logic model

Logic model: Supervision of Designated Safeguarding Leads in primary schools



Evaluation objectives and research questions

Impact evaluation

In this trial we are interested in the impact on contacts and referrals that relate specifically to potential child sexual abuse, as well as the impact of the programme on contacts to children's social care overall.

Counting the number of contacts made may appear relatively straightforward (although it is clearly important to take account of school size), but such a measure has limitations; greater expertise among DSLs could result in a reduction in contacts if it reduces the likelihood of DSLs making a contact "just in case", but it could also result in an increase in contacts if DSLs become more skilled in identifying children who may be in need.

The key questions to address here are whether contacts are being made for the children who are in need of support or services, and whether these contacts or other mechanisms of support are being put in place as early as they feasibly can be. Unfortunately, these concepts are not easily measured, particularly in routinely collected administrative data.

Our main focus within this programme is to identify whether the programme brings about an increase in contacts relating to potential child sexual abuse. This forms the primary outcome for this trial. This is measured as contacts made by schools, as this is where we anticipate the programme would have most impact.

In common with the concurrent evaluations of the DSL supervision programmes in primary and secondary schools, it is also relevant to explore whether the programme also has an impact on whether "appropriate" contacts are being made (or conversely, as "inappropriate" where these do not lead to any further action). One way of capturing appropriate contacts is to consider these as appropriate where these lead to referral. This is considered as a secondary outcome within this trial (both for contacts made for any reason and for those specifically relating to potential child sexual abuse).

This does not mean that all contacts that do not result in further action are inappropriate or that no assistance can be provided. For example, the school may be pointed to alternative sources of support or advice, or early help actions may be instigated. Contacts that result in no further action can also support information gathering or decision-making if future contacts are made.

It is important to be aware that different LAs use varying terminology around contacts and referrals, vary in the way in which "contacts" are dealt with as they enter the system (organising their "front door" differently), and in how no further action is defined/determined, all of which adds further complexity.

For the purposes of this study (in line with the definition used in most of the LAs participating in this study), we define a "contact" as being made where children's social care services are contacted about a child (for example, by a DSL). This contact may then be progressed to a referral, where children's social care services consider an assessment and/or services may be required. Thus the contact is made by the DSL, but the decision as to whether action is taken is made by children's social care.

The primary research question this evaluation is therefore designed to answer is:

1. What is the effect of providing support to DSLs in schools on the proportion of pupils for whom a **new contact is made by a school, in relation to potential child sexual abuse?**

The impact evaluation also sets out to address the following secondary research questions:

2. What is the effect of providing support to DSLs in schools on the proportion of pupils for whom a **contact is made by a school in relation to potential child sexual abuse which does not lead to a social care referral** (i.e. no further action at contact)?

3. What is the effect of providing support to DSLs in schools on the proportion of pupils for whom **a contact (for any reason) is made by a school which does not lead to a social care referral** (i.e. no further action at contact)?

4. What is the effect of providing support to DSLs in schools on the proportion of pupils for whom **a new contact is made by a school (for all contacts)?**

5. What is the effect of providing support to DSLs in schools on the proportion of pupils for whom a **new referra**l is made (all referrals and CSA referrals)?

6. What is the effect of providing support to DSLs in schools on the proportion of pupils for whom a **new referral** (all referrals and CSA referrals) **leads to no further action**?

7. What is the effect of providing support to DSLs in schools on the **wellbeing of DSLs?**

8. Is there evidence of difference in impacts of the programme in primary and secondary schools?

The protocol noted that the ability to address the research questions above would depend on being able to access the necessary data. Ultimately, we were able to address each of these research questions. However, data were not always available for all outcome measures in all participating LAs; information on availability of each outcome measure is included within the later section of this report on sample size and attrition.

Implementation and process evaluation

The IPE set out to address the following research questions, covering four main areas:

Fidelity and adaptation

- Is the programme delivered as intended?
- How well is compliance/fidelity achieved?
- Can the programme be rolled out on a larger scale, or would anything need to be adapted?

Programme differentiation

(What does the service structure and practice look like prior to the introduction of the model, or in control conditions?)

- How does usual practice look prior to the intervention or compared to the control condition?
- How does the programme differ from the concurrent DSL supervision programmes that do not have a specific focus on CSA?
- How supported do DSLs feel prior to the programme or compared to the control condition?
- How was the level of stress and anxiety experienced by the DSLs prior to the intervention or compared to the control condition?

Reach and acceptability

(Who the intervention reached and what the experience was of those delivering and receiving the intervention)

- How are school staff chosen to receive the programme, and what are their characteristics and role in terms of the wider DSL structure within the school?
- To what extent are DSLs engaged in the programme, and what are the main barriers? To what extent do participant DSLs engage other DSLs within the school, and are they expected to?
- What are the main barriers to attend the sessions? If compliance is not achieved, what are the reasons why? (including contextual reasons, such as COVID-19)
- What's the experience of social workers delivering the programme?
- What are the experiences of DSLs and the school in general? (e.g. how did they find the CSA training and supervision sessions)
- What's the experience of key stakeholders in LAs delivering the programme? How does it fit into their wider support packages to schools, including in relation to support on identifying and responding to child sexual abuse?

Mechanism and outcomes

- What are the perceived impacts of the intervention?
- Do participants feel the programme was worth their investment of time?

Ethics and data protection

Ethical approval for the evaluation was granted by the NIESR Research Ethics Committee in September 2021. This required the submission of an application form by the evaluation team to the committee outlining the key features of the project and setting out the ethical issues involved and associated mitigations.

Each participating LA co-ordinated the recruitment of schools within its area. LAs were provided with an initial template letter by WWCSC for LAs to distribute to schools. Schools were able to withdraw from the evaluation. In the information provided to potential participants in approaches for interviews, and in distributing the surveys to school staff, individuals were informed that their participation was voluntary and that they could withdraw at any stage.

A project privacy notice was developed in collaboration with WWCSC, informing participants about the purpose of the study, the type of information being collected, how this would be used as part of the research, and their rights in relation to their data. A copy of the privacy notice is available at: https://www.niesr.ac.uk/wp-content/uploads/2021/09/Data-Privacy-Notice-2121-DSL-FINAL.pdf

Data sharing agreements were set up between WWCSC, NIESR and the individual participating LAs. Limited personal data were to be shared for the purposes of the evaluation; this related mainly to contact details of DSLs and other school staff, as well as SSWs and other LA staff involved in the project and evaluation, mainly for the purpose of facilitating the interviews and surveys that formed part of the study. Further details relating to data protection are given in the trial protocol.

The trial is registered on the Open Science Framework at: https://osf.io/654hv

METHODS

In this section we outline the methods applied for the three key strands of the evaluation in turn: the impact evaluation; the IPE, and the evaluation of costs.

Impact evaluation

The key features of the trial design are summarised below.

Design

Trial type and number of arms		2-armed randomised trial
Unit of randomisation		School
Stratification variables (if applicable)		▪ LA ▪ School phase (primary/secondary) where applicable ▪ Proportion of pupils in school eligible for free school meals (FSM)
Primary outcome	**Variable**	Proportion of pupils for whom a new contact is made by a school in relation to potential child sexual abuse
	Measure (instrument, scale)	LA administrative data
Secondary outcome(s)	**Variable(s)**	▪ Proportion of pupils for whom new contact is made by a school (all contacts) ▪ Proportion of pupils for whom a new contact is made by a school which results in no further action (at the point of contact) (all contacts and CSA contacts) ▪ Proportion of pupils for whom new referral is made (all referrals and CSA referrals) ▪ Proportion of pupils for whom new referral leads to no further action (all referrals and CSA referrals) ▪ DSL wellbeing
	Measure(s) (instrument, scale)	▪ Wellbeing: pre- and post-intervention surveys of DSLs ▪ All other outcomes: LA administrative data

The impact evaluation was conducted as a randomised controlled trial. There are two trial arms; receiving the supervision (the intervention or treatment group) and not receiving the supervision (the control group). Randomisation took place at school level with approximately half of schools being allocated to the treatment group (receiving the support of the designated SSW) and half to the control group (who would not receive this specific support and continue with business as usual).[6]

The primary outcome for the trial is the proportion of pupils for whom a new contact is made by a school in relation to potential child sexual abuse. The secondary outcomes considered are:

- Contacts that do not lead to further action (RQ2, RQ3)
- New contacts for any reason (RQ4)
- New referrals to children's social care (RQ5)
- Referrals resulting in no further action (RQ6)
- DSL wellbeing (RQ7).

All measures, except DSL wellbeing, are measured as a proportion of pupils in the school. We describe these measures in greater detail in the section on outcome measures below.

As noted earlier, the study also explores whether there are differences in effectiveness between primary and secondary schools (RQ8), focusing on the primary outcome of contacts relating to child sexual abuse.

Randomisation

Schools were randomised within blocks defined on the basis of LA and the proportion of pupils eligible for FSM within each school (school phase is also used in two LAs where both primary and secondary schools participated). Two FSM groups were determined using median splits: "high" and "low" – with schools ranked by the proportion of pupils eligible for FSM, with thresholds for the "high" and "low" groups chosen so that half of all schools within each LA were allocated to each group. This blocking is used in order to reduce the risk of imbalance between the treatment and control groups when randomising schools. Stratifying on the basis of previous activity relating to children's social care may have been beneficial (using, for example, information on contacts made to children's social care prior to the intervention starting). This could help reduce the risk of imbalance between treatment and control groups, if by chance, the treatment and control group differed in this respect prior to the programme starting. Due to the short timeframe within which randomisation needed to take place, it was necessary to make use of readily available data instead. FSM eligibility is used for this purpose given these data are readily available and may help to act as a proxy for contact with children's social care (for example, Children in Need are more likely to be eligible for FSM than other pupils (Department for Education, 2018)).

Randomisation of schools was conducted by assigning each school a randomly generated number, with schools then sorted within block by random number. Schools were allocated to treatment and control groups in accordance with the randomisation ratio for that LA. In almost all LAs, randomisation was conducted on a 50:50 basis. In the one larger LA, the size of the authority meant that it was

6 With the exception of one LA, as discussed in Randomisation section.

not feasible to deliver the intervention to half of the schools, and here the randomisation ratio was set such that a feasible number of schools were allocated for delivery. This equated to 26% of primary schools in this LA being allocated to the intervention group. Overall, this meant that when considering the sample as a whole, 37% of schools were allocated to the treatment group and the remaining 63% to the control group.

Randomisation was conducted by the evaluation team. Analysts were not blind to group allocation.

Participants

Nine LAs across England participated in the trial. Two participated with both primary and secondary schools; two with primary schools only, and five with secondary schools only. All mainstream state schools in the relevant phase located within these LAs were eligible to take part, along with independent secondary schools and independent primary or preparatory schools where these had more than 200 pupils. A list of schools was identified by each participating LA; all were expected to participate in the trial unless the school declined. LAs were provided with a template letter by WWCSC to provide to schools, but also had flexibility over how to approach and inform schools regarding the project. The nature of the intervention is such that it potentially applies to all children within all schools, thus all children within the study schools are included in our sample. In total 757 schools were involved in the trial (628 primary schools and 129 secondary schools).

Outcome measures

The primary outcome is the number of new contacts made (per school) in relation to potential child sexual abuse as a proportion of the number of pupils (in that school) between September 2021 and July 2022. That is, that the reason for making the contact was a concern over child sexual abuse or potential child sexual abuse. This is calculated as the total number of such contacts per school, made between September 2021 and July 2022, divided by the number of pupils in that school.

Secondary outcomes are:

- Contacts resulting in no further action (at the point of contact) (all contacts and CSA contacts)
- New initial contacts with the social care system (as a proportion of pupils) (all contacts)
- New referrals (as a proportion of pupils) (all new referrals and CSA referrals only)
- New referrals resulting in no further action (all new referrals and CSA referrals) (as a proportion of pupils)
- DSL wellbeing (job-related anxiety-contentment and job-related depression enthusiasm).

With the exception of DSL wellbeing, information on both primary and secondary outcomes was obtained from administrative data held by the participating LAs, and was assessed for the same time period as for the primary outcome measure.

In assessing whether new referrals lead to no further action, this is measured on the basis of observing this outcome within the lifetime of the delivery period (that is, by end July 2022).[7] For some children, towards the end of the school year, it may be possible that some

7 The same is applicable for contacts, although it is assumed that the decision as to whether a contact progresses to further action may be quicker than for a referral, and is thus less likely to fall outside of this period.

referrals would result in no further action after the period which we are observing in the data. It can be argued that this would apply equally across both treatment and control groups, and that we would not anticipate systematic differences in the timeframes for determining the outcome of a referral across treatment and control groups. However, it may also be the case that there could be differences, if the intervention influenced the type of cases reaching the point of referral. This cannot fully be addressed by our analysis, but we do explore whether there are differences in impact in the first and latter half of the intervention (see analysis approach section). If more than one contact/referral is made for the same child, these are counted as separate contacts/referrals.[8]

There can be variations across LAs in both data systems and in definitions. As part of the data collection process, the evaluation team met with every participating LA at least once, to better understand the systems in place and to understand what data may be feasible to obtain.

The data collection process highlighted some challenges in data collection – for example, the ease with which LAs can identify schools within contact and referral data is varied. That is, it is not always straightforward for LAs to provide data on the number of contacts that relate to a particular school. Where this information exists, often school has been recorded as a free-text field, which can raise data quality issues. In some LAs, linkage to education data systems in order to improve the accuracy of data is possible, but not in all. In some LAs, this also meant that data were assigned to schools on the basis of the school attended by the child; while it is assumed in most cases that this is likely to be the school that also made the contact, this will not always be the case. LAs also varied in the ease with which they could identify contacts that related to potential child sexual abuse, depending on how this may be recorded in their systems.

Wellbeing of DSLs is captured through a survey of DSLs administered by the evaluation team (and discussed below under methods for the IPE). The wellbeing measure used is a measure of work-related wellbeing that has been used in previous nationally representative surveys of employees in British workplaces (van Wanrooy et al., 2013) and aims to capture job-related anxiety-contentment and job-related depression-enthusiasm (Warr, 2007). These aspects of wellbeing are analysed as two separate outcome measures. Each is based on responses to three items; with responses on the five-point scale scored from -2 to +2, and then summed to form a scale ranging from -6 to +6 (where a higher score indicates higher wellbeing).[9]

As these measures are collected via surveys, there is inevitably non-response which may bias the estimates obtained. That is, those individuals who completed the surveys may not be representative of all individuals who were eligible to complete the survey. It is not clear a priori, however, the direction of any such effect. As with any survey, other forms of bias can also occur, for example social desirability bias (if respondents feel that they ought to give a certain answer, rather than stating how they truly feel). The

8 Note that this formed the part of the guidance given to LAs regarding the data request. The evaluation team did not receive data on repeat contacts/referrals, so we are unable to assess the extent to which this may influence the results.

9 The survey asks, "Thinking of the past few weeks, how much of the time has your job made you feel each of the following? Tense; Depressed; Worried; Gloomy; Uneasy; Miserable." Response options are: All of the time; Most of the time; Some of the time; Occasionally; Never.

endline measures were collected towards the end of the programme in June–July 2022. At baseline, wellbeing measures were collected prior to the start of the intervention, but when schools were already aware of their allocation to treatment or control groups (due to the need for the intervention to start as early as possible, it was not feasible to conduct the survey in advance of randomisation). It is possible that this may have introduced bias as a result, although it is hard to judge to what extent experimental status may have affected how an individual responded to the actual question. It is arguably of more concern that this may partly have resulted in the fact that we observe higher rates of survey completion among the treatment group compared with the control group, which may have had greater potential to result in bias. It is important to bear this in mind in interpreting results. In addition, due to delays in having signed data sharing agreements in place, the surveys were not able to be issued to schools directly by the evaluation team. Instead, LAs distributed the surveys to schools on behalf of the evaluation team. This meant that it was not possible to include a unique identifier for survey respondents when distributing the survey, which means that we cannot track with accuracy whether the same individual within a school responded at both time points.

Analysis approach

Primary analysis

The estimated impact is based on the difference between the intervention and control groups, regardless of any drop out by schools allocated to the treatment group. This approach is taken in order to estimate the "intention to treat" (ITT) effect.

The analysis is carried out using linear regression. The regression model used for the primary analysis controls for the previous year's CSA contacts (as a proportion of pupils), defined as per our primary outcome measure. The model also includes a dummy variable capturing treatment allocation and strata indicators reflecting randomisation blocks.[10]

The equation estimated is:

$$Y_{it} = a + \beta_1 Treat_i + \beta_2 Y_{it-1} + \beta_a y_i + \varepsilon_{it}$$

where Y_{it} is our primary outcome measure (CSA contacts as a proportion of pupils in school j), Y_{it-1} is the equivalent (baseline) measure for the previous school year (2020/21), $Treat_i$ is the dummy variable indicating treatment allocation, y_i represents the set of stratum dummy variables and ε representing an error term.[11] The estimated impact is recovered from the coefficient on the treatment variable (β_1).

Statistical significance is evaluated at the 5% level, as stated in the protocol.

Effect sizes are reported, expressed as a proportion of the school-level standard deviation in the control group (Glass's Delta), as per the WWCSC Statistical Analysis Guidance. [12] As there is one primary outcome measure the analysis is not subject to multiple comparison adjustments.

As noted earlier, a different randomisation ratio was used in the larger LA. As we include dummy variables for randomisation strata

10 That is, high and low FSM groups within each LA (as described in the Randomisation section).

11 Standard errors did not need to be clustered at school level, as specified in the protocol, as school-level data is used in the analysis.

12 Available at: https://whatworks-csc.org.uk/wp-content/uploads/WWCSC-RCT-Statistical-Analysis-Guidance-V1.2.pdf

(which relate to LAs) within our models, this uneven randomisation is accounted for by this approach.

Secondary analysis

The analysis is repeated for each of the secondary outcome measures relating to contacts and referrals based on administrative data, following the same approach as described above for the primary outcome, and using the relevant corresponding baseline measure. For example, for the secondary outcome of contacts resulting in no further action as a proportion of pupils, we control for contacts resulting in no further action as a proportion of pupils in the school year 2020/21.

The same approach is adopted for analysis of DSL wellbeing, here the models control for wellbeing as measured prior to the start of the intervention based on the baseline survey (October 2021). However, a significant proportion of schools with wellbeing data at endline had not responded to the survey at baseline. To maintain sample size, we impute zero values where baseline wellbeing data are missing, and include a dummy variable to capture missing baseline wellbeing data in our main models.

The protocol stated that as a number of secondary outcomes were to be considered, we would adjust for multiple comparisons, using the Hochberg step-up procedure as detailed in the WWCSC Statistical Analysis Guidance. In practice, however, none of our results are statistically significant at the 5% level and therefore further adjustment for multiple comparisons is not necessary.

Subgroup analysis

We conduct two subgroup analyses, as set out in the protocol:

First, we explore whether results are sensitive to the time period over which outcomes are measured. The primary analysis uses outcomes measured over the full intervention period, but we check whether there is evidence of effects in the latter half of the intervention period, with the aim of exploring whether it takes time for the intervention to have an effect on the actions of DSLs. To do so we construct two outcome measures, one based on contacts between September and February, and the latter based on contacts between March and July. We estimate separate models for each time period.[13]

Second, we explore whether there are differences in the effectiveness of the programme between primary and secondary schools. We do so through running separate models for primary and secondary schools, as well as separately running a model that includes an interaction term between treatment status and school phase (as well as a separate dummy variable for school phase).

Analysis in the presence of non-compliance

The primary analysis focuses on identifying an intention to treat effect, but we additionally produce estimates accounting for non-compliance with the aim of providing insight into the impact of actually participating in supervision rather than the impact of being in a treatment school.

Doing so requires a definition of compliance. A record of attendance by DSLs at supervision sessions was maintained by the

13 Note that the protocol also specified that this would be explored through the inclusion of an interaction term. In practice this is not feasible as it is necessary to construct two separate outcome measures, relating to each time period respectively, and thus we cannot model this with an interaction term between treatment status and intervention period.

SSWs; we use this information to explore compliance with the intervention.

As specified in the protocol, we first estimate a model excluding those schools allocated to the treatment group who received zero sessions (and who could therefore be considered to have "dropped out" of the intervention). Note that excluding these schools invalidates the causal properties and is thus a non-experimental analysis. It can still be informative, as if dropout is random, the results reflect the effect of treatment itself rather than intention to treat. The randomness of dropout is an unverified assumption, so the results should be interpreted with this in mind.

We then estimate a simple dose response model, where the treatment variable in our main analytical model is replaced with a dosage variable, set to 0 for control group schools, and varying between 0 and 1 for the treatment group, where schools that had no sessions are scored 0, and those that attend all intended sessions are scored 1 (all sessions is defined here as the maximum of eight sessions that we observe in the data). If a school attends half the sessions (four sessions), for example, they are scored 0.5. We use instrumental variable (two-stage least squares) regression to estimate this impact.[14] Again an analysis of this type is not experimental, and so findings can only be interpreted causally under additional assumptions.

The main assumption underpinning this approach is that the treatment only has an effect via the number of sessions attended. This design of the intervention – specifically, that it is confined to supervision sessions rather than extending to any ancillary practice – is such that it is credible to believe it operates only via sessions. Since treatment status is randomly assigned and sessions are not available to the control group, treatment group indicator is the ideal instrument. However, estimating dose response in this way does constrain the relationship between number of sessions and the outcome to be linear. Since there is no basis for believing this to be the case, we also conduct an analysis whereby the impact of attending any sessions is estimated (this latter analysis is additional to the planned analysis set out in the protocol).

Additional analysis

As set out in the protocol, we conduct the following additional analyses, with all estimated for the primary outcome:

- We assess the sensitivity of results to using baseline data from the preceding school year (2019/20) instead of the school year 2020/21. The original motivation for doing so was due to concerns that data for 2020/21 may have been affected by the COVID-19 pandemic; however, the same argument could be made in respect of 2019/20. Ideally, data from 2018/19 could have been used as an additional check; however, the data request already proved burdensome for many LAs, and retrieving historical data was typically more challenging – for instance where there had been changes in data systems over time.
- The primary analysis is unweighted, giving equal weight to all schools, but in an additional specification, we run the same regression using frequency weights in

14 Writing the dosage of DSL i as D_i, the first stage obtains fitted values, ($\check{D}_i$) from the regression $D_i = 1 + a_i\ Treatment_{j(i)} + a_0\ baseline_{j(i)} + \sum_{j=2}^{22} a_{j(i)} block^j_{j(i)}$ where $j(i)$ denotes the school j where DSL i works. The second stage regression is $Y_i = 1 + \beta_1\ \check{D}_i\hat{} + \beta_1\ baseline_{j(i)} + \sum_{j=2}^{22} \beta_j block^j_{j(i)}$ where the estimated coefficient β_1 is the parameter of interest.

order to relate the results to the number of pupils on which they are based.

- A model that additionally controls for the proportion of pupils in the school eligible for FSM.
- A model that also controls for other school characteristics, these include Ofsted rating, size and measures of pupil composition.

The protocol also stated that we would estimate a model additionally including LA fixed effects; however, this is in fact not necessary as our analysis already includes dummy variables for randomisation strata relating to LAs.

We undertake a further additional analysis which was not set out in the protocol. The programme is typically delivered by one SSW in each LA. However, in one LA, supervision was delivered by two SSWs (who worked with different schools). We therefore repeat our analysis for the primary outcome with the additional inclusion of SSW fixed effects.

All impact analyses were conducted using Stata, version 17.

Sample size and attrition

The sample size for the trial was determined by the number of schools within the participating LAs. For the purpose of the power calculations at the point of preparing the protocol, it was assumed that 757 schools would take part; this was the number of schools randomised. The MDES was therefore determined by the maximum available sample (and assumed no attrition by the point of analysis).

At the point of preparing the protocol, the proportion of variance in the outcome explained by the covariates was assumed to be 0.2, in line with the estimate obtained in the original Bolton study for primary schools. Based on these figures, and the

Table 1. Minimum detectable effect size (MDES) at randomisation and analysis

		Randomisation	Analysis
MDES (proportion of a standard deviation)		0.2	0.18
Proportion of variance in outcome explained by covariates (R^2)	**School**	0.2	0.3
Intracluster correlations coefficient (ICCs)	**School**	-	-
Alpha		0.05	0.05
Power		0.8	0.8
One-sided or two-sided?		Two-sided	Two-sided
Level of intervention clustering		School	School
Average cluster size*		394	382
Sample size (schools)	**Intervention**	282	269
	Control	475	453
	Total	757	722

* This is the average number of pupils per school.

assumptions set out in Table 1 above, the MDES stood at 0.2 (in units of school-level standard deviation). Our power calculations focus on the primary outcome, and as we have one primary outcome, we do not make adjustments here for multiple comparisons.

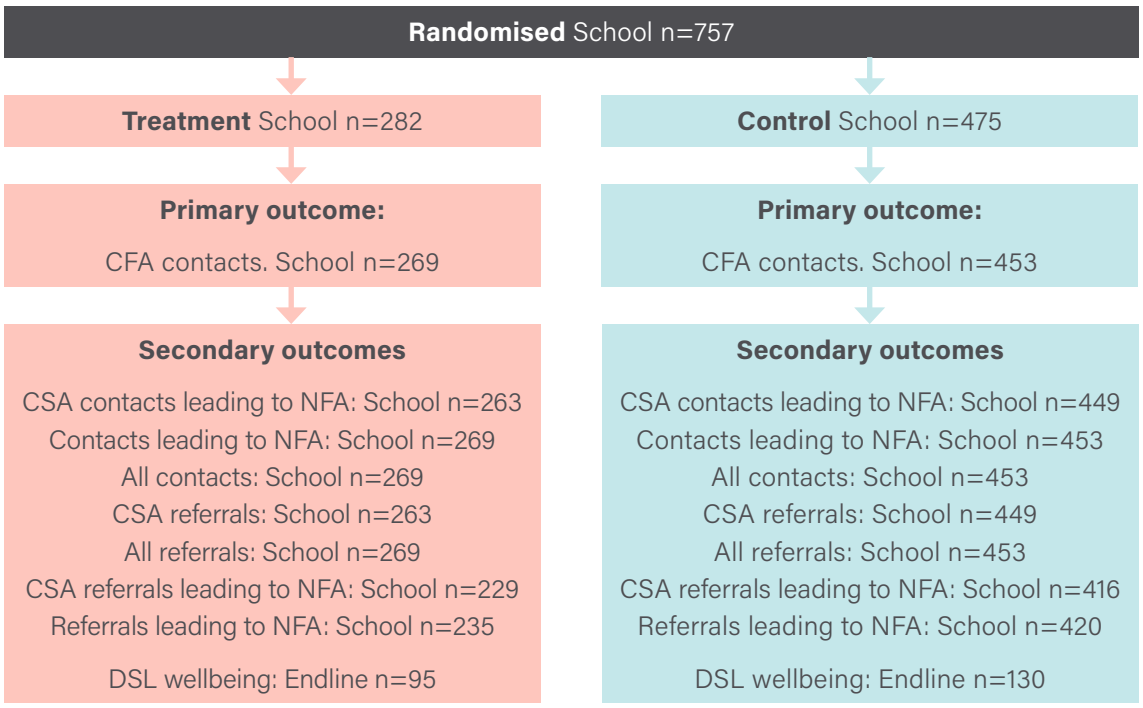
At the point of analysis, the proportion of variance in the outcome explained by covariates was higher than assumed at the point of preparing the protocol. The number of schools for which primary outcome data were available stood at 722. This meant that the MDES stood at 0.18 at the point of analysis.

For the primary outcome assessed in this trial, data were available for 722 of the 757 schools included at randomisation, representing an attrition rate of 4.6% (Table 2). These missing data were primarily due to one LA not providing data for the primary outcome, although there was also some missingness across other LAs when it had not proved possible to provide data for some of the participating independent schools. Appendix Table A3.3 shows the number of schools for which primary outcome data are missing, by (anonymised) LA. While data for one LA were entirely missing, as this LA accounted for a relatively small proportion of schools

Table 2: School level attrition from the trial (primary outcome)

		Intervention	Control	Total
Number of schools	**Randomised**	282	475	757
	Analysed	269	453	722
Attrition (from randomisation to analysis)	**Number**	13	22	35
	Percentage	4.6	4.6	4.6

Figure 2. Availability of outcome data



in the study, and because randomisation was stratified by LA, this does not raise significant concerns about the introduction of attrition bias as a result. As discussed elsewhere in this report, not all schools assigned to the treatment group took up the offer of supervision sessions, or received the originally intended number of sessions, but all are included within the main analysis.

Data were not available for all secondary outcomes in all LAs; Figure 2 summarises availability, by trial arm, for each outcome measure. While there is some variation in the extent of missingness for the outcomes relating to contacts and referrals, it is the wellbeing measures where we see the highest amount of missing data (unsurprisingly given these are based on survey responses rather than administrative data).

School and LA characteristics

Appendix 3 presents the characteristics of schools assigned to the intervention and control groups.

In terms of the observed school characteristics considered, the sample appeared balanced across treatment and control groups. The distribution of Ofsted school inspection ratings was similar for both groups, as was the distribution by school type. School composition was broadly similar across both trial arms, with, for example, similar percentages of pupils eligible for FSM and pupils where English is not a first language across treatment and control schools.

Eight of the nine participating LAs are classified as predominantly urban, while the remaining LA is classified as largely rural (between 50% and 79% of the population reside in rural areas). Overall, 88% of schools

Table 3: Children's social care outcomes (at baseline), 2020/21, standardised differences between treatment and control groups

	Standardised difference between treatment and control group
Number of CSA contacts	0.18
CSA contacts (as proportion of pupils in school)	0.17
CSA contacts leading to NFA (as proportion of pupils in school)	0.14
Contacts (as proportion of pupils in school)	0.26
Contacts leading to NFA (as proportion of pupils in school)	0.21
Referrals (as proportion of pupils in school)	0.18
CSA referrals (as proportion of pupils in school)	0.07
Referrals leading to NFA (as proportion of pupils in school)	0.16
CSA referrals leading to NFA (as proportion of pupils in school)	0.14

in the intervention group were located in an urban environment compared to 82% of schools in the control group.

If we consider social care outcomes based on the school year 2020/21, the year prior to the intervention starting, average outcomes are generally similar across both treatment and control groups. Standardised differences between treatment and control groups of more than 0.1 were present for several of the outcome measures (Table 3). However, when accounting for randomisation strata in a regression, there were no statistically significant differences between treatment and control groups at the 5% level.

The measures of DSL wellbeing, as captured by the baseline survey, indicate similar average levels of wellbeing among the treatment group compared with the control group at baseline. It is important to bear in mind though that this can only be evaluated on the basis of those responding to the survey (and that at baseline, response was notably lower among the control group than among the treatment group). [15] We present the distribution of all outcome measures at baseline by trial arm in Appendix 4.

Overall, on the basis of most of the observed characteristics considered, the sample was balanced at baseline.

We can also consider the characteristics of participating schools and LAs in terms of how they compare with national averages. Overall, the distribution of the school sample closely reflected the national distribution of schools by Ofsted inspection rating, was similar on average in terms of pupil composition (for example, the percentage of pupils eligible for FSM), and fared similarly in terms of average performance scores at the end of Key Stages 2 and 4. The sample comprised slightly fewer academy converter schools, and more community schools, compared with the national average.

The participating LAs are characterised by higher levels of deprivation compared to the rest of England. Four of the nine LAs have a percentage of children living in low-income families above that of the national average of 19.1%, as indicated by the Department for Education's Local Authority Interactive Tool. [16]

Based on the most recent inspection of Local Authority Children's Services as of 2021, most of the participating LAs were rated as "good", while the remaining three LAs are rated as "requires improvement to be good". Five of the nine LAs had a children in need rate (measured per 10,000) above the national average of 321.2 in the period to August 2021. Seven of the nine participating authorities had a children looked after rate above the national average of 67 per 10,000 children, and eight of the LAs had a rate of referrals to children's social care above the national average.

Overall, while the study does not (and does not intend to) provide a nationally representative picture of LAs across England, it does include LAs facing a range of different circumstances.

Implementation and process evaluation

The overarching purpose of the IPE is to show how the intervention is delivered and implemented in different LAs and schools, the factors that inform this, and any perceived impact on DSL practices, including on issues relating to child sexual abuse (CSA). The IPE aims to bring greater clarity to

15 In part this appeared to be a result of issues in distributing the survey to schools at baseline.

16 https://www.gov.uk/government/publications/local-authority-interactive-tool-lait

the quantitative research findings and to understand the reasons behind them. It also gathers practitioners' views on how the intervention might be improved, to inform any future delivery and rollout.

Methodology and data collection

The following data collection methods were used:

- Interviews and focus groups with a total of 86 DSLs and other school staff across 52 different treatment schools. This includes 36 in primary schools (31 different schools) and 50 in secondary schools (21 different schools), in April–July 2022.
- Interviews with 11 SSWs, in April–July 2022.
- Interviews with 9 managers in LAs, in July–August 2022. This was typically the person who applied to take part in the programme and/or line managed the SSW.
- Baseline and endline surveys with DSLs in all schools (both treatment and ontrol schools), in October 2021 and June–July 2022.
- "Engagement" and "need" scores (used to inform sampling) as well as attendance data for each school receiving supervision, estimated by the SSWs for each LA.

The following paragraphs provide more detail about each of the data collection methods.

Interviews and focus groups with SSWs, DSLs and LAs

The interviews and focus groups were carried out by telephone or online. They were semi-structured, using topic guides (see Appendix 7), and explored the experiences and perspectives of SSWs, DSLs and LAs, to assess how the intervention was delivered across LAs, and the extent to which the intervention had led to changes in DSL practices. The interviews and focus groups were recorded, with permission of participants, transcribed ad verbatim, and then analysed using a framework approach. The DSLs were contacted by email and sampled to include a mix of schools (by LA, primary/secondary, size, proportion of FSM pupils, and different "need" and "engagement" scores given by the SSWs). The qualitative findings may not necessarily reflect the views of all practitioners receiving the supervision. However, they provide an in-depth and diverse perspective into the experiences of DSLs. We interviewed all SSWs involved in the programme, as well as a manager for each LA.

Baseline and endline survey

The baseline survey was distributed by email in October 2021, before the intervention started. The survey was mostly completed by lead DSLs, and in some cases other safeguarding staff such as deputy DSLs. We collected a total of 196 responses, including 47 from control schools and 149 from treatment schools. The endline survey was distributed in June–July 2022, at the end of the intervention. We collected a total of 225 responses, including 130 from control schools and 95 from treatment schools. The surveys explored DSLs' job satisfaction, wellbeing, confidence, experiences of the programme, perceived outcomes and impact, whether they would sign up for similar programmes in the future or recommend it to others, and finally how it is different from existing support and training. As for the qualitative sample, the survey sample is likely to be biased towards schools that engaged in the intervention. Appendix 1 provides more detail on survey responses, including the response rates, and responses by LA and by years of experience. The survey was distributed using SmartSurvey and the data was analysed using Stata.

Review of materials and available data, including engagement/need scores and attendance data.

Finally, the SSWs were asked to provide information about the DSLs in their treatment schools. Specifically, they were asked to estimate the 'need' and 'engagement' of each DSL receiving supervision on a score of 1–4. 'Need' was collected in the beginning of the intervention and referred to whether the SSW felt the DSL needed additional support. 'Engagement' was collected at the end of the intervention and referred to whether the SSW felt the DSL engaged during the supervision sessions and whether the DSL used insights to inform their practices. We also observed Community of Practice sessions for SSWs, and CSA training days for DSLs. These informed the design of the topic guides and sampling. In addition, we collected attendance data from SSWs detailing the number of supervision sessions with each school as well as the dates they took place. These are used throughout the IPE section on findings.

Cost evaluation

Analysis of costs is based on data provided by WWCSC on the costs of delivering the intervention. This is based on actual spend by LAs over the life of the project (rather than the initially agreed budgets).

The protocol describes working with LAs to understand data on expenditure. In practice, as LAs were completing financial statements for WWCSC, it was considered practical for the cost analysis to make use of this information rather than creating additional burden on LAs by requiring them to provide this separately to the evaluation team. The information from the financial statements were summarised for the evaluation team by WWCSC. In addition, costs were also explored during interviews with SSWs and LAs, as well as with DSLs in schools, as part of the IPE, in order to identify any potential hidden costs of the intervention and to understand perspectives on whether the intervention was considered a worthwhile use of DSLs' time.

All the participating LAs were involved in more than one of the concurrent DSL trials, and total costs reported in the financial statements covered involvement in both trials. Information was available on the share of the originally agreed budget that was to be allocated to the primary trial, and this proportion was applied to the eventual actual spend to allocate an amount to the primary trial. Costs were converted to a cost per school on the basis of the number of primary schools allocated to the intervention group in each LA.

The analysis of costs is conducted purely as a financial analysis, to understand costs of delivery of the intervention, rather than undertaking a value for money or cost–benefit analysis. As anticipated in the protocol, monetising any benefits would have been challenging and given the extent of uncertainty that would have been involved in making the necessary assumptions, it was felt that such an analysis would be unlikely to result in sufficiently meaningful estimates in these circumstances.

FINDINGS

Impact evaluation

Outcomes and analysis

Primary analysis

Table 4 summarises the results of the primary analysis, which explores whether the programme has an impact on the proportion of pupils for whom a new contact is made by a school in relation to potential CSA.

The left-hand panel of the table presents the mean values of the primary outcome (contacts relating to CSA, as a proportion of pupils). These are similar in the treatment and control groups, standing at 0.001 in both groups. That is, on average there was 1 contact made per 1,000 pupils that potentially related to CSA.

The results of the regression analysis are summarised in the right-hand panel of the table, presenting the effect size associated with the treatment (i.e. being allocated to receive the intervention). As described in the Methods section, this effect size is based on a regression that controls for contacts relating to CSA in the previous school year and randomisation strata.

The regression results indicate a non-statistically significant impact of the intervention on the primary outcome measure, with a small negative sign on the regression coefficient. This is equivalent to an effect size of -0.03 (with a confidence interval that crosses zero (-0.17, 0.11)). It does not appear therefore that schools allocated to receive the programme were more likely to make contacts that related to CSA than control schools. An effect size of -0.03 would be equivalent to a difference between treatment and control groups of around 0.07 CSA contacts per school (that is, also a very small difference in practical terms). The underlying regression results are presented in Appendix 6.

Table 4: Primary analysis

Outcome	Unadjusted means				Effect size			
	Intervention group		Control group					
	n (missing)	Mean (95% CI)	n (missing)	Mean (95% CI)	Total n (intervention; control)	% point change in outcome (95% CI)	Glass's Delta (95% CI)	p-value
Contacts potentially relating to CSA (as proportion of pupils)	269 (13)	0.001 (0.001, 0.001)	453 (22)	0.001 (0.000, 0.001)	722 (269; 453)	-0.008 (-0.044, 0.028)	-0.032 (-0.173, 0.109)	0.660

Figure 3: CSA contacts as a proportion of pupils, 2021/22, by trial arm

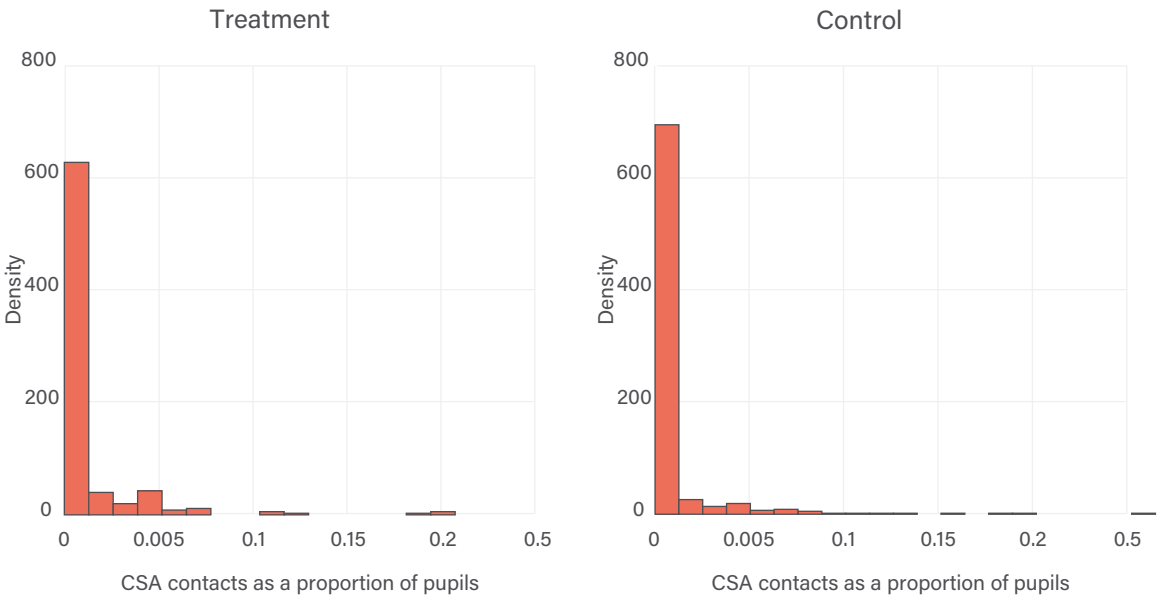


Figure 3 presents the distribution of the primary outcome, by treatment and control group. The distributions are similar for both groups. The protocol specifies that we will undertake linear regression; given the distribution of the measures we also conducted two robustness checks. First, considering whether there was an impact on a binary measure; and second, estimating the model using Poisson [17] regression (see Appendix 6). Under both alternative approaches, there remained no statistically significant impact of the intervention on the primary outcome.

Secondary analysis

Contact and referral outcomes

This section presents the results of the analysis for the specified secondary outcomes relating to contacts and referrals. To recap, this analysis aimed to address the following questions:

2. What is the effect of providing support to DSLs in schools on the proportion of pupils for whom **a contact is made by a school in relation to potential child sexual abuse which does not lead to a social care referral** (i.e. no further action at contact)?

3. What is the effect of providing support to DSLs in schools on the proportion of pupils for whom **a contact (for any reason) is made by a school which does not lead to a social care referral** (i.e. no further action at contact)?

4. What is the effect of providing support to DSLs in schools on the proportion of pupils for whom **a new contact is made by a school (for all contacts)?**

5. What is the effect of providing support to DSLs in schools on the proportion of pupils for whom a **new referral** is made (all referrals and CSA referrals)?

6. What is the effect of providing support to DSLs in schools on the proportion of pupils for whom a **new referral** (all referrals and CSA referrals) **leads to no further action?**

17 This included also checking robustness of results to running a zero-inflated Poisson regression.

Table 5 presents the results of the analysis for each of the outcomes listed above. There were no statistically significant impacts on any of the measured outcomes. Histograms for each of the secondary outcome measures by treatment and control group are presented in Appendix 5. Again, given the distribution of the outcomes, we also ran Poisson models for each outcome, but no statistically significant impacts of the intervention were found (see Appendix 6).

Table 5: Secondary analysis, contact and referral outcomes (measured as a proportion of pupils in all cases)

Outcome	Unadjusted means				Effect size			
	Intervention group		Control group					
	n (missing)	Mean (95% CI)	n (missing)	Mean (95% CI)	Total n (intervention; control)	% point change in outcome* (95% CI)	Glass's Delta (95% CI)	p-value
CSA contacts leading to NFA	263 (19)	0.0004 (0.0002, 0.0006)	449 (26)	0.0002 (0.0002, 0.0003)	712 (263; 449)	0.009 (-0.012, 0.030)	0.072 (-0.095, 0.234)	0.399
Contacts leading to NFA	269 (13)	0.005 (0.003, 0.006)	453 (22)	0.003 (0.002, 0.004)	722 (269; 453)	-0.044 (-0.137, 0.049)	-0.050 (-0.155, 0.055)	0.349
Contacts (all reasons)	269 (13)	0.034 (0.027, 0.040)	453 (22)	0.021 (0.017, 0.025)	722 (269; 453)	0.044 (-0.239, 0.327)	0.010 (-0.055, 0.075)	0.760
CSA referrals	263 (19)	0.000 (0.000, 0.000)	449 (26)	0.000 (0.000, 0.001)	712 (263; 449)	-0.012 (-0.031, 0.006)	-0.084 (-0.211, 0.042)	0.190
Referrals (all reasons)	269 (13)	0.012 (0.009, 0.014)	453 (22)	0.008 (0.006, 0.009)	722 (269; 453)	0.018 (-0.126, 0.162)	0.011 (-0.076, 0.098)	0.809
CSA referrals leading to NFA	229 (53)	0.000 (0.000, 0.000)	416 (59)	0.000 (0.000, 0.000)	645 (235; 420)	0.001 (-0.003, 0.004)	0.036 (-0.178, 0.249)	0.745
Referrals leading to NFA	235 (47)	0.002 (0.001, 0.002)	420 (55)	0.001 (0.001, 0.001)	655 (235; 420)	0.022 (-0.029, 0.074)	0.056 (-0.074, 0.186)	0.402

Note that complete data were not available for all secondary outcomes. In addition to the LA that was unable to provide data for the primary outcome, one further LA was unable to provide data for the outcomes of CSA contacts resulting in no further action, and CSA referrals. One additional LA was unable to provide data on whether referrals (CSA or all referrals) resulted in no further action.

DSL wellbeing

Table 6 presents the results of the analysis for the secondary outcomes relating to DSL wellbeing, namely job-related anxiety-contentment and job-related depression-enthusiasm. Histograms for the distribution of both measures at endline, by trial arm, are presented in Appendix 5.

In interpreting these findings, it is important to bear in mind that only a subset of DSLs responded to the survey and it is possible that non-response may bias the results. However, it is not clear a priori the direction of any such effect and whether those with higher or lower wellbeing may be more or less likely to respond. Furthermore, response rates were notably lower among the control group. Response rates at baseline (measured at school level) stood at 38% in the treatment group and 8% in the control group; at endline, these stood at 30% and 23% respectively.

The scales are constructed so that a higher score on each measure represents greater job-related wellbeing, each scale has a potential range from -6 to +6. Considering first the raw (unadjusted) mean wellbeing scores, Table 6 shows that at endline, average scores on the anxiety-contentment scale were similar in treatment and control groups (standing at 0.7 in the treatment group and 0.6 in the control group, i.e. a difference of 0.1 on a 12-point scale), as were average scores on the depression-enthusiasm scale (3.8 in the treatment group and 3.5 in the control group, i.e. a difference of 0.3 on a 12-point scale). Neither of these apparent differences in the unadjusted mean scores were statistically significant.[18]

It is not always the same schools responding at baseline and endline. The regression analysis presented in Table 6 controls for baseline wellbeing where this measure was available (and includes a dummy variable to indicate missing baseline data, and zero imputes missing baseline values, in order to maintain the full sample size, see Methods section). Only individuals with endline wellbeing scores are included in the analysis. Where multiple individuals per school responded at baseline, we create a measure of average DSL wellbeing in that school to use as our baseline measure.

The results of the regression analysis show no statistically significant impact of the intervention on the anxiety-contentment

Table 6. Secondary analysis, DSL wellbeing outcomes

Outcome	Unadjusted means				Effect size		
	Intervention group		Control group				
	n	Mean (95% CI)	n	Mean (95% CI)	Total n (intervention; control)	Glass's Delta (95% CI)	p-value
Wellbeing: anxiety-contentment scale	95	0.74 (0.31, 1.17)	130	0.58 (0.15, 1.00)	225 (95; 130)	-0.052 (-0.330, 0.226)	0.716
Wellbeing: depression-enthusiasm scale	95	3.84 (3.35, 4.33)	130	3.48 (3.06, 3.90)	225 (95; 130)	0.065 (-0.259, 0.388)	0.696

18 Allowing for randomisation strata, but not accounting for baseline wellbeing.

measure, with a small negative effect size (-0.05). On the depression-enthusiasm scale, we observe a positive effect size (0.07); again this is not statistically significant. Overall, the imbalance in response across treatment and control groups means we should be particularly cautious in drawing inferences based on these results.

We do not undertake a multiple comparisons adjustment as part of our secondary analysis as none of our secondary outcomes (when estimated in line with the approach set out in the protocol) are statistically significant at the 5% level.

Subgroup analyses

Table 7 presents results from analysing whether there is evidence of effects on the primary outcome (CSA contacts) in the latter half of the intervention period, with the aim of exploring whether it takes time for the intervention to have an effect on the actions of DSLs. We measure this latter period on the basis of data covering the months from March to July 2022 inclusive. There is no statistically significant impact with an effect size close to zero. There is also no statistically significant impact in the first half of the intervention period (defined as September to February).

Table 7: CSA contacts as a proportion of pupils, by intervention period

Outcome	Unadjusted means				Effect size			
	Intervention group		Control group					
	n (missing)	Mean (95% CI)	n (missing)	Mean (95% CI)	Total n (intervention; control)	% point change in outcome (95% CI)	Glass's Delta (95% CI)	p-value
Latter part of intervention period (March to July)	269 (13)	0.001 (0.000, 0.001)	453 (22)	0.000 (0.000, 0.000)	722 (269; 453)	-0.0000 (-0.0002, 0.0002)	-0.000 (-0.160, 0.160)	0.999
First part of intervention period (September to February)	269 (13)	0.000 (0.000, 0.001)	453 (22)	0.000 (0.000, 0.001)	722 (269; 453)	-0.008 (-0.037, 0.020)	-0.039 (-0.179, 0.101)	0.584

We also explore whether there are differences in impact between primary and secondary schools. Table 8 summarises results from running separate models for primary and secondary schools. We see no statistically significant impact for either group. We also ran a model including an interaction term between phase and treatment allocation, but again this did not suggest a differential impact, with no statistically significant estimate for the interaction term (p-value=0.485).

Table 8: CSA contacts as a proportion of pupils, by primary and secondary phase of education

Outcome	Unadjusted means				Effect size			
	Intervention group		Control group					
	n	Mean (95% CI)	n	Mean (95% CI)	Total n	% point change in outcome (95% CI)	Glass's Delta (95% CI)	p-value
Primary	210	0.001 (0.000, 0.001)	400	0.000 (0.000, 0.001)	610	0.001 (-0.028, 0.030)	0.004 (-0.111, 0.119)	0.943
Secondary	59	0.002 (0.001, 0.003)	53	0.003 (0.001, 0.004)	112	-0.053 (-0.207, 0.100)	-0.210 (-0.805, 0.385)	0.491

Analysis in the presence of non-compliance

SSWs provided information on the attendance of DSLs at supervision sessions (as noted earlier in the methodology section for the IPE). As documented in the trial protocol, we use this information to explore compliance with the intervention.

As noted earlier, not all treatment schools took up the offer of supervision sessions, and among those that did, there was variation in the number of sessions that were received. Reasons for choosing to participate, or not participate, were varied, and are discussed in the findings of the IPE.

Table 9 summarises sessions attended. Data were not available for one LA and so percentages are calculated excluding this LA. Based on the remaining LAs for which data were available, 27% of schools assigned to the treatment group did not receive any supervision sessions. The maximum number of supervision sessions delivered was eight, although this applied in only around 4% of schools. Just over half (56%) of schools received four or more sessions over the course of the school year. These figures focus on the provision of the supervision sessions (excluding introductory appointments), some schools also received some additional support on an ad hoc basis (see IPE findings), but the provision of this was not systematically recorded.

We first present results from estimating a model excluding those schools allocated to the treatment group who received zero sessions (and who could therefore be considered to have "dropped out" of the intervention). If dropout is random, the results reflect the effect of treatment itself rather than intention to treat. The randomness of dropout is an unverified assumption, so the results should be interpreted with this in mind – however, again we see no statistically significant impact when restricting to this sample (Table 10).

Table 9: Attendance at supervision sessions among schools assigned to the treatment group

	Number of schools	% of schools
No supervision sessions	65	27.0
1	12	5.0
2	14	5.8
3	15	6.2
4	33	13.7
5	30	12.5
6	39	16.2
7	23	9.5
8	10	4.2
Total	**241**	**100**

Note: One LA did not provide attendance information and is therefore excluded from the figures shown here.

Table 10: Contacts potentially relating to CSA, excluding treatment schools receiving zero sessions

Outcome	Unadjusted means				Effect size			
	Intervention group		Control group					
	n (missing)	Mean (95% CI)	n (missing)	Mean (95% CI)	Total n (intervention; control)	% point change in outcome (95% CI)	Glass's Delta (95% CI)	p-value
Contacts potentially relating to CSA (as proportion of pupils)	167 (52)	0.001 (0.001, 0.002)	414 (61)	0.001 (0.001, 0.001)	581 (167; 414)	-0.017 (-0.065, 0.030)	-0.065 (-0.244, 0.113)	0.474

Tables 11a and 11b present results from estimating a simple dose response model, where the treatment variable in our main analytical model is replaced with a dosage variable, set to 0 for control group schools, and varying between 0 and 1 for the treatment group, where schools that had no sessions are scored 0, and those that attend all intended sessions are scored 1 (all sessions is defined here as the maximum of eight sessions that we observe in the data). We use instrumental variable (two-stage least squares) regression to estimate this impact. Again, an analysis of this type is not experimental, and so findings can only be interpreted causally under additional assumptions.

The results from the first stage – where dosage is regressed on treatment status and the baseline number of CSA contacts in 2020/21 – are reported in Table 11a. As expected, we observe a statistically significant association between treatment status and dosage. The first row of Table 11b then shows the coefficient obtained on the dosage variable from the IV estimation, indicating that this is not statistically significant. As an additional exploratory analysis, we also checked how the results varied if we used a binary variable, set to one for receiving any sessions and zero when receiving no sessions, instead of the dosage variable described above. This also showed no statistically significant impact (see Appendix 6 for results).

Overall, the analysis does not provide evidence of significant impacts for those schools receiving more supervision sessions.

Table 11a: Contacts potentially relating to CSA, first-stage regression results *(dependent variable=dosage variable)*

	Regression coefficient (robust standard error)	**P-value**
Treatment	0.437** (0.023)	0.000
CSA contacts, 2020/21	-7.835* (3.442)	0.023
N	642	

Note: The model also includes dummies for randomisation strata but these are not shown here for ease of reporting. Statistical significance is indicated as *significant at 0.05, **significant at 0.01. Results of F-test: F (17, 624)=31.65. Prob>F=0.000.

Table 11b: Contacts potentially relating to CSA, compliance analysis, IV (2SLS) results

	Regression coefficient (robust standard error)	**P-value**
Dosage	-0.0002 (0.0005)	0.651
CSA contacts, 2020/21	0.054 (0.077)	0.487
N	642	

Note: The model also includes dummies for randomisation strata but these are not shown here for ease of reporting. Statistical significance is indicated as *significant at 0.05, **significant at 0.01

Additional analysis and robustness checks

Table 12 reports results from a number of additional analyses for the primary outcome measure, as set out in the trial protocol.

The first row of Table 12 shows results from replacing the baseline measure of contacts leading to NFA in 2020/21 with a measure based on data from 2019/20 instead (although as noted earlier, both 2019/20 and 2020/21 were years where data may have been affected by the COVID-19 pandemic). Use of this alternative baseline has no substantive impact on the main results.

The second row reports results from using frequency weights in order to relate the results to the number of pupils on which they are based. Again, this has no substantive impact on the main results.

In the third row, we check the sensitivity of results to additionally controlling for the percentage of pupils in the school eligible for FSM, and in the fourth row, we control for a set of additional school characteristics. Neither specification makes a substantive difference to the results with effect sizes remaining of similar magnitude and statistically insignificant.

We also conducted an additional analysis, not stated in the protocol, which included SSW fixed effects (reported in the final row of the table); again, no statistically significant impact of the intervention is observed.

Table 12: Contacts potentially relating to CSA as a proportion of pupils, additional analyses

Outcome	Unadjusted means				Effect size			
	Intervention group		Control group					
	n (missing)	Mean (95% CI)	n (missing)	Mean (95% CI)	Total n (intervention; control)	% point change in outcome (95% CI)	Glass's Delta (95% CI)	p-value
CSA contacts, alternative baseline (2019/20)	269 (13)	0.001 (0.001, 0.001)	453 (22)	0.001 (0.000, 0.001)	722 (269; 453)	-0.005 (-0.041, 0.031)	-0.021 (-0.163, 0.120)	0.906
CSA contacts, pupil-weighted estimates	269 (13) Pupil-weighted: 114,824	0.001 (0.001, 0.001)	453 (22) Pupil-weighted: 160,848	0.001 (0.001, 0.001)	722 (269; 453) Pupil-weighted: 275,672 (114,824; 160,848)	-0.012 (-0.067, 0.044)	-0.038 (-0.218, 0.142)	0.681
CSA contacts, also controlling for % FSM pupils in school	269 (13)	0.001 (0.001, 0.001)	453 (22)	0.001 (0.000, 0.001)	722 (269; 453)	-0.008 (-0.044, 0.028)	-0.032 (-0.173, 0.109)	0.653
CSA contacts, also controlling for other school characteristics*	269 (13)	0.001 (0.001, 0.001)	453 (22)	0.001 (0.000, 0.001)	722 (269; 453)	-0.014 (-0.056, 0.027)	-0.057 (-0.220, 0.107)	0.496
CSA contacts, with SSW fixed effects	269 (13)	0.001 (0.001, 0.001)	453 (22)	0.001 (0.000, 0.001)	722 (269; 453)	-0.002 (-0.065, 0.070)	0.009 (-0.256, 0.275)	0.946

*School characteristics included are: Ofsted rating; number of pupils; percentage FSM pupils; percentage pupils for whom English is an additional language (EAL); percentage SEN pupils.

Implementation and process evaluation

Fidelity and adaptation

Is the programme delivered as intended? How well is compliance/fidelity achieved?

Interviews with DSLs and SSWs asked about supervision structure and delivery, to examine whether the programme was delivered as intended. Interviews with DSLs suggest that the programme was delivered largely as intended, with some flexibility around programme starting times, mode of delivery, the number of cases discussed per session, the extent to which SSWs were open to providing their own opinions or advice, and the extent to which issues relating to child sexual abuse were covered in the supervision sessions. Similarly, SSWs reported that they tended to stick to the model of supervision as specified by the programme. Some of the main issues for fidelity were the low attendance for the initial one-day online training among DSLs (which is covered below) and the delayed start to the programme in some LAs and the number of schools allocated to the treatment group that did not receive any supervision sessions (which will be covered in more depth in the section on "reach and acceptability"). This section will cover delivery for those who engaged in the intervention.

The following paragraphs outline interview findings on different aspects of programme delivery.

Training day on issues relating to child sexual abuse

As part of the intervention, DSLs attended a one-day online training course focused specifically on identifying and responding to child sexual abuse. The training was delivered by the Centre of Expertise on Child Sexual Abuse. The survey data indicates that a large proportion of DSLs in the programme did not attend the CSA training day.

Reasons for not attending the training included: starting the programme late and therefore missing the available training days early in delivery; available dates clashing with other commitments, especially because the training dates were announced at short notice and many DSLs usually booked training far in advance; declining to participate due to having received similar training on CSA issues through other providers (some had not realised that this training was part of the programme). Finally, some did not recall whether they had been invited or whether

Table 13. Did you attend the one-day online training on issues related to child sexual abuse, and how did you find it?

	Number of respondents	Percentage of respondents
No, I did not attend	39	48%
Yes, I found it very useful	20	25%
Yes, I found it quite useful	18	22%
Yes, but I did not find it very useful	2	2%
Yes, but I did not find it useful at all	2	2%

Treatment: N=81 at endline.

they had attended, which should be taken into consideration when interpreting the survey findings. They explained they went on a lot of training courses on safeguarding, and that the most useful training courses were often those where they incorporated the insights into their overall safeguarding practices, rather than remembering it as a specific course.

Group vs one-to-one supervision

Almost all secondary schools conducted group supervision sessions, as prescribed by the intervention model. In some schools DSLs reported that some of their sessions were one-to-one due to scheduling challenges preventing the whole group from attending a session. In those cases, the lead DSL would usually take part in the one-to-one

Table 14. How many one-to-one supervision sessions have you received so far, if any? *(primary and secondary)*

	Number of respondents	Percentage of respondents	Primary: number and percentage	Secondary: number and percentage
0 sessions	21	26%	8 (13%)	13 (76%)
1 session	5	6%	4 (6%)	1 (6%)
2 sessions	2	2%	3 (5%)	1 (6%)
3 sessions	11	14%	8 (13%)	1 (6%)
4 sessions	14	17%	15 (23%)	0 (0%)
5 sessions	15	19%	12 (19%)	1 (6%)
6 sessions	10	12%	10 (16%)	0 (0%)
7 sessions and more	3	4%	4 (6%)	0 (0%)

Treatment: N=81 at endline.

Table 15. How many group supervision sessions have you received so far, if any? *(primary and secondary)*

	Number of respondents	Percentage of respondents	Primary: number and percentage	Secondary: number and percentage
0 sessions	53	65%	51 (80%)	2 (12%)
1 session	4	5%	2 (3%)	2 (12%)
2 sessions	2	2%	2 (3%)	0 (0%)
3 sessions	5	6%	1 (2%)	4 (24%)
4 sessions	3	4%	1 (2%)	2 (12%)
5 sessions	0	0%	0 (0%)	0 (0%)
6 sessions	5	6%	3 (5%)	2 (12%)
7 sessions and more	9	11%	4 (6%)	5 (29%)

Treatment: N=81 at endline.

supervision. Most primary schools conducted one-to-one sessions, as prescribed by the intervention model. There seemed to be flexibility in some LAs, especially with the deputy DSL attending supervision sessions alongside the lead DSL, though in some LAs this was not allowed, and DSLs said this flexibility would have been useful.

Online vs face-to-face delivery

A majority of the DSLs reported that all supervision sessions they participated in were delivered online. The survey data suggest that face-to-face delivery tended to be more prevalent in secondary schools that conducted group supervision, and online delivery was used predominantly in primary schools that conducted one-to-one sessions. The delivery model tended to be chosen based on school preferences.

In the interviews, DSLs tended to express a preference for the arrangements that they had, or they did not express a strong preference either way. Most interview respondents had been offered both formats and chose whatever they preferred.

Those DSLs who had face-to-face sessions spoke of the advantages that meeting in-person had, in terms of having organic conversations, establishing a personal connection with the SSW, reading body language and facial expressions. It was seen as easier to have conversations about sensitive topics, including about issues relating to child sexual abuse. DSLs also appreciated the fact that their SSW travelled to their school to meet them, which was seen as helpful for scheduling the sessions in a busy school timetable. The face-to-face format was particularly valued by DSLs in secondary schools that took part in group supervision.

> *"I think in the group it was much more helpful face-to-face, because you are trying to manage the group dynamic, which is a bit more artificial when you are online in a group." –DSL, secondary*

The DSLs who took part in online sessions reported that they had no issues with the online format, and that it made it easy to schedule the sessions and organise sessions

Table 16. Which statement best describes whether the supervision sessions have been face-to-face or online?

	Number of respondents	Percentage of respondents
All sessions have been face-to-face	13	16%
Most sessions have been face-to-face	13	16%
Around the same number of face-to-face and online sessions	8	10%
Most sessions have been online	14	17%
All sessions have been online	33	41%

Treatment: N=81 at endline.

in a private room. Some DSLs mentioned that during periods when their schools had high numbers of COVID-19 cases, holding sessions online was helpful as it allowed colleagues who were self-isolating and working from home to attend. Some DSLs said they had to work slightly harder and be more deliberate about building a relationship with the SSW online, but they had managed this successfully.

> *"The virtual element gives it flexibility. Even if I am off-site at a meeting, I can step out and have my session. So it means it is more likely to happen without having to be rescheduled." – DSL, primary*

SSWs also spoke of the value of conducting the sessions face-to-face for establishing relationships. Some SSWs also expressed preference for holding the sessions online, as this eliminated the need for them to travel to the schools. However, SSWs tended to be flexible in accommodating the preferences of the schools.

Ad hoc communication and support

Most DSLs reported not receiving any ad hoc support from their supervisor between the supervision sessions. When asked about this in the interviews, many said they had not taken up the opportunity, but it was useful to have the option. Other DSLs explained that they assumed ad hoc support was not a part of this programme. This was generally not seen as a disadvantage – many DSLs reported that they do not have enough time in their role for ad hoc communication, and that they are able to contact other sources for immediate advice, such as a Multi-agency Safeguarding Hub (MASH) phone line.

Those DSLs who reported receiving ad hoc support mentioned some communication between the sessions, such as the SSW sending them their notes after the sessions or links to useful resources or guidance related to the issues that were discussed in the session. Other DSLs, usually in primary schools, contacted their SSW, by email and phone, to ask for advice on current complex cases or issues, and found that their SSW was accessible (especially compared to their local safeguarding hub) and provided very useful advice, helped by their understanding of the school context and their existing relationship with them. Some of those DSLs saw the ad hoc advice as one of the most valuable parts of the programme, and it had effectively replaced and enhanced the advice they had previously received from the local safeguarding hub or private providers.

Table 17. Since your school started taking part in the programme, what type of support have you personally received from your supervisor?

	Number of respondents	Percentage of respondents
Any support from supervisor	81	89%
One-to-one supervision	58	64%
Group supervision	23	25%
Ad hoc support via email and phone	26	30%

Treatment: N=88 at endline.

Table 18. How often, if at all, have you received ad hoc support via email and phone?

	Number of respondents	Percentage of respondents
0 times	43	62%
1 time	1	1%
2 times	7	10%
3 times	4	6%
4 and above times	14	20%

Treatment: N=69 at endline.

"The ability to have someone that you can talk to and get advice from quickly and easily, which is what should theoretically happen through the social care point of contact, is what we will miss most." – DSL, primary

"I was just picking up the phone saying, what do you think about this, we're struggling with this, and she's like yeah, absolutely, leave it with me, and then things were in motion." – DSL, primary

Structure of the sessions

In interviews, DSLs described the usual structure of the sessions, which was in line with programme design. DSLs described the sessions starting with an icebreaker exercise to discuss the participants' mood and wellbeing, followed by anonymous cases being presented by DSLs and then discussed by the group (for secondary schools) or discussing cases and other issues (for primary schools).

"The person presenting the case gets five minutes to talk about it and then there's another further 15 minutes of questions and then a summary at the end and that's been the structure every single time." – DSL, secondary

DSLs tended to describe session structure as including both case-focused and wellbeing-focused elements. Most DSLs in secondary schools felt that the discussion of cases was the main element of the session structure, while DSLs in primary schools seemed to have a more equal focus on wellbeing and cases, driven by the one-to-one format of supervision.

DSLs described case discussions as being reflective, led by prompting questions from the SSW or from other DSLs in the group. In some cases, DSLs mentioned that their SSW was mostly a facilitator (particularly for group supervision), while in other cases SSWs were able to give them advice on their case. DSLs who mentioned this appreciated this opportunity, explaining that it was helpful to hear "a social worker's perspective". Some DSLs who did not receive advice or guidance also expressed that they would have found that useful, if such support was available.

Interview findings suggest that there was variation across LAs in terms of how formal the structure of the sessions was. In some cases, SSWs had a flexible approach to the structure and facilitation of the sessions (e.g. for group supervision the time slots when different participants are allowed to speak). In other cases, SSWs upheld those rules, with some DSLs describing the structure as "strict", "stilted" and "rigid". Some DSLs expressed that an informal discussion is more

useful. Some DSLs who took part in the more flexible, informal sessions explained that this led to the sessions being responsive to their specific needs.

"The sessions are quite responsive to whatever the needs were at the time." – DSL, secondary

"She always says it is my time to use how I want to use. She doesn't come saying this is what we need to do today, and that's actually really refreshing." – DSL, primary

CSA as focus of sessions

Most DSLs said the supervision sessions hadn't focused specifically on CSA issues. Many said they would discuss a case related to child sexual abuse if it came up, but that they "would not force the conversation in that direction". They explained they had not had many or any cases or concerns during the programme. When they did, this was usually covered as part of the supervision sessions due to the complexity:

"It is one of the more harrowing disclosures people are confronted with. So, as and when we have disclosures based around that, it is usually bought to the table because it's one which people need to process and they need to be able to digest." – DSL, secondary

A small proportion of DSLs described CSA as the "core of the programme", and said that almost all cases they discussed had a CSA focus. Sometimes, this seemed driven by the issues those schools faced, and at other times by different approaches by SSWs. Mostly, however, DSLs said there had not been much connection between the initial CSA training and what was covered in the supervision sessions.

"I don't feel as though it's been thought through very carefully and I really can't see the connection between this training that I had to go on and what we're discussing in these meetings. It was almost as though the supervisor wasn't really aware of what the training had consisted of. She hadn't done it herself." – DSL, secondary

Interviews with SSWs showed that they sometimes took quite different approaches in terms of how to cover CSA as part of supervision sessions. Some SSWs were led by the issues and concerns of the DSLs, regardless of whether they were related to CSA or not, but CSA issues were usually "not a big theme that's come out of the sessions." Other SSWs asked at the beginning of each supervision session whether there were any concerns related to CSA, and also more proactively tried to identify these issues. Still, schools often had no CSA concerns since the last supervision and were more interested in discussing other cases, which SSWs accommodated.

"I think if I just said you can only come in here and talk about CSA I wouldn't get people turning up. But people have shared dilemmas that touch upon CSA. There's a lot of peer-on-peer sexual abuse that's going on." – SSW.

Some SSWs explained that it was difficult to discuss CSA cases and concerns during supervision, because they almost always immediately were referred to social care and therefore assigned to a social worker. The programme stipulates that such cases should not be covered in the supervision sessions. Therefore, they found they mostly spoke about peer-on-peer sexual abuse or sexualised behaviours with DSLs, or spoke about the live cases in general terms.

"You're not able to discuss cases that are already open to Social Care. Now, that eliminates a whole range of cases, because if a school had any inkling, or had a disclosure that a child was being abused, say within their family, sexually, by a parent, and they made a clear disclosure in school, that case would automatically, you would hope, be referred to Social Care … So I wouldn't be allowed to discuss that case with the schools in terms of this research project… If they've wanted to talk about those cases, the way I had to frame it is: 'Okay, we can talk about it, but I can't give you any case direction', but what I have been able to discuss with them is how it's impacted them." – SSW

Can the programme be rolled out on a larger scale, or would anything need to be adapted?

The section on "reach and acceptability" will discuss school buy-in separately and provide learnings and recommendations about how to increase the number of schools engaging in the programme. This section will discuss how it was implemented in the schools that engaged in the programme.

Interviews for the IPE did not identify any changes that would need to be made to the programme model for it to be rolled out on a larger scale. Timescales for recruitment of SSWs would need to be considered for wider rollout, as LA managers reported a few challenges in recruitment. Recruitment was time-consuming, and it was challenging to fit those in the project timelines. In addition, DSLs reported that it was useful that they had the same supervisor for a prolonged period of time, allowing them to build a close and trusted relationship with a social worker, and they appreciated that the SSW role was not affected by the issues of staff turnover that they felt was the norm for social workers. Given that many SSWs reported that they could not see themselves in this type of role on a permanent basis, any potential future rollout would need to consider how to ensure consistency in this respect.

Timescales for sending invitations to the CSA training should also be considered. It would likely increase take-up if schools were recruited and invited to the training day during the previous academic year. It would also be beneficial to give more thought to the connection between the initial CSA training and the supervision sessions. For instance, SSWs would need more guidance on how to practically integrate CSA topics into their supervision, and this should be a key part of their initial CSA training day.

The DSLs expressed support for potential wider programme rollout. More than 90% of the DSLs surveyed stated that they would recommend other schools or DSLs to take part

Table 19. Would you recommend other schools/DSLs to sign up for potential future versions of the programme?

	Number of respondents	Percentage of respondents
Definitely yes	63	79%
Probably yes	12	15%
Not sure	2	3%
Probably not	3	4%
Definitely not	0	0%

Treatment: N=80 at endline.

in potential future versions of this programme. Similarly, in interviews most DSLs said they would recommend this programme to others. DSLs often said the programme had been "invaluable" and "amazing". A couple of DSLs said it should be made mandatory for schools, while others said that all DSLs should at least be given the opportunity.

At the same time, some DSLs suggested that a more targeted approach to scale up may be beneficial. Some DSLs specified that they would particularly recommend the programme to the DSLs whose schools do not have extensive support available internally, for example in smaller schools, and those who do not have regular safeguarding team meetings within the school.

> *"I think it's a really good opportunity, especially in a smaller school, to be able to speak to somebody confidentially, who understands the safeguarding concerns, and the procedures you have to follow, but also the support that's available out there. I think people would get a lot of out of it. I know a lot of larger schools where there might be two or three people doing this job, so they're fine. But there are a lot of people doing this job by themselves, in primary schools, and I think they need that kind of support." – DSL, primary*

Others made the point that it would be particularly beneficial for less experienced DSLs, and for schools with more safeguarding issues.

Finally, some DSLs said that it was likely that some schools would be reluctant to participate in the programme due to time constraints, but they strongly recommended those schools to prioritise the supervision, as it was a good investment of their time. Some examples were:

> *"One hundred per cent. If I was in a room with other DSLs I would be saying you really need to sign up for this, it's excellent for you and you need to find the time, don't make excuses that you're too busy … I sometimes thought oh God I've got to find an hour and a half for that, I never regretted a minute of it." – DSL, primary*

> *"Absolutely, I was probably someone who said previously, no we haven't got time for that, but now I'd be a real advocate, yes." – DSL, secondary*

Programme differentiation

This section outlines the evidence on what the service structure and practice looked like prior to the introduction of the model, or in control conditions.

How does usual practice look prior to the intervention or compared to the control condition? (concerning broader safeguarding practices as well as those specifically on child sexual abuse)

Our findings suggest that prior to the intervention, DSLs described themselves as being confident in their ability to perform the role (Table 20) and their knowledge of the relevant guidelines and procedures, including thresholds for referrals [19] to children's social care (CSC) and on issues related to child sexual abuse (Table 21).

19 Note that throughout this section, we use the term "referral", as the term typically used by DSLs; however, in practice, this is describing a contact, rather than a referral, as it would typically be defined in children's social care.

Table 20. Overall, how confident are you in performing the role of Designated Safeguarding Lead (DSL)? *(baseline proportions in brackets)*

	Control: Number of respondents	Control: Percentage of respondents	Treatment: Number of repondents	Treatment: Percentage of respondents
Very confident	55	43% (28%)	37	40% (24%)
Fairly confident	64	50% (68%)	51	55% 64%)
Neither confident nor unconfident	5	4% (4%)	4	4% (9%)
Not very confident	3	2% (0%)	0	0% (4%)
Not at all confident	0	0% (0%)	0	0% (0%)

Endline: N=127 for control; N=92 for treatment. Baseline: N=74 for control; N=135 for treatment.

Table 21: How confident are you about the following aspects of the DSL role, if applicable? ("very confident" or "fairly confident") *(baseline proportions in brackets)*

	Control: Number of respondents	Control: Percentage of respondents	Treatment: Number of repondents	Treatment: Percentage of respondents
Understanding of thresholds that requires a referral to Social Care	118	93% (91%)	86	93% (84%)
Providing high-quality information at point of contact and referral	114	90% (91%)	84	91% (82%)
Understanding Early Help processes and provide Early Help interventions	98	77% (81%)	67	73% (68%)
Understanding processes around child protection cases	104	82% (96%)	81	88% (77%)
Providing support to other staff	120	94% (96%)	88	96% (90%)
Communicating with and supporting families	122	96% (94%)	89	97% (88%)
Understanding school's help in providing Early Help interventions	103	81% (83%)	80	87% (78%)

Table 21: How confident are you about the following aspects of the DSL role, if applicable? ("very confident" or "fairly confident") *(baseline proportions in brackets)* continued ...

	Number of respondents	Proportion of respondents	Primary: number and proportion	Secondary: number and proportion
Understanding CSC processes and issues	81	64% (74%)	65	71% (59%)
Keeping records of Early Help assessments, concerns and referrals	116	91% (89%)	85	92% (86%)
Identifying indicators of child sexual abuse	118	93% (91%)	84	91% (86%)
Responding to issues of child sexual abuse	115	91% (89%)	79	86% (79%)
Speaking with children/ young people about child sexual abuse	101	80% (79%)	69	75% (64%)
Speaking to parents about child sexual abuse	84	66% (68%)	57	62% (49%)
Making a referral for a case involving child sexual abuse	107	84% (83%)	78	85% (73%)

Endline: N=127 for control; N=92 for treatment. Baseline: N=47 for control; N=149 for treatment.

In interviews, similarly, most DSLs stated that they feel confident and experienced in most aspects of their role. The section below will describe the findings on usual practice and confidence in more depth, including in relation to contacts and referrals, CSA issues, support and training, wellbeing and knowledge sharing.

Usual practice in relation to referrals

There were mixed practices and experiences among DSLs in relation to referrals. Many explained that the majority of referrals from their school get accepted by CSC. In some cases, DSLs disagree with CSC's decisions about whether cases "should" meet the threshold to be accepted. DSLs spoke of the thresholds increasing due to the limited capacity of CSC to respond to cases. Some DSLs reported that they may choose to refer a case to CSC even if they do not think it would meet the threshold, to "test the waters", and make sure that there is a record of the concern being reported.

On CSA specifically, our survey findings (Table 21 above) show that most people were confident making a referral for a case involving child sexual abuse, both in control schools (83% of respondents) and in treatment schools (73% of respondents). Across the different indicators on CSA – including identifying and responding to CSA, speaking to children and parents, and making a referral – the confidence increased in the treatment group; however, from a lower baseline than the results in the control group,

and only to the level that was seen in the control group. In interviews, many DSLs made the point that issues related to child sexual abuse often immediately met the threshold and escalated to social care.

Usual practice in relation to support and training

The previous support received by DSLs broadly fits into the following categories: training, practical advice, wellbeing support and knowledge sharing, as outlined below.

Training

All DSLs had received the DSL training and complete refresher courses. In addition to that, some DSLs mentioned receiving other one-off training from their LAs or from charities such as the National Society for the Prevention of Cruelty to Children (NSPCC). One-off courses often covered specific topics such as mental health awareness or responding to domestic abuse cases. DSLs described the training available as useful, although not sufficient.

On CSA specifically, there were a relatively large proportion of schools that received other training and support on issues related to child sexual abuse during the programme, both in control schools (42% of respondents) and treatment schools (34% of respondents). This is fairly similar proportions, and it reflects that DSLs typically attend many different safeguarding training courses during a school year. In interviews and in the survey, some of the ones that were listed were: training from their LA, private providers, charities and in-house training led by members of staff, or from the academy trust. A common training course was the Brook Sexual Behaviours Traffic Light Tool (RSE) course. Overall, the training courses covered a range of issues, such as child sexual exploitation (CSE), child sexual abuse (CSA), peer-on-peer abuse, harmful sexual behaviours, sexual harassment and the "Keeping Children Safe in Education" guidance.

Practical advice and support

DSLs described different sources from where they could obtain practical advice on specific cases. Many DSLs, particularly Deputy DSLs, reported that they were able to get practical advice and run their decisions by their line manager or their lead DSL. Some safeguarding teams had weekly meetings in school to discuss any concerns or cases. Usually, DSLs were able to contact the Education Lead at MASH via a consultation phone line or the Children's Hub at their LA, to get advice on specific cases. However, some DSLs reported not having easy access to such consultation lines, as MASH lacked capacity and there were long waiting times. Some multi-academy trusts also had

Table 22. "Q36. Apart from the potential training day on child sexual abuse, did you receive any type of training or support on issues relating to child sexual abuse during the current school year? (2021/22)" (treatment); "Did you receive any type of training or support on issues relating to child sexual abuse during the current school year? (2021/22)" *(control)*

	Control: Number of respondents	**Control:** Percentage of respondents	**Treatment:** Number of respondents	**Treatment:** Percentage of respondents
Yes	53	42%	28	34%
No	73	58%	54	66%

Endline: N=126 for control; N=82 for treatment.

Safeguarding Leads, who could also be contacted by DSLs for advice and guidance. DSLs described such practical support as significantly different from this supervision programme, as consultation phone lines only allowed a short slot of time to ask specific questions about a case. By contrast, the supervision programme created space for in-depth discussion and reflection.

Some secondary schools that took part in this programme were also part of the Social Workers in Schools (SWIS) programme, which provided practical support on cases from a social worker who regularly comes to the school and works directly with children and families. The DSLs whose schools took part in both this programme and the SWIS programme described the latter as useful for responding to cases and for improving the working relationships between schools and CSC.

Wellbeing support

With the DSL role often being emotionally challenging, support for wellbeing was seen as highly important by the DSLs. This was often offered informally, by the DSLs' headteachers, line managers, other safeguarding team members, school nurses, or even partners or family members who themselves work in similar roles. Some schools and multi-academy trusts also offered additional wellbeing support, such as paid-for counselling or supervision for the DSLs, though this was a small proportion of DSLs. DSLs in primary schools, who received one-to-one supervision, often said the support and conversations about their wellbeing during the supervision sessions were fundamentally different to the support previously received, and hugely valued. In secondary schools, which received group supervision, the key focus was typically seen as discussing cases.

Knowledge sharing

Many DSLs also spoke about opportunities to meet other DSLs and relevant services through knowledge-sharing events. Such events included DSL network meetings run by LAs or multi-academy trusts, and child protection conferences. Some trusts also facilitated knowledge sharing between DSLs from different schools by running supervision programmes that matched DSLs with other DSLs as supervisors.

How does the programme differ from the concurrent DSL supervision programmes that do not have a specific focus on CSA?

DSLs and SSWs attended separate, initial training courses focused specifically on child sexual abuse. As discussed in other sections, most of the DSLs found the training useful for their general safeguarding practices related to CSA. However, a large proportion did not attend, and those who attended often found it was not well connected to the subsequent supervision sessions, which did not cover CSA issues specifically and did not follow up on discussions they had during the training day.

Similarly, SSWs often found the CSA training useful. While they were often very experienced in CSA issues as social workers, they found it useful that the training related it to the perspective of schools and DSLs. Nevertheless, they also found that they did not subsequently use a lot of the information in the supervision sessions. Some SSWs began each supervision session by asking whether DSLs had any CSA issues or concerns to discuss, but often they did not, or those cases were already referred to social care, which meant they could not discuss them in the session. However, most SSWs ran the supervision sessions in a very similar way to the concurrent DSL supervision programmes that did not have a specific CSA

focus, where the cases and topics discussed were completely led by the DSL, and they did not proactively steer it towards covering child sexual abuse.

Overall, our findings suggest that, with the exception of DSLs attending a one-day training course on child sexual abuse, this programme was not fundamentally different to the concurrent DSL supervision programmes. Based on what we heard in interviews, we would not expect that the programme had any additional, substantial effects on practices around identifying and responding to child sexual abuse, compared to the other programmes. If it did, it was likely driven by the DSLs attending the bespoke training, or by the few SSWs who proactively pursued discussions around CSA issues.

How supported do DSLs feel prior to the programme or compared to the control condition? (concerning broader safeguarding practices as well as those specifically on child sexual abuse)

A majority of the DSLs responding to the baseline survey reported feeling well prepared for their roles by the training and support they have received, though many also answered "neutral" (see Table 23 below). In interviews, some DSLs noted that the standard DSL training, despite involving refresher courses, is not extensive enough and does not prepare DSLs for the broad scope of scenarios they may encounter in the role, including in relation to CSA.

Table 23. Overall, to what extent has the overall package of training and support you have received prepared you for the DSL role?

	Control: Number of respondents	**Control:** Percenateg of respondents	**Treatment:** Number of respondents	**Treatment:** Percentage of respondents
Very well prepared	2	4%	16	11%
Well prepared	33	70%	72	48%
Neutral	11	23%	48	32%
Not well prepared	1	2%	11	7%
Not prepared at all	0	0%	2	1%

Baseline: N=47 for control; N=149 for treatment.

How was the level of stress and anxiety experienced by the DSLs prior to the intervention or compared to the control condition?

Survey results show a mixed picture of experiences of DSLs in their roles. On the one hand, a majority of the DSLs report being satisfied in their roles and finding it rewarding and meaningful. At the same time, almost half of DSLs felt that the role made them stressed or anxious.

Interview findings mirror this divided picture. When asked about their experiences in the role prior to receiving supervision, DSLs described the role in the following terms (the outcome section later in the report will discuss how some of those experiences were addressed by the supervision's focus on emotional wellbeing):

Emotionally challenging

The role of a DSL was most commonly described as difficult, with DSLs using words

Table 24. Overall, how satisfied or dissatisfied are you in your role as Designated Safeguarding Lead (DSL)? *(baseline proportions in brackets)*

	Control: Number of respondents	**Control:** Percentage of respondents	**Treatment:** Number of respondents	**Treatment:** Percentage of respondents
Very satisfied	19	15% (11%)	19	20% (15%)
Satisfied	62	48% (60%)	53	56% (53%)
Neither satisfied nor dissatisfied	35	27% (26%)	20	21% (26%)
Dissatisfied	11	8% (4%)	1	1% (5%)
Very dissatisfied	3	2% (0%)	2	2% (0%)

Control: N=47 at baseline; N=130 at endline. Treatment: N=135 at baseline; N=95 at endline.

Table 25. Overall, how does your role as Designated Safeguarding Lead (DSL) affect your job satisfaction and wellbeing? Please indicate to what extent you agree with each statement ("strongly agree" and "agree"). *(baseline proportions in brackets)*

	Control: Number of respondents	**Control:** Percentage of respondents	**Treatment:** Number of respondents	**Treatment:** Percentage of respondents
The DSL role negatively affects my job satisfaction	29	22% (11%)	11	12% (12%)
The DSL role negatively affects my wellbeing	51	39% (28%)	32	34% (29%)
The DSL role makes me anxious or stressed	61	47% (43%)	46	48% (43%)
I find the DSL role to be rewarding and meaningful	98	75% (94%)	68	72% (68%)

Control: N=47 at baseline; N=130 at endline. Treatment: N=135 at baseline; N=95 at endline.

such as tough, stressful, overwhelming, unpredictable, daunting, relentless, all-consuming and draining. The role involves making challenging decisions and dealing with serious concerns and threats to children's welfare. As a result, many DSLs described struggling to "switch off" at the end of the working day when cases would continue to "play on your mind". DSLs spoke of feeling anxious of failing and letting children down.

> *"It's stressful and it's that responsibility of making the right decision for those children that sometimes their lives depend on – I know it sounds dramatic but their lives depend on that decision that you make, or if you miss something." – DSL, primary*

> *"It's demanding on your headspace. Sometimes you don't sleep very well because it plays on your mind. It's like you're suffering that trauma and it goes over and over." DSL, secondary*

Demanding

DSLs describe the role as being busy and fast-paced. The role is dynamic, with changing requirements and unexpected events. Understanding complex needs and knowing the safeguarding procedures and landscape is time-consuming. On a positive side, as a result some DSLs note opportunities for learning and development in the role; however, this can also result in excessive demands. DSLs often described the need to work out of hours, in the evenings and over holiday periods, to respond to urgent cases.

The demanding nature of the role means that it is often a reactive role, requiring most of the time being spent on addressing urgent concerns. This also means it is challenging to combine the DSL role with other responsibilities, particularly teaching which fits into a defined timetable. However, a majority of DSLs interviewed have several other roles in addition to being DSLs. Those commonly include being a head teacher, deputy head, head of year, assistant or vice principal, being responsible for attendance and behaviour, line managing staff, leading a department or a subject, and teaching. Some DSLs explained that often they do not choose this role for themselves, but rather have to take it on as they progress to more senior roles in the school.

Isolating

Some DSLs describe the role as being "lonely" and "isolating". The role can require working independently and exercising own judgement on cases with little scope to consult with colleagues. This is particularly the case for schools with small safeguarding teams, especially in primary schools.

Frustrating

Many DSLs described facing frustrations in the role and feeling disempowered to change those. Some commonly mentioned frustrations include long waiting lists for services, referrals to CSC taking a long time, not receiving feedback from CSC on the outcome of referrals, high staff turnover at CSC, increasing safeguarding demands on schools and increasing thresholds for referrals to CSC.

Rewarding

Despite the negative sides of the role identified, many DSLs describe the role as rewarding. DSLs value opportunities to help children and families, and to make positive impact on the lives of young people. Many DSLs described being passionate about children's wellbeing, and seeing the role as a "privilege", and therefore accepting the challenges of the role.

"I think it's stressful and challenging but also rewarding and lovely working so closely with families when it goes well."
– DSL, primary

Reach and acceptability

This section overviews who the intervention reached and what the experiences were of those delivering and receiving the intervention.

How are school staff chosen to receive the support sessions, and what are their characteristics and role in terms of the wider DSL structure within the school?

For primary schools, it was usually the lead DSL who received the supervision. In a few cases, it was decided to provide supervision to the deputy DSL instead as they were responsible for the day-to-day safeguarding in the school and the lead DSL (usually the Head) had more strategic responsibilities.

In a few cases, schools had been allowed to bring other colleagues, for instance, the head teacher, deputy DSL, family support worker, inclusion manager or other safeguarding staff, which they valued.

For secondary schools, DSLs reported that supervision was usually received by the whole or most of their school's safeguarding team. However, in most schools there was variation from session to session in who was able to attend. Many DSLs mentioned that the whole team was not able to attend each session, because at least one of the team members needed to stay on duty. DSLs reported that group supervision sessions were commonly attended by three to five safeguarding team members at a time. Those often included Deputy DSLs, Heads of Years, Inclusion Managers, Safeguarding Officers, Child Protection Manages, SENCOs, Wellbeing Officers, tutors and mentors.

Table 26. Attendance data, collected from SSWs

	Number of schools allocated to intervention	Number of schools with no sessions	Number of schools with any sessions	Percentage of schools with no sessions	Percentage of schools with any sessions	Average number of sessions
LA 1	36	7	29	19%	81%	4.0
LA 2	7	0	7	0%	100%	4.0
LA 3	44	4	40	9%	91%	4.4
LA 4	21	6	15	29%	71%	2.5
LA 5	108	32	76	30%	70%	3.6
LA 6	8	5	3	62%	38%	1.0
LA 7	6	2	4	33%	67%	2.8
LA 8	11	9	2	82%	18%	1.2
Total	**241**	**65**	**176**	**27%**	**73%**	**3.5**

Total number of schools: 241. Number of sessions ignore introductory sessions.

To what extent are DSLs engaged in the programme, and what are the main barriers?

Attendance data, collected from SSWs, suggests that overall 73% of treatment schools had at least one session, while 27% did not engage in any sessions at all. There was large variation across LAs, with some engaging more than 80% of their schools and conducting four or more sessions on average per school, and others engaging less than half of their schools and only conducted one session on average per school. For context, a session every six weeks (per term) would have amounted to six sessions over the school year. Of the 178 schools that took part in sessions, 66% had their first session before Christmas (October–December), while 34% did not have their first session until after Christmas (January–June).

The success of the programme often depended on getting schools engaged and organising the first session. Once the first session was organised, and the SSW got the chance to introduce the purpose of the programme properly to individual DSLs, SSWs said schools most often maintained engagement throughout the rest of the intervention, and most often at a high level. However, while some LAs described the process of achieving initial buy-in among schools as straightforward, other LAs had found it more difficult, and in many cases impossible, which meant that 27% of schools did not receive any supervision. The next two sections will describe the facilitators and barriers to engagement.

Facilitators to engagement

In interviews, DSLs were asked about why they or their schools decided to accept the supervision programme. Some of the reasons mentioned by DSLs were their desire to build on their knowledge and skills (such as understanding of complex needs or safeguarding procedures), curiosity and trying new things, need for support to respond to complex cases or rising numbers of cases, and to improve communication between schools and CSC. Supervision being free and being linked to the LA was a motivating factor for some schools. Some DSLs accepted supervision as they see any additional support as useful, whereas others were specifically keen to try supervision. Additionally, schools in LA that had previously offered supervision were keen to continue receiving this type of support. Very few DSLs mentioned CSA specifically as a reason for accepting the programme, and never as the primary reason.

From the perspective of LAs, an important factor which facilitated buy-in was when SSWs were supported actively by team managers in their LA. For example, introducing the programme to schools, sometimes also laying the groundwork before the SSW had been appointed to the post. This meant that when SSWs initially emailed and phoned schools, they were usually more successful in getting a response and organising the first session. Some SSWs described themselves as a "salesman", having to send many emails, reminders and make phone calls, and one even referred to using "persuasive techniques", including referring to Ofsted. Another way of achieving buy-in was to acknowledge DSL concerns about CSC, and emphasise that they were a link between DSLs and CSC, and an opportunity to discuss those concerns, and provide feedback to CSC.

Barriers to engagement

While we did not manage to interview many DSLs who had not engaged at all in the programme, we interviewed some who had been apprehensive at first, and our interviews with LAs and SSWs also identified various barriers to contacting schools and encouraging them to join the programme.

Some DSLs reported that they did not think the programme would be valuable since they already received sufficient support from their team, their academy/trust or their LAs, or as part of similar programmes such as SWIS. Others felt supervision would be less relevant to them as they felt confident in their role due to numerous years of safeguarding experience.

Capacity and lack of time was also commonly cited as a reason to refuse supervision. This was sometimes related to what was perceived as bad planning and not communicating with schools early enough, as many typically organised timetables one year in advance.

> *"For me to turn up in October, half-way through the first term and start saying, so, you know these eight members of staff, who just about managed to fit in this support role, alongside their teaching, can you get them all in a room together? They were just like; it's not going to happen." – SSW*

Other reasons to decline supervision, or to reschedule sessions, were staff being off sick, staff turnover, not all group members (in secondary schools) being available for sessions consistently, and generally pressures after COVID, which meant that school staff had a lot on their plate.

Miscommunication was another barrier. Some DSLs felt suspicious as to why they had been selected over other schools and were concerned that they were going to be monitored or "told off" by the SSW. This related to a common concern about the term "supervision", as it implied being watched or judged by CSC, and it sometimes related to a lack of trust or close existing relationship with CSC. Some also highlighted the need for the programme to be offered to every school in the future, which would be fairer and which would mitigate concerns around why some were selected and not others.

> *"I think the word, 'supervision', to some … one of my schools said, 'I don't like that word at all, it sounds like you're looking at what I'm doing'. They said, 'I prefer the word, "support, a support session"'… They thought there was like a flag above them and they'd been selected because there were concerns about their practice, so she was really concerned." – SSW*

> *"Trust is number one. Schools are constantly being criticised, and they have Ofsted coming in. When I first met a few of the schools, I think they were quite suspicious of me. They were suspicious what this programme was all about, and I think partly that's because they've never had supervision before. Some of them were like: 'What is this? Is this training?' Another school said – leaned forward, really into the camera and said – 'can you tell me what level of scrutiny this will involve?'" – SS*

In one case, this suspicion was directly related to the topic of child sexual abuse:

> *"I felt it was an agenda from the government, whoever, around peer-on-peer abuse and sexualised behaviour. So, once we got that out of the way and I realised it was my opportunity to talk about things in my school, then it's been great." – DSL, primary*

Some DSLs said they had initially been sceptical and reluctant to take part, due to the lack of evidence on the benefits of the supervision sessions. This could be one of the reasons for why some schools did not engage in the programme.

There were also some more fundamental concerns about the programme that led to apprehension among DSLs. In particular, some DSLs expressed disappointment that the primary aim of the supervision sessions was to reduce inappropriate contacts, as they perceived themselves as efficient and knowledgeable in this regard.

In many cases where schools had been unenthusiastic or delayed their buy-in, SSWs found that once they had spoken with the DSL, and they were able to explain the programme aims, they were able to engage them in the programme. As such, the lack of engagement in the supervision was mostly related to the process of achieving school and DSL buy-in, rather than the content of the supervision sessions themselves.

To what extent do participants engage other school staff within the school and are they expected to?

For secondary schools, the staff who participated in supervision sessions (which was, of course, a much wider group than in primary schools) were not expected to engage other school staff in the programme or feed back any learning from the programme to any members of staff whose roles do not directly involve safeguarding. As such, there was only limited evidence of the programme having an impact beyond the supervision group, for instance by cascading information to wider school staff through weekly meetings.

For primary schools, there is some evidence of the programme having an impact on wider school safeguarding staff, even though they rarely received supervision themselves. Some DSLs described cascading information, for example through weekly meetings with the wider pastoral team or through communications about specific cases where wider staff may be able to offer support. SSWs signposted DSLs towards training and additional support which they shared with their safeguarding team. DSLs also spoke about how they tried to replicate the model of reflection when they discussed concerns and cases with other staff members.

> *"I'm trying to encourage more staff to see thing more reflectively. I have taken a lot of the way I was supervised, and used that for the way that I work with other safeguarding staff in the school."*
> *– DSL, primary*

Supervision also reminded DSLs that their staff were facing similar struggles as them and needed additional support. In response to this, some introduced debrief sessions with colleagues, where the larger safeguarding and pastoral team could share concerns, best practice, and offload. In those sessions, DSLs were also able to share information discussed during the supervision session. In schools where the DSL felt isolated, this helped them feel supported and brought in new perspectives.

> *"It's made me check in with them more. I had like half-termly timetabled meetings with them, but now I make sure I go down every week, just checking in on them, just making sure they're okay, and just trying to read their body language, in more of an informal check-in, rather than it being regular formal meeting."*
> *– DSL, primary*

Some DSLs reported an increased knowledge in the social worker perspective, and particularly why cases did not meet the social care threshold. This helped them when communicating with staff in the wider safeguarding team who were often frustrated about CSC decisions:

> *"They often get frustrated, 'what do you have to do to get this picked up?' I tried to share as much as I could from the meetings and the outcomes of the discussions. These are the reasons why, and this is why it hasn't quite met threshold, and this is what we need to keep an eye on. Feeding it back that way has been a benefit to them, it's helped with their frustration levels, I think."*
> *– DSL, primary*

What are the main barriers to attend the sessions? If compliance is not achieved, what are the reasons why?

When asked about barriers to implementation, scheduling was discussed by most DSLs as the main, and often only, barrier. Around a third (35%) found fitting the sessions into their usual working schedule "quite difficult" or "very difficult". This was more the case for secondary schools that conducted group sessions.

In interviews, DSLs explained that the role involves urgent meetings frequently scheduled without notice. As a result, many DSLs reported having to cancel or reschedule their supervision sessions, due to clashes with other meetings, such as Child Protection or Child in Need meetings. SSWs also referred to frequent cancellations by some schools as a challenge, but were flexible when scheduling, which was appreciated and acknowledged by DSLs.

For the secondary schools, in particular, finding a time slot that is suitable for the whole group was a common challenge. As most DSLs have other roles and responsibilities, including teaching, schools often found it difficult to find a slot that would be suitable for group supervision. This was exacerbated by the fact that schools had not known about the programme when they organised the timetables for the academic year. Moreover, when scheduling sessions during or just after school hours, safeguarding teams had to consider that some staff have to be available to respond to any safeguarding concerns. As a result, many secondary schools ended up having variation in who was able to attend each supervision session. This has meant that not all participating DSLs were able to benefit from taking part in regular sessions and having a consistent group.

In other cases, schools had to arrange cover for the teaching members of the safeguarding team for the duration of the supervision sessions. This introduced an unexpected cost for participating schools, which had to pay for substitute teachers. Moreover, some DSLs believe this had a negative impact on the students, if they were faced with regularly missing lessons with their usual teacher.

Schools had different approaches to scheduling the sessions. Some schools scheduled the sessions during school hours, while some had the sessions after school hours. SSWs reported that they tried to accommodate school preferences on scheduling. Both approaches introduced their own challenges. As discussed, scheduling during school hours introduced issues of taking the DSLs away from their day-to-day jobs. At the same time, scheduling after

Table 27. To what extent has it been easy/difficult to fit the supervision sessions into your usual working activities and schedule?

	Number of respondents	Percentage of respondents
Very easy	11	14%
Quite easy	29	35%
Neither easy not difficult	12	15%
Quite difficult	23	28%
Very difficult	6	7%

Treatment: N=81 at endline.

school hours was perceived by some DSLs as "something that was additional for staff to do", or "eating into" the time they had to finish their working day.

Some DSLs mentioned that what worked well in terms of scheduling was arranging supervision during a slot that already existed in their timetable. Examples of those included supervision being scheduled during normal team meetings or during half-term dates when staff usually have training. However, as already discussed, this took time away from team discussions about current, live cases, which was hard to make up for.

What are the experiences of social workers delivering the programme? (e.g. how did they find the CSA training and delivering supervision sessions?)

CSA training

SSWs received a three-day training course specifically on child sexual abuse at the beginning of the programme, delivered by the CSA centre (and separate from the training day delivered to DSLs). A couple of SSWs missed the CSA training due to late appointment or start of the programme in their LA. Among those who attended, there were mixed views, though most said it was useful. Some SSWs said that it was "really interesting" and "very useful", and that it was "good for their own professional development", including in terms of refreshing their knowledge around signs and indicators. Some said they were already very knowledgeable and highly experienced in this area, but had found it useful that the training related the knowledge to the SSW role, and to the school and DSL perspective.

> *"I thought it was excellent training, and I think it was really good to start to think about the context of safety planning in schools and try and link in with the DSL." – SSW*

Some had suggestions for future improvements. A couple of SSWs said that three consecutive days was a very long training course, and it was especially "full on" when done virtually. More fundamentally, many SSWs said the training was not well linked to the rest of the programme, as they had rarely used any insights from the training course in the supervision sessions.

> *"The trainer was amazing, she was brilliant in sharing knowledge. But it's still really hard, because it's very meta, it was too early, I was not really sure what it actually would mean in practice, like how it would apply in our role? But of course, I love learning, I absorb information and it was brilliant … But it was still, I would say probably it missed the mark because we didn't know what it was going to look like, I'm not sure. And personally, it hasn't really come up within my group supervisions as such." – SSW*

> *"It was useful in some respects. I learned a couple of things. But I don't know necessarily if it carried on through the programme. So, I haven't really come up with massive dilemmas around CSA with the groups." – SSW*

Supervision sessions and other support

Overall, SSWs reported positive experiences of the programme, and some positive impacts from it for their own knowledge and practice. SSWs spoke about how taking part in the programme increased their understanding of the challenges and pressures that schools face. Some SSWs described how the programme raised their awareness of the rising safeguarding demands on schools, and the pressures on school staff.

The interviews with SSWs discussed their experiences of achieving buy-in from the schools and getting schools started with the programme. SSWs described that initial buy-in varied across schools, with some engaging from the start, and others requiring more chasing and convincing, and some described themselves as a "salesman".

SSWs recognised that limited capacity in schools was a challenge for finding the time to arrange the sessions. They often spent a lot of time in arranging and rearranging sessions, when DSLs had to cancel.

"I set appointments up but they keep on cancelling. They're just so busy." – SSW

In terms of preparation for the sessions, SSWs described having to take some time before each session to remind themselves of the school context and what was discussed in the previous session. Other than this, each session did not require extensive preparation from SSWs.

In addition to the CSA training, SSWs mentioned support available to them, from their LAs, line managers and informal support from other SSWs working on the pilot. SSWs also received their own supervision within their LA.

However, some SSWs also described challenges in getting support from WWCSC, such as unclear communication and occasional lack of response to emails.

What are the experiences of DSLs and the school in general? (e.g. how did they find the CSA training and supervision sessions)?

This section will describe the experiences among DSLs and schools, in relation to how useful they found the initial CSA training and the supervision sessions, respectively.

CSA training

The survey showed that most DSLs who attended the training found it "quite" or "very" useful. In interviews, DSLs expressed more mixed views. Some DSLs said the training provided a lot of useful information and resources, including on how to identify and respond to CSA issues, how to deal with disclosures, and how to frame conversations. Some DSLs in secondary schools had shared these insights with other people in their safeguarding teams, through their own training, inset days and weekly briefings. A couple of DSLs said they had recently used the information when dealing with cases, and it had helped them with thinking outside the box about what further support was needed.

Some DSLs said the information about how to identify and respond to CSA issues had been "too basic" or "too generic", and that it seemed to have been pitched at people with "no or bad safeguarding knowledge". Some said this reduced the potential of the training, while others said it was useful in terms of refreshing knowledge and for reassurance.

"There was quite a lot of content that was encouraging us to reflect on things that we learned during the Level 1 safeguarding course. So, it was almost underpitched at current DSLs." – DSL, secondary

"It might not be that you learn something new every minute, while you are on the course, but you might pick up a couple of little nuggets … that then becomes really useful for you." – DSL, primary

Some DSLs said it was useful that the training included DSLs from different LAs, with different perspectives. They had enjoyed engaging in conversations with other professionals, including sharing views and experiences. In contrast, a large number of

DSLs in our interview sample made the point that the training had not involved enough professional dialogue, and some described the delivery as "disengaging" and "dry".

> *"We were listening and taking in a lot of information. We didn't have that two-way conversation and professional dialogue. I don't know if I've necessarily processed the information."*
> *– DSL, primary*

Some of those DSLs attributed this lack of professional dialogue to the fact that the training was conducted virtually. Generally, some DSLs said that would have preferred in-person training, though they acknowledged that COVID-19 health restrictions were in place at the time of the training. Some DSLs thought the online forum was not right for the sensitive issues that were raised.

Many DSLs suggested the training could have been shorter, either by shortening the training day, or by doing multiple shorter sessions, or by incorporating a shorter session on CSA issues into a broader training day. This was a suggestion made by DSLs in both primary and secondary schools; however, DSLs in primary schools – who were often head teachers – sometimes mentioned that it was "really hard" to give up a whole day in their role.

DSLs felt that the CSA training day did not fit into the overall programme. In particular, DSLs said that there was not much or any connection between the training day and the supervision sessions, for instance the issues raised in the training was not followed through in subsequent supervision sessions. Some suggested that the SSW should be involved in the training, and that more thought should be given to how the two elements were connected.

> *"It was about sexual harassment, sexual violence, how to respond to those … And my impression was that we would then be given advice, staff training, materials. We'd be able to discuss cases that we were concerned about and so on … I really can't see the connection between this training that I had to go on and what we're discussing in these [supervision] meetings. It was almost as though the supervisor wasn't really aware of what the training had consisted of. She hadn't done it herself."*
> *– DSL, secondary*

Finally, a couple of DSLs said it would have been useful if the session had been recorded, so they could have shared it with other members of the safeguarding team, or alternatively more staff were invited. A major part of the training was about identifying and spotting signs and indicators of child sexual abuse, which often happened in the classroom, so it "should have been a priority to upskill class teachers".

Table 28. Overall, how useful did you find the supervision sessions?

	Number of respondents	Percentage of respondents
Very useful	55	68%
Quite useful	17	21%
Neutral	5	6%
Not very useful	1	1%
Not at all useful	3	4%

Treatment: N=81 at endline.

Supervision sessions

Survey results show that almost all of the DSLs found the supervision sessions useful, with 68% of the respondents reporting that the sessions were "very useful" and 21% describing the sessions as "quite useful".

Similarly, in interviews a majority of the DSLs spoke about finding the sessions useful. Some of the aspects of the sessions that DSLs highlighted as useful included having the time for reflection and discussion, developing new ideas, discussing complex cases or new types of cases, being signposted by the SSW to useful resources or local support organisations, learning from a social worker's perspective, and discussing their own wellbeing. These themes are discussed further in the section on impacts of the programme.

What's the experience of key stakeholders in Local Authorities delivering the programme? How does it fit into their wider support packages to schools, including in relation to support on identifying and responding to child sexual abuse?

Interviews with LA stakeholders mentioned a number of reasons why LAs had signed up to deliver the programme.

LAs mentioned their desire to offer more support to schools, as they recognise the challenges that DSLs face in their roles as well as increasing safeguarding demands on schools. Several LA stakeholders mentioned that they believe schools require more support particularly after COVID and experiencing isolation. This programme was seen by LAs as potentially offering benefits to the schools, by receiving regular support and encouraging reflective thinking.

Some LA stakeholders spoke of their prior knowledge of the benefits of supervision. Some interviewees stated that they are aware of positive experiences of supervision from other LAs, while others said they had previously piloted supervision with DSLs, or been part of other interventions where they worked collaboratively with schools, which had been seen as effective.

A number of LA stakeholders also spoke about the potential of the programme to improve communication and links between them and the schools.

> *"We thought it would provide a real opportunity to help in terms of improved working practices between ourselves and schools ... It was part of wider developments that we wanted to do within our service in terms of, thinking about how we work more closely with schools and other agencies. And get people more involved in terms of those kinds of safeguarding decisions and multi-agency decisions." – LA*

LA stakeholders were also interested to learn from this programme, including to establish whether this type of supervision would lead to fewer contacts that result in no further action.

> *"We wanted to see whether having a social worker supervisor directly attached and linked in with those DSLs, who generally are the people that make the referrals, whether that improved their understanding around threshold application and enabled more professional curiosity." – LA*

Overall, the programme was perceived very positively by the key stakeholders in participating LAs. The stakeholders interviewed spoke about receiving positive feedback from SSWs and schools, and observing positive impact on joint working between schools and CSC.

Mechanism and outcomes

What are the perceived impacts of the intervention?

The survey results provide a mixed picture of the perceived impact of the programme and the resulting changes in practices among DSLs.

Overall, 94% of survey respondents reported that supervision had a positive impact on them as a DSL. The largest shares of respondents reported supervision having quite a large positive impact (44%) and a very large positive impact (28%).

At the same time, only 22% of the DSLs in treatment schools, after having completed the programme, felt their approach to safeguarding was "quite" or "very" different compared to before the programme in September 2021, though this is at least higher than for control schools (11%).

Table 29. Overall, what impact, if any, do you think the programme had on you as a DSL?

	Number of respondents	Percentage of respondents
Very large positive impact	22	28%
Quite a large positive impact	35	44%
Small positive impact	18	23%
No impact/change	5	6%
Negative impact	0	0%

Treatment: N=84 at endline.

Table 30. To what extent is your approach to safeguarding similar/different to the one you had before September 2021?

	Control: Number of respondents	**Control:** Perecentage of respondents	**Treatment:** Number of respondents	**Treatment:** Percentage of respondents
Very similar	56	44%	18	21%
Quite similar	57	45%	47	56%
Quite different	12	10%	18	21%
Very different	1	1%	1	1%

Endline: N=126 for control; N=84 for treatment.

More than four-fifths of the respondents (83%) felt their overall performance as a DSL had become "better" or "much better" due to the programme. The outcomes with the highest self-reported changes were "understanding thresholds requiring a referral to Social Care" (71% of the DSLs reported "better" or "much better" performance), "providing support to other staff" (71% of the DSLs), "communicating with and supporting families" (70% of the DSLs), and "understanding CSC processes and issues" (69% of the DSLs).

The interview findings similarly provide a mixed picture. Many DSLs reported that supervision had no impact on their practices. At the same time, many DSLs described positive impacts across a range of areas, particularly on their confidence in the role through reassurance.

The following sections will focus on how DSLs perceived different impacts and outcomes, in specific areas, based on the interviews.

Table 31. Self-reported change in outcomes. "Reflecting on your experiences of taking part in the programme so far, please indicate to what extent you think it has changed your performance in your role as DSL, on the following indicators?" *("much better" and "better")*

	Number of respondents	Percentage of respondents
Overall performance	66	83%
Understanding thresholds requiring a referral to Social Care	57	71%
Providing information at point of contact/referral	53	66%
Understanding EH processes and providing EH interventions	36	45%
Understanding processes around child protection cases	34	43%
Providing support to other staff	57	71%
Communicating with and supporting families	56	70%
Understanding school's role in providing EH interventions	30	38%
Understanding CSC processes and issues	55	69%
Keeping records of EH assessments, concerns and referrals	34	43%

Treatment: N=80 at endline.

Referrals and understanding of thresholds

Reducing the numbers of inappropriate contacts was one of the key aims of the intervention. There is mixed evidence from the interviews that the programme supported this aim.

Many DSLs felt that they already were knowledgeable and experienced in understanding thresholds prior to supervision and did not need additional support in this area. Those DSLs explained that the referrals coming from their school are rarely inappropriate and most of the time are accepted by CSC. Some DSLs also mentioned that they were also already able to get advice and guidance on thresholds in any specific challenging case through consultation phone lines. Therefore, many DSLs reported that instead of changing practices around referrals, supervision confirmed to them that their practice was correct, and it provided reassurance. Some argued that the supervision was likely more beneficial for less experienced DSLs and safeguarding staff. In particular, DSLs in secondary schools said the group supervision had allowed the wider safeguarding team to get more experience of discussing thresholds.

Many DSLs also described their referral practices changing as a result of supervision. For instance, some DSLs described that taking part in this programme helped them to gain a better understanding of how to refer cases to ensure they do meet the threshold. Some DSLs explained that supervision encouraged them to collect more evidence on cases, thus improving the quality of information they provide at the point of referral. Some DSLs explained how they had improved their language in referrals and their references to the threshold document.

> *"She's helped us with specific wording and things like that so we've got more of a chance of that meeting threshold than in a previous referral we may have made."*
> *– DSL, secondary*

These changes were facilitated by the discussions with the supervisor, including learning about the process from the "social worker perspective".

> *"When I'm talking to the social worker on the consultation line, I now understand what their cues are and what they have to go through and I can have more of a reciprocal conversation with them about it, because I feel like I understand their processes a bit more. So, she's given me that insight, so every referral I've done since then, I'm more aware of their processes and even though I might disagree with some of them, I have to be mindful that this is how they work."*
> *DSL, primary*

As discussed in the section on DSLs' experiences of the role prior to the programme, some DSLs choose to refer cases to CSC even if they do not think the case would be accepted. This was partly led by frustrations about thresholds increasing over time due to limited capacity of CSC. The interviews showed that the supervision sessions had not typically changed those practices.

> *"Sometimes I still feel it's better to refer it and someone else makes those decisions, because, at the end of the day, we're teachers trained in safeguarding, social workers are at a higher level."*
> *– DSL, primary*

"I'm quite hot on making referrals and I would rather call for something that they turn around and say, it's not going to meet threshold, but then I've got that reference and I've got that understanding." – DSL, secondary

However, there were also examples the programme led DSLs to contact social care less in cases when they did not think thresholds had been met. This was driven by an increased appreciation of the social worker perspective, an increased knowledge about other support and agencies, and confidence to make the decision themselves and supported by the SSW.

"I always had a position in the past, if in doubt, send it in … There were some things that maybe pre-programme, I would have put in, but then decided actually, in light of what we discussed, and the way we looked at it, I don't think that is going to go anywhere." – DSL, primary

However, some of those DSLs made the point that while they had become less reliant on social services in the past year, they may return to their "cautious approach to contacts and referrals" once the supervision stopped, and they did not have the opportunity to discuss potential referrals with the supervisor.

Generally, some DSLs described how they used the SSW on an ad hoc basis, before contacting CSC "to test the waters". The SSWs would provide advice about whether they thought it reached threshold, and whether it should be referred or not, or alternatively what other support agencies were available. This sometimes led to fewer contacts, and likely fewer inappropriate contacts, but at other times it led to more contacts when SSWs recommended a referral that they would not necessarily have considered themselves. These improvements, however, may not be sustained after the end of the programme when the SSW is no longer a phone call away.

"She's said that won't reach threshold, maybe look down a different avenue. So, it's helped to steer us in the right direction." – DSL, primary

"She said make a referral, and tell them that I told you to. It's almost like having her name as a backup as well, is helping things move forward." – DSL, secondary

"She's said, oh that's worth a referral, whereas beforehand I might not have thought it was worth a referral. So, it's not necessarily minimised the number of referrals, but sometimes it has minimised the queries I might have to social care. First, I'll speak to my supervisor, rather than calling social care for advice." – DSL, primary

Impact on knowledge and practices to identify and respond to issues related to CSA

The survey shows that a larger proportion of DSLs in treatment schools (77%) have become "slightly" or "much more" confident in identifying and responding to child sexual abuse, compared to the DSLs in control schools (37%).

More specifically, between 40–50% of DSLs in treatment schools report improvements in performance on a range of factors related to CSA issues, including identifying and responding to issues relating to CSA, speaking with children and parents about CSA, and making a referral for a case involving CSA.

Table 32. Do you feel more/less confident in identifying and responding to child sexual abuse, compared to September 2021?

	Control: Number of respondents	**Control:** Percentage of respondents	**Treatment:** Number of respondents	**Treatment:** Percentage of respondents
Much more confident	9	7%	16	19%
Slightly more confident	38	30%	49	58%
No difference	76	60%	19	23%
Slightly less confident	3	2%	0	0%
Much less confident	0	0%	0	0%

Endline: N=126 for control; N=84 for treatment.

Table 33. Self-reported change in outcomes. "Reflecting on your experiences of taking part in the programme so far, please indicate to what extent you think it has changed your performance in your role as DSL, on the following indicators?" *("much better" and "better")*

	Number of respondents	**Percentage of respondents**
Identifying potential indicators of CSA	40	50%
Responding to issues relating to CSA	40	50%
Speaking with children/ young people about issues of CSA	33	41%
Speaking to parents where there are concerns about CSA	35	44%
Making a referral for a case involving CSA	37	46%

Treatment: N=80 at endline.

In interviews, however, DSLs did not talk much about improvements specifically in relation to CSA. This is not necessarily surprising, as we found that many did not attend the CSA training day, and most did not see CSA as a particular focus of supervision sessions.

Instead, DSLs spoke in depth about general improvements to their practice, for instance in terms of managing referrals, understanding thresholds, and supporting families, and said that these improvements also applied to issues and cases related to CSA.

Supporting children and families

While many DSLs said supervision has had no impact on the support they offer to children and families, some DSLs described positive impacts in this area.

Some DSLs described how increased awareness of wider support services and referral options has had a positive impact on supporting children and families. DSLs explained that their SSW signposted them to resources, which they were able to share with the wider safeguarding team, and provided advice, including on lower-level, less urgent cases. This had helped them to provide better, and sometimes faster, help and support to the parents of the children who are struggling.

Some DSLs also suggested that supervision made them more confident in communicating with children and families about difficult decisions, which they used to find challenging prior to the programme. Generally, they had become more proactive in speaking to and building relationship with parents.

> *"I don't know whether I would have had the confidence to just decide, right, I'm going to talk to that parent, without the supervision." – DSL, primary*

> *"I will speak out more now, calling people out on things and naming it, and saying, this isn't right, attendance is an issue, we need to get it sorted. Before I'd be thinking, 'Oh, am I allowed to do this? Is that my job?'" DSL, primary*

Bridging the gap between schools and social care

Many interviewees identified a gap in communication and in understanding between schools and CSC as a significant issue for safeguarding in schools. In that context, any positive impact of this programme on bridging this gap is valuable.

While many DSLs reported having already had extensive knowledge of CSC context and processes, some said that this improved through taking part in supervision. DSLs particularly valued the supervisor being a social worker, since it allowed them to gain "a social worker's perspective" on cases and learn more about the decision-making processes at CSC.

> *"I always knew what the thresholds were, but it's kind of living them and seeing them from the point of view of a social worker was really useful."*
> *– DSL, primary*

> *"She'd give the social worker's perspective, 'remember the social worker is thinking about this, or the social worker has got to bear in mind this.' That was interesting, to actually have a social worker, off the record, say, 'I get what you're saying, but what you've got to think about is, a, b or c', that was interesting."*
> *– DSL, secondary*

This included understanding and appreciating the "bigger picture" that tends to be the focus of CSC.

> *"It's increased my understanding of the challenges that they face, and maybe some of the things that we're flagging up as being a huge big ticket items, in the grander scheme of things, aren't."*
> *– DSL, primary*

Through conversations with their supervisor, many DSLs described gaining an understanding of what "is going on behind the scenes" at CSC. They said the supervision had helped "lifting the veil a little bit", "gain a better understanding of what each other is doing", and "closed some gaps between schools and children social care". Sometimes, this made DSLs and schools more sympathetic to the challenges that social

workers face, and they gained more respect for their fellow professionals.

> *"I probably haven't had the best experiences of social workers I've worked with before, but the supervisor, even the fact that they are doing this type of work, gives me confidence that when I refer something and when I talk to the professionals at the local authority that I'm talking to knowledgeable, experienced and good people, well-meaning people."*
> *– DSL, secondary*

Some DSLs said they believe the programme also improved the understanding in their LA and CSC of the school context and the specific challenges that schools face. DSLs value such impacts of the programme. At the same time, some DSLs emphasised that despite taking part in the programme, they still have their frustrations with how social care works, for example with CSC taking a long time to respond to referrals. This suggests that some of the issues in communication between schools and social care may be more structural, and could not be addressed by this type of an intervention.

Impact on DSLs' confidence and mental wellbeing

Survey results demonstrate substantial differences in change to confidence levels between the treatment and control groups of DSLs. The DSLs in the treatment group were more likely to report feeling "slightly more" or "much more" confident (82%) in the role compared to September 2021 than the DSLs in the control group (39%).

At the same time, broadly similar proportions of DSLs in the treatment and control groups reported feeling a range of negative feelings as a result of their job. The proportions are broadly similar between endline and baseline surveys for the treatment survey, while it fluctuates more for the control survey, likely due to smaller sample sizes at baseline.

Interview findings also suggest that the programme had positive impacts on participants' confidence and emotional wellbeing. Some DSLs said supervision improved their confidence in the role, through being encouraged to reflect on their practice and discussing cases and concerns with supervisors. They described that this gave

Table 34. Do you feel more/less confident in your role as DSL now, compared to September 2021?

	Control: Number of respondents	**Control:** Percentage of respondents	**Treatment:** Number of respondents	**Treatment:** Percentage of respondents
Much more confident	9	7%	26	31%
Slightly more confident	40	32%	43	51%
No difference	68	54%	15	18%
Slightly less confident	9	7%	0	0%
Much less confident	0	0%	0	0%

Endline: N=126 for control; N=84 for treatment.

Table 35. Thinking of the past few weeks, how much of the time has your job made you feel each of the following? ("All of the time" or "Most of the time"). *(baseline proportions in brackets)*

	Control: Number of respondents	**Control:** Percentage of respondents	**Treatment:** Number of respondents	**Treatment:** Percentage of respondents
Tense	41	32% (36%)	24	25% (26%)
Depressed	5	4% (9%)	4	4% (4%)
Worried	31	24% (15%)	18	19% (20%)
Gloomy	10	8% (11%)	4	4% (5%)
Uneasy	18	14% (4%)	8	8% (9%)
Miserable	5	4% (6%)	4	4% (4%)

Endline: N=130 for control; N=95 for treatment. Baseline: N=47 for control; N=149 for treatment.

them "more courage in their convictions" and that it had "empowered" them, including when speaking to families and in decision-making about referrals and in challenging social workers when contacting CSC. For some DSLs, this changed their experiences of the role completely.

> *"I've definitely become more confident because of the supervision. When I first was told I'm taking on the role of DSL, it was the thing that I was just dreading the most, it has now become the thing that I love." – DSL, secondary*

Many DSLs said that their confidence also improved through supervision providing reassurance that their practice is appropriate and of a high standard. This was one of the most common themes that emerged from the DSL interviews. Some DSLs highlighted the value of an external expert providing reassurance and validation, while others noted how being favourably compared to other schools was helpful for their confidence. Other DSLs valued reassurance as a way to address their fears and improve confidence.

> *"I think some of those things that do keep you awake at night, it's always good to be able to talk through them and get that reassurance that you know what? You couldn't have done anymore; you can't do anything extra than you're doing. So, that has been a real benefit to me, probably one of the biggest ones." – DSL, primary*

Some DSLs also reported that the programme helped their mental health by helping them to switch off from challenging cases rather than "take it home with you". Often this was achieved through the conversations with the supervisor, where DSLs were able to "offload", which made the role less lonely. This was particularly, but not exclusively, the case for head teachers in primary schools, who did not feel they had others in the school they could go to for emotional support.

> *"I'm like such a tough nut, nothing will phase me, I'm like, whatever, this is life, this is what happens, but to have some support has actually been invaluable. Everyone comes to me, to be that strength in the school, particularly with some of the most severe cases,*

and I haven't got anyone to talk to. My husband tells me how depressing my job can be sometimes. So, it's great to have someone to talk to. It's definitely helped my wellbeing a hundred per cent and stress levels. Actually, with stress as well, just knowing that I've got someone else's support who kind of like knows what they're talking about, has been really helpful." – DSL, primary

The fact that DSLs knew they were able to contact their supervisor whenever they needed, or in the next session, to ask for advice, meant that they were less worried about certain children and families.

"Knowing that I would discuss the children and families who I had ongoing niggles about, and wasn't quite sure what to do about, it stopped me worrying about it, and stopped me being stressed and anxious about it." – DSL, primary

While many DSLs mentioned the positive impacts of the programme on their mental wellbeing, some felt that wellbeing was not a key focus of supervision. There was a clear split between primary and secondary schools. DSLs in primary schools were more likely to speak about positive impacts on their mental wellbeing. In contrast, DSLs in secondary schools, who received group supervision and often perceived the main focus of the programme to be on discussing cases, mentioned improvements to mental wellbeing less. When it was mentioned, it was more likely to be through gaining confidence in decision-making and through reassurance, rather than through specific conversations about their wellbeing. However, some DSLs in secondary schools suggested that some individual time, checking in, or one-to-one supervision, instead of focusing on case studies, would have been useful for supporting staff wellbeing more directly.

Others, especially more experienced DSLs, said they had developed "thick skin" and the "ability to compartmentalise", so they would not need this type of support.

Facilitators to impact:

Interview responses were analysed to establish which elements of the programme design were perceived by the DSLs to result in the positive impacts. This section overviews the key facilitators for perceived positive impact through the programme.

Designated supervision time. DSLs spoke extensively about the value of supervision creating time for in-depth discussion. Formal scheduling of time slots meant that DSLs had to use those time slots for discussion and reflection. Many DSLs noted that this was more time than they would usually get to reflect on cases.

An external supervisor. Having an external facilitator for the supervision sessions provided DSLs with "fresh eyes" and "another perspective". DSLs also explained that the SSW being external was the reason why they particularly valued their views about the DSLs' and school practices. At the same time, some DSLs highlighted that it was valuable to have consistency in who facilitated supervision, having the same SSW throughout the programme. They noted that in CSC there is often high staff turnover, so having such consistency in this programme was a contrast to the DSL's usual experience with CSC. DSL highlighted the value of not having to explain the school context and repeat things in each session.

Supervisor being a social worker. DSLs felt that having a social worker as a supervisor was helpful for learning about decision-making processes at CSC. DSLs highlighted the value of learning about a social worker's thought process as well as tapping into

SSWs' experience of similar cases in their practice. DSLs described SSWs as having breadth of experience and being knowledgeable about CSC and other support services. As a result, supervision highlighted other available options for intervention before referral to CSC.

Session structure. DSLs described supervision sessions as prompts to reflect on practice. As a result, discussing a particular case in supervision generates new ideas for improvement in those types of cases. Some DSLs said that supervision encouraged them to think proactively about cases, which is particularly valuable since the role is frequently described as reactive. The meeting structure was helpful to ensure that sessions stay focused. Safeguarding teams learning the structure of supervision sessions and the techniques used was helpful as those can be replicated in the future, creating sustainable outcomes.

Particular value to new staff. Some DSLs said that being inexperienced in the role is a factor which contributed to them finding supervision useful. Supervision was particularly helpful for the DSLs who were relatively new to the role, as they tend to face unfamiliar cases more frequently, and needed more reassurance. DSLs also noted that supervision allowed less experienced members of staff to learn about support options other than referral to CSC, which was particularly useful to them.

Barriers to impact:

Time and capacity constraints. Finding the time for the sessions was a challenge for schools, especially secondary schools that had to get the wider safeguarding team together for a group session at the same time. DSLs said it would have been easier to schedule if the school had known about the programme before timetabling for the academic year had been done. Some DSLs mentioned that due to the reactive nature of the role, they felt they did not have the time or capacity to engage in this programme, or to change their practice through the programme.

Structural barriers between schools and CSC. While there is some evidence that the programme has had some positive impacts on communication between schools and CSC, many of the issues raised by DSLs and SSWs are more structural and could not be addressed by this intervention. Some DSLs explain that, despite having taken part in the programme, they still have their frustrations with CSC. Many DSLs feel that the safeguarding demands on schools are increasing, and those may not necessarily be best addressed within schools. Similarly, SSWs agree that some DSLs holding negative views about CSC is a barrier to improvement through the programme.

Unequal benefit for different team members. In secondary schools, it was common for team members to alternate between supervision sessions, due to capacity constraints, which meant that many DSLs did not have the full benefit of the programme as they were not able to attend the regular sessions consistently. DSLs said that the programme had little impact for those members of staff who only attended a few sessions. In primary schools, there was some evidence that the wider safeguarding team benefited, directly through the DSL sharing

the advice and resources, and indirectly through the DSL becoming more confident in leading the team and handling safeguarding concerns. However, there was often a desire to be more flexible in who attended the supervision sessions, including occasionally doing supervision as a group.

Restrictions on which cases DSLs were able to discuss. Not being able to discuss the cases that have already been referred to CSC during supervision was seen as a major barrier by DSLs. This resulted in DSLs not being able to discuss high-level cases, including the ones that "play on my mind". Similarly, some DSLs mentioned that SSWs not being able to give them advice and guidance on open cases was a barrier to improvement through the programme. Some DSLs expressed that they would have preferred more focus on receiving advice from social workers through supervision.

As noted earlier in the description of the intervention, this restriction on discussing cases was implemented to avoid supervision conversations potentially duplicating or contradicting those of the case holding social worker, and to avoid issues with information sharing. While this was seen as a barrier, in practice it is therefore unlikely that this could be changed in any potential future implementation.

Sessions being scheduled rather than on-demand. Some DSLs felt that scheduling the sessions over regular time periods was a barrier to improvement through the programme, as they would have preferred to be able to access supervision at the points of highest need. DSLs explained that the regular sessions do not always fit well with capacity and with times when cases arise and support is most needed.

Some participants feeling unable to discuss wellbeing within group settings. In secondary schools, some DSLs did not feel open to discuss their wellbeing concerns in front of other team members. This applied to both junior and senior members of staff. Some junior DSLs did not feel able to discuss wellbeing during group sessions with the head teacher being present, and head teachers and line managers felt they had to put up a façade in front of their staff. They sometimes suggested that occasional individual sessions, focused more on wellbeing, could be beneficial. In primary schools, where DSLs took part in one-to-one sessions, the wellbeing components were valued and seen as hugely beneficial, and sometimes the most important part of supervision.

Some safeguarding teams already working closely together. In secondary schools, some DSLs felt that supervision had limited impact for them since their teams already had structures in place for group discussions of cases, such as through regular team meetings or other internal support. As a result, some DSLs felt supervision was not adding anything new to their practice.

Do participants feel the programme was worth their investment of time?

Finding the time for the sessions in the busy school schedule was the key challenge in programme delivery. Even so, the survey results show that most DSLs (83%) described the sessions as good or very good use of their time.

Table 36. Do you think the supervision sessions have been a good or poor use of your time?

	Number of respondents	Percentage of respondents
Very good use of my time	49	60%
Good use of my time	19	23%
Neutral	7	9%
Poor use of my time	4	5%
Very poor use of my time	2	2%

Treatment: N=81 at endline.

In almost all cases, supervision was seen as a good use of time, and often described as "invaluable" by DSLs. In addition to the perceived benefits already covered in previous sections, some DSLs also explained that it allowed them to take a pause from the normal, hectic school day where they were always in reactive mode, and rarely able to reflect on their performance and practices. The programme allowed them to prioritise this reflection time.

"It makes me sit and talk … When you're in school you're dealing with the here and now, aren't you. We don't ever look back and think. I think it's been really useful." – DSL, primary

Some DSLs said they had initially been sceptical, and said it was likely that schools would sometimes be reluctant to take part in potential future rollouts before experiencing the benefits of the supervision sessions. This could be one of the reasons why some schools did not engage in the programme.

"I think it is a good use of time. Time is precious in school but every time I send an invite out about supervision sessions, people are straight back on the email with a yes and believe me, when I send other emails out asking for a response, it can take bloody weeks, so I think that's probably a fair indicator that it's a valued use of time." – DSL, secondary

We also spoke to a small number of DSLs, both in primary and especially in secondary schools, who did not feel the supervision sessions were a good use of their time. One DSL explained that they were frustrated that they could not discuss live cases with the supervisor, and felt it was a "waste of time" to discuss less serious cases, when it was the live cases that "kept people up at night". Another DSL explained that, while they enjoyed the supervision sessions, it took time away from their own safeguarding or triage meetings.

"We haven't made up the time. That's the problem." – DSL, secondary

Similarly, SSWs spoke of the desire of DSLs to use the meetings for discussions about live cases, and spoke about how to navigate accommodating this request, with what they were supposed to do as part of the programme.

"Sometimes, they wanted us to prioritise just understanding what is happening with the cases in the school, as opposed to having the reflective space, because they don't have anywhere else in the timetable where they could all get together and have the discussion." – SSW

Another DSL said she did not think it was currently a good use of her time because she did not have many ongoing cases or concerns, and would have preferred a more ad hoc arrangement rather than regular sessions.

> *"If you'd talked to me two years ago, I had two cases that were just all-consuming almost and therefore it would've been a perfect use of my time; but this year, no, and it's an hour and a half, that's quite a chunk of time to have committed to it and I'm constantly wanting to go but you have to kind of go through it."*
> *– DSL, primary*

Cost evaluation

Data on the costs of delivery were obtained from WWCSC, based on the expenditure statements provided by LAs as part of the financial reporting process for the project. The statements included information on actual spend by LAs over the life of the project as well as the initially agreed budgets.

As noted earlier, the analysis of costs is conducted purely as a financial analysis (to understand costs of delivery of the intervention) rather than undertaking a value for money or cost–benefit analysis.

Six of the LAs were involved in more than one of the concurrent DSL trials, and in these cases total costs covered involvement in both trials. Information was available on the share of the originally agreed budget that was to be allocated to the CSA trial, and this proportion was applied to the eventual actual spend to allocate an amount to the CSA trial.

These LA costs typically related to the cost of employing the SSW(s). This would be an additional cost to the LA compared to business as usual, either requiring an individual to be hired into the role, or to be reallocated from another role or duties. While the salary cost of the SSW is expected to be the main cost of delivering the programme, it is possible that LAs incurred other costs. In some LAs, the financial reporting templates included "other costs", but with no further detail on what these specific costs were. WWCSC advised that these other costs typically amounted to no more than a couple of hundred pounds per LA, at the most (these costs are included in the cost estimates given below). It is possible that LAs also incurred other costs that were not covered under the project budget, although these were not raised during interviews with the LAs. These may, for example, include any costs involved in hiring into the SSW role, and potential travel costs where supervision sessions were held in person rather than online. In producing our cost estimates our focus is solely on costs that were covered under the project budget (i.e. those funded by WWCSC) and included within the financial reporting, and thus any additional costs incurred by LAs will not be included.

The costs above relate to LA expenditure. The project also involved training for the SSWs and DSLs, delivered by external experts; the total cost of this training came to just under £60,000. It is important to note that there were other costs relating to delivery for which it was not possible to obtain a cost estimate. These are:

- The cost of developing and providing the manual for SSWs (led by WWCSC)
- The cost of providing the initial training and induction session organised by WWCSC.

In addition, there were costs involved in running the community of practice sessions. For the purposes of the trial these were run by WWCSC, and it is unclear whether these would form a part of any future potential

rollout, but if so, would also incur additional costs. Actual costs would vary depending on the format of such sessions, with in-person sessions potentially involving venue and catering costs, as well as travel expenses for attendees. Regardless of whether sessions take place virtually or in-person, there is a cost in terms of time required to organise such events.

To calculate an average cost per school, total expenditure is summed across all LAs based on the totals from the financial reporting. This total is divided by the number of schools that were assigned to receive the intervention. On this basis, the cost per school per year (the period of the intervention) is estimated at around £1,400 per school. For the reasons described above, this estimate is unlikely to fully cover all costs involved in delivery. The figure of £1,400 includes the CSA training for DSLs and SSWs; excluding this, the total cost per school stands at just under £1,200.

It should be noted that costs varied by LA, from a minimum of around £800 to a maximum of around £3,600. Those LAs with the highest costs were typically based in or near London, and so may in part reflect higher staff costs in these areas.

In considering the costs of any future delivery of the programme, it is worth considering which costs are start-up costs and which are recurring costs. The main cost of the salary of the SSW is a recurring cost, as are any associated travel costs. However, any hiring and training costs will typically be start-up costs. As these are likely to be much smaller in comparison to recurring costs of a SSW salary, it is unlikely that there would be a substantial cost saving in delivering the programme in future years. It is, however, worth bearing in mind that in the early stages of the project, a considerable amount of effort and time was spent by SSWs in engaging schools, and this time should not need to be repeated in a future year as the programme became more established.

The above analysis was supplemented by specific cost-related questions during interviews with DSLs, SSWs and LAs. As discussed in the findings of the IPE, arranging group supervision sessions could be challenging from a scheduling perspective, and in some cases, schools had arranged cover for the teaching members of the safeguarding team for the duration of the supervision sessions. This introduced an unexpected cost for participating schools. It is important to bear in mind therefore that depending on how schools arrange for staff to attend supervision, the programme may involve costs for schools in paying for cover for this time. Nevertheless, the survey results show that most DSLs responding (83%) described the sessions as a good or very good use of their time.

LIMITATIONS

In interpreting the findings from this evaluation, it is important to bear in mind the limitations of the research.

The use of administrative data to measure outcomes has the benefit of reducing the extent of missing data, with a relatively low attrition rate of 5% for the primary outcome considered in this study. However, it also means that the choice of measures is limited to those that are available in the data.

Furthermore, there were practical challenges in collecting the contact and referral data from LAs. Different LAs use different terminology, data systems and processes, and in some cases there were particular challenges in assigning data to school level (where, for example, school names were recorded in free-text fields), and sometimes in categorising contacts as relating to potential child sexual abuse. Thus, we may have some concerns around data quality and the consistency of data across LAs. For example, this may mean that not all contacts were assigned to schools (or to the correct schools), if the information on schools was not accurately recorded. It is possible this may have resulted in some under-reporting of contacts. In some cases, contacts were assigned to schools on the basis of the school attended, rather than the school making the contact; while this can often be the same, there may be instances where a school makes a contact about a child attending another school (for example, in the case of a sibling). Where there were challenges in categorising contacts as relating to CSA, this may also potentially have resulted in under-reporting of this group of contacts. Furthermore, it was not possible for all LAs to provide data on all requested outcomes, due to the differing nature of data systems; some of our secondary outcomes are therefore based on a smaller sample size and as such these findings may be less robust. In considering these, it is also worth reiterating that some secondary outcomes are assessing whether a contact is appropriate by whether this leads to further action by children's social care; as discussed earlier in the report, this may be a proxy, but is far from a perfect measure. In addition, although a relatively small number of independent schools formed part of the original sample, in some cases LAs could not provide data for this group; this is a point worth bearing in mind for future data collection exercises.

It should also be noted that while there is variation across schools in the proportion of pupils for whom a contact is made in relation to potential child sexual abuse, in many participating schools, this proportion was very low or indeed zero. In such schools there is less (or no) scope to reduce this number further, and therefore we may have concerns that floor effects reduce our chance of detecting an impact.

In addition to these points relating to outcome measurement, a further limitation is the fact that 27% of treatment schools did not receive supervision sessions, and among those that did, many had fewer sessions than had originally been intended. This may have limited the ability to detect an impact. This assumes that dosage matters (that is, that

with more sessions there would be a greater effect on outcomes); it is also plausible that the intervention does not affect the measured outcomes.

When using survey data to measure outcomes (DSL wellbeing), it is important to acknowledge that our results could be affected by non-response bias (that is, those individuals who completed the surveys may not be representative of all individuals who were eligible to complete the survey). This may particularly be the case if the likelihood of response is correlated with wellbeing, especially as there is differential response between treatment and control groups. It was also not possible to tell with certainty whether it was the same individual within a school responding to both baseline and endline surveys.

The main limitation of the IPE is the potential bias of the sample of DSLs that we interviewed and surveyed. The interview sample of 52 schools represents 22% of the 241 schools in the treatment group. It disproportionately includes schools that engaged with the programme. This means that, even though we made substantial efforts to recruit and interview DSLs who had declined to take part in the programme or simply did not engage, we have relatively few direct insights from the 27% of schools that did not receive any supervision sessions. However, we gathered a significant amount of data from supervisors and from participating DSLs that suggest potential reasons why these schools did not engage. Overall, the sample did include a mix of schools, including by LA, size, proportion of FSM pupils and geographical context, so while the qualitative findings may not necessarily reflect the views of all in the treatment group, they provide an in-depth and diverse perspective into the experiences of those who received supervision. The findings of the process evaluation should be considered with these strengths and limitations in mind.

Finally in respect of both the impact evaluation and the IPE, the timing of the intervention should also be acknowledged, in that schools and social care services were still dealing with a period that had been significantly impacted by the COVID-19 pandemic. It is not possible to determine the extent to which the pandemic may have affected the findings of the evaluation, but this context should still be borne in mind. It is also important to acknowledge that the trial took place within nine LAs, and thus caution should be taken in extrapolating the findings more widely.

DISCUSSION

This study set out to establish the impact of providing a designated social worker to supervise DSLs in schools, with a specific focus on child sexual abuse. This section brings together and discusses the findings of the impact evaluation and the IPE.

Impacts on contacts and referrals made by schools to CSC

The primary research question that the impact evaluation set out to address was whether the programme had an impact on the proportion of pupils for whom a contact is made in relation to child sexual abuse.

There was no statistically significant difference in this outcome measure between schools that were allocated to receive the programme (treatment schools) and those that were not (control schools). The estimated effect size is equivalent to a difference between treatment and control groups of fewer than 0.1 CSA contacts per school.

Analysis of other outcomes relating to contacts and referrals also showed no statistically significant differences between schools allocated to receive the programme and those that were not. Thus, we observe no impact on total contacts made by schools; new referrals originating from schools, or referrals resulting in no further action (all measured as a proportion of pupils). This applied both for contacts and referrals relating to CSA, and for those that were made for any reason.

The IPE also explored perceived impacts on outcomes relating to contact and referrals, through interviews and surveys with programme participants in schools and LAs. Overall, the IPE showed that the intervention was well received by practitioners, who perceived there to be positive impacts in relation to areas other than contacts and referrals. These included perceived improvements to DSLs' emotional wellbeing and confidence (although note that the impact evaluation found no statistically significant impact on wellbeing, discussed further below), and in bridging the gap between schools and social care. These outcomes were typically seen as very important by DSLs, and usually more important than practices around contacts and referrals because many already felt confident and experienced in this regard. On the one hand, 94% of DSLs reported at least some impact of the programme on them, and around half of respondents felt their overall performance had become better due to the programme. On the other hand, only 22% of DSLs in treatment schools felt their approach to safeguarding was "quite" or "very" different compared to before the programme. As discussed in the limitations section, it is important to bear in mind that these percentages are necessarily based only on DSLs that responded to the survey, and we are unable to tell whether they are a representative group of all DSLs who received (or could have received) the programme.

More fundamentally, an emerging theme from the IPE findings is that there had been limited specific focus on CSA in the

supervision sessions. Most DSLs and SSWs said the supervision sessions had not focused specifically on CSA issues, and were not joined up with the initial training day. Some SSWs began each supervision session by asking DSLs whether they had any CSA issues or concerns to discuss, but often they did not, or those cases were already referred to social care, which meant they were not allowed to discuss them in the session. Most SSWs ran the supervision sessions in a way that was very similar to the concurrent DSL supervision programmes, where the cases and topics discussed were led by the DSL, and they did not proactively steer it towards covering CSA.

Most DSLs who attended the initial CSA training and responded to the survey found it useful, especially to refresh knowledge, but said it did not inform discussions or what was covered in the supervision sessions. SSWs found their initial three-day CSA training course useful, but said it was not well linked to the rest of the programme, as they had rarely used insights from the training course in the supervision sessions.

The findings of the IPE suggest that, with the exception of DSLs attending a one-day training course on CSA, this programme was not fundamentally different to the concurrent DSL supervision programmes. Based on findings from interviews, we would not expect that the programme had any additional, substantial effects on practices around identifying and responding to child sexual abuse, compared to the other programmes. If it did, it was likely driven by the impacts of attending the bespoke training course. However, the survey data indicates that a relatively large proportion of DSLs did not attend the CSA training day, for a variety of reasons, including starting the programme late and because the training dates were announced at too short notice. Overall, it is not surprising therefore that the evaluation does not find an impact on CSA-specific outcomes.

For contacts and referrals specifically, the IPE showed mixed results. On the one hand, at the end of the intervention, 71% of surveyed DSLs in treatment schools reported they now had a better understanding of thresholds requiring a referral to CSC, and 66% said they now provided better information at point of contact and referral. There were many examples of this in interviews – for instance, DSLs reporting that they had gained awareness of support options that they could use before escalating a case to CSC and that they had learnt strategies to improve the quality of contacts and referrals, such as the language used, what to include, making more references to the threshold document, and collecting more evidence. These changes were facilitated by the discussions with the SSW, including learning about the process from the "social worker perspective".

However, on the other hand, in interviews, many DSLs also said they were already knowledgeable and experienced in understanding thresholds prior to supervision, and so felt they did not need additional support in this particular area. Therefore, many DSLs reported that instead of changing practices around contacts, supervision confirmed to them that their practices were correct, and it provided reassurance.

This is also reflected in the findings from the survey of DSLs in treatment schools prior to the programme, where prior to the intervention, DSLs described themselves as being confident in their ability to perform the role and their knowledge of the relevant guidelines and procedures, including thresholds for referrals to CSC. This was also the case for CSA issues, where many DSLs noted that decision-making was often straightforward, because the severity meant it immediately met thresholds and escalated to social care.

A majority of DSLs surveyed reported feeling well prepared for their roles by the training and support they have received. At the same time, some DSLs noted that the standard DSL training, despite involving refresher courses, is not extensive enough and does not prepare DSLs for the broad scope of scenarios they may encounter in the role. A relatively large proportion of DSLs responding to the survey, both in treatment (34% of DSLs) and control schools (42% of DSLs) received other training and support on CSA, but they found the training day delivered as part of the programme to be different and useful.

The interview findings similarly provide a mixed picture. Many DSLs reported that supervision had no impact on their practices. At the same time, many DSLs described positive impacts, particularly on their confidence in the role through reassurance, their emotional wellbeing, their practices around referrals and knowledge of thresholds, their support of families and children, and in bridging the gap between schools and social care. The survey showed that many perceived improvements specifically related to CSA, though in interviews, DSLs mostly spoke about the general impacts on their practices, and that these also applied to issues and cases related to CSA.

SSWs reported positive experiences of the programme, including an increased understanding of the challenges and pressures that schools face. The programme was also perceived positively by key stakeholders in participating LAs. SSWs found the initial three-day CSA training course useful, but they said it was not well linked to the rest of the programme as they had rarely used insights from the training course in the supervision sessions.

Impacts on DSL wellbeing and other outcomes

The impact evaluation also explored effects on DSL wellbeing. Two measures of wellbeing were used: job-related anxiety-contentment and job-related depression-enthusiasm. We found no statistically significant impact of the programme on either measure. As discussed elsewhere in this report, the fact that we observe data on wellbeing for a relatively small proportion of DSLs, and in particular, that we see a notable difference in response rates in treatment and control groups, cast doubt on the reliability of these results.

Findings from the IPE indicate that prior to the intervention, almost half of DSLs surveyed (48% in treatment schools and 47% in control schools) felt the DSL role made them anxious or stressed. In interviews, although DSLs stated they found the role rewarding, it was also described as emotionally challenging, demanding, isolating and frustrating. The IPE suggests a clear need for additional wellbeing support for DSLs, whether provided by this programme or another mechanism.

The interviews conducted as part of the IPE found that many DSLs felt the intervention improved their emotional wellbeing and confidence. For instance, many DSLs explained the supervision had improved their confidence through encouraging them to reflect on their practice, and by discussing cases and concerns with their supervisor. This had empowered them when speaking to families and in decision-making on contacts and referrals. Many DSLs said their confidence had improved through supervision providing reassurance and validation that their practice was appropriate and of a high standard. Supervision helped some DSLs to switch off from challenging cases rather than taking them home and they were less worried about certain children and families,

either because they knew they had already discussed issues with the SSW, or that they were able to contact their SSW whenever they needed, or they could discuss it in the next session. Supervision also gave DSLs the opportunity to "offload", which made the role feel less lonely, and to reflect on and protect their own wellbeing, for instance by gaining the confidence to set boundaries around work and delegating tasks to the wider safeguarding team. The opportunity to receive support on wellbeing was particularly, but not exclusively, valued by head teachers, who often did not feel they had others in the school they could go to for emotional support. Notably, there were interesting differences between primary and secondary schools, with DSLs in primary schools more likely to speak about positive impacts on their wellbeing, likely driven by the format of individual rather than group supervision sessions. Apart from this, there did not seem to be substantial differences in the experiences between primary and secondary schools in terms of the differences in format. The individual sessions in primary schools allowed for more conversations about wellbeing, while the group format allowed for collaborative team working in secondary schools where the safeguarding teams were typically larger, though this made it harder to schedule sessions.

The positive perceptions in the IPE in relation to wellbeing contrast with the results of the impact evaluation, which finds no statistically significant effect. It may be that these softer impacts are more difficult to capture in quantitative measures collected through online surveys. It may also be that the limitations in administering and response to the survey reduced the ability to reliably assess whether there was a quantitative impact or not.

The survey evidence on impacts on confidence and wellbeing was largely mixed. On the one hand, there was a substantive impact on self-reported changes to confidence levels among DSLs at the end of the intervention, compared to at baseline; 82% of DSLs in treatment schools said they felt more confident in their role now, compared to 39% in control schools. On the other hand, some of the wellbeing measures, including those used in the impact evaluation, did not provide evidence of any substantial changes compared to the control group.

The IPE also identified that the programme has potential to "bridge the gap" between education and social care, which was not an outcome assessed in the impact evaluation, and which would be challenging to measure. Many DSLs explained that it was valuable to gain a "social worker's perspective" on cases and learn more about their decision-making processes. Similarly, SSWs said the programme had increased their understanding of the challenges and pressures that schools face. SSWs and DSLs reflected that this had not yet been fully realised, and that some issues and frustrations could not be addressed by the programme itself. However, the programme was seen as a first step in bridging the gap, including in facilitating internal conversations in the LA about how to improve their support to DSLs.

Improved delivery and implementation may have facilitated greater opportunities for the programme to achieve impact

There were some additional factors which may explain the lack of impact observed on the primary and secondary outcome measures explored in the impact evaluation.

The delivery of the programme faced some challenges, especially in the early stages

when recruiting SSWs and schools. Overall, 27% of treatment schools never received a supervision session. The average number of sessions across all treatment schools was 3.5 sessions per school. For context, a session every six weeks (per half term) would have amounted to six sessions over the school year. The lower than anticipated take-up may have limited the ability to detect an impact, or for the intervention to fulfil its potential. However, additional analysis did not suggest statistically significant impacts for schools receiving higher numbers of sessions.

A key question is whether low take-up is a fundamental weakness of the intervention, which would also be seen in any potential future implementation. For instance, maybe some schools and DSLs are simply not interested in receiving supervision from a social worker, because they already feel they receive sufficient support, or they do not have time. The IPE did find some evidence of this, but also found that the low take-up was, at least partly, driven by suboptimal delivery, including a delayed start to the programme in some LAs and late recruitment of SSWs, which had knock-on-effects on recruitment of schools. There also seemed to be substantial differences in how much LAs supported the SSWs in recruitment of schools, which was identified as an important facilitator to achieving school buy-in. Miscommunication was another barrier, with DSLs sometimes reporting initial concern about the concept of "supervision" and fearing they were going to be monitored or told off by CSC, suggesting that the programme could have been branded differently. Once the first session was organised, and the SSW had the opportunity to introduce the purpose of supervision properly to individual DSLs, most schools maintained engagement throughout the rest of the intervention, and most often at a high level.

However, the current design of the programme may not substantially impact contacts made in relation to CSA, or the appropriateness of contacts and referrals to CSC, but rather the key focus would be on improving confidence and wellbeing of DSLs, and joint working between education and social care. In particular, the findings indicated that the CSA components were not sufficiently integrated into the supervision sessions.

IMPLICATIONS

Based on the evaluation findings, this final chapter outlines some implications and recommendations for policy, practice and research in this area.

Implications for policy and practice

Schools have a critical role in the safeguarding of children and young people, with DSLs playing a vital part in this. Exploring ways in which DSLs and schools can be better supported is therefore an important area for policy consideration. At the same time, addressing issues relating to child sexual abuse has become an increasing area of concern, with particular focus on the role of schools.

In taking any decisions about the value of the DSL supervision programme going forward, it is important to reflect on what would be the key motivations for doing so and what the programme is ultimately seeking to achieve.

The findings of the impact evaluation do not indicate that the programme had an impact on the measured outcomes relating to contacts or referrals, whether these related specifically to CSA or not. While the findings are subject to a number of limitations, as already discussed, if the programme were to be rolled out in its current form, without any changes, it would not be anticipated that measurable impacts on these outcomes would be observed. This does not necessarily mean that there are no changes or benefits occurring as a result of the programme; indeed, the IPE findings do point to some changes in practices in relation to contacts and referrals, but rather that these do not impact on the outcomes that were measured here. In terms of impacts on contacts relating to CSA, given that the programme did not differ substantively from concurrent DSL supervision programmes without a specific CSA focus, it is perhaps not surprising that specific impacts were not seen in this respect.

The impact evaluation also does not find evidence that the programme had an impact on DSL wellbeing, however, for the reasons discussed earlier in this report, greater caution should be applied in interpreting these results. The findings of the IPE highlight that the programme may have more potential to influence wellbeing of DSLs, especially in primary schools, and also DSL confidence (with the latter not measured as part of the impact evaluation). The evaluation also finds qualitative evidence in support of the mechanisms through which improvements in outcomes for DSLs may occur. This may give some cautious grounds for optimism, but would need to be more rigorously tested before making more definitive claims. The evaluation findings do, however, highlight a need for additional support among at least a subset of DSLs. In addition, the programme may have a role to play in helping to strengthen relationships between education and CSC.

Some more practical implications can also be drawn from the evaluation findings which are also potentially relevant for other research in this area.

The findings emphasise the importance of considering how to boost participation and initial engagement in similar interventions. Careful thought needs to be given to how best to introduce programmes to schools, with the evaluation highlighting how broader LA support can be vital in this process. Once initial engagement from schools is secured, scheduling is perhaps the key barrier to schools' participation. This may require further thought as to how this time can be resourced.

In order to better understand impacts on CSC outcomes (whether for a similar programme or for other evaluations in this field), there may be value in greater consistency across LAs in the systems and processes that are used for recording contacts made. Better school-level data, perhaps through more systematic systems for linkage between different data systems, would allow greater understanding of impacts for schools and perhaps help to better target support to where it may be most needed.

Recommendations for future research

In terms of implications for future research, the findings suggest that further research may be needed into how to most effectively support schools with addressing issues relating to potential CSA.

While the evaluation finds no impact on contacts relating to CSA overall, future research could explore whether there may be impacts for different groups. This could include, for example, exploration of whether there is an impact for DSLs who are newer to the role.

In furthering understanding of any impacts on the appropriateness and quality of contacts made by schools to CSC, a key challenge is in finding a measure that is both suitable conceptually and also practical to collect. A bespoke data collection exercise may allow for more accurate capturing of types of contacts made by schools, along with reasons for contacts, for example, but is also more likely to result in missing data (especially among a control group), as well as being more resource-intensive. One area that may also be valuable to explore would be the extent to which the programme changes schools' practices in relation to early help measures (or other forms or earlier or preventative action). Again, a key challenge here is in the ability to obtain accurate data on these types of activities, especially given differences in processes and systems across LAs.

One of the original aims of the programme focuses on reducing DSL burnout and turnover (via the impact on wellbeing). Future research to map both the extent of this and whether there are impacts on turnover would be valuable. This could potentially be achieved by linkage to administrative data (for example, the School Workforce Census), which may help to give insights into turnover among DSLs (and in comparison to other school staff). Such research would necessarily need a longer timeframe over which to assess any impact. Given the limitations of the current wellbeing analysis, and the fact that the IPE highlighted the strongest perceived impacts in relation to wellbeing and confidence, this may be an area for further research. This may include, for example, considering ways to boost response, or alternative wellbeing measures.

The other potential outcome highlighted by the current evaluation is helping to bridge the gap between schools and CSC. Increasing understanding of the programme's effectiveness in this regard would be valuable, but is inevitably difficult to measure in a quantitative sense.

Importantly, it should also be remembered that a further outcome identified in the logic model is to improve outcomes for children and families themselves. This topic is touched on within the current research (for example, in DSLs role in communicating with and supporting families) but could be examined in more depth in future work.

Finally, the current study also offers some more general lessons for future evaluations on related topics, including:

- The need to ensure sufficient lead-in time for trials, to ensure the best possible start, including factoring in time to recruit and get schools on board, and to give adequate notice of training dates
- The need for clarity regarding the length of an intervention from the start, as otherwise implementation can also be affected by funding uncertainty
- Establishing an advisory group to provide additional perspectives of different stakeholders, for example, in relation to the merits of potential outcome measures
- Allowing sufficient resources for data collection; this includes allowing adequate preparation time, for example to conduct initial feasibility studies of available data, and to enable data collection activities, such as surveys, to be conducted in the most effective way.

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APPENDICES

Appendix 1: Survey sample

Tables A1.1 presents response by LA

Table A1.1 Number of responses in baseline and endline surveys, by LA

	Control: Baseline	**Control:** Endline	**Treatment:** Baseline	**Treatment:** Endline
LA1	8 (17%)	7 (5%)	5 (3%)	16 (17%)
LA2	7 (15%)	1 (1%)	13 (9%)	3 (3%)
LA3	9 (19%)	17 (13%)	24 (16%)	32 (34%)
LA4	0 (0%)	1 (1%)	0 (0%)	7 (7%)
LA5	15 (32%)	7 (5%)	26 (17%)	13 (14%)
LA6	1 (2%)	90 (69%)	71 (48%)	19 (20%)
LA7	1 (2%)	4 (3%)	4 (3%)	2 (2%)
LA8	0 (0%)	0 (0%)	3 (2%)	1 (1%)
LA 9	6 (13%)	3 (2%)	3 (2%)	2 (2%)
Total	**47**	**130**	**149**	**95**

Tables A1.2 presents response by role

Table A1.2 Number of responses in baseline and endline surveys, by role

Local Authority	**Control:** Baseline	**Control:** Endline	**Treatment:** Baseline	**Treatment:** Endline
DSL	33 (70%)	95 (73%)	89 (70%)	74 (78%)
Deputy DSL	14 (30%)	35 (27%)	60 (40%)	20 (21%)
Other	0 (0%)	0 (0%)	0 (0%)	1 (1%)
Total	**47**	**130**	**149**	**95**

Tables A1.3 presents response by primary or secondary

Table A1.3 Number of responses in baseline and endline surveys, by primary or secondary

Local Authority	Control: Baseline	Control: Endline	Treatment: Baseline	Treatment: Endline
Primary	26 (55%)	117 (90%)	122 (82%)	74 (78%)
Secondary	21 (45%)	13 (10%)	27 (18%)	21 (22%)
Total	**47**	**130**	**149**	**95**

Appendix 2: Qualitative interview responses

Table A2.1 Number of qualitative interviews by individual DSLs and by schools – secondary

	Individual DSLs	Number of treatment schools	Percentage of treatment schools (%)	Total treatment schools
LA1	2	2	33%	6
LA2	7	6	100%	6
LA4	10	7	37%	19
LA5	2	2	50%	4
LA7	1	1	13%	8
LA8	5	3	60%	5
LA9	1	1	11%	9
Total	**28**	**22**	**39%**	**57**

There were seven schools where more than one staff member was interviewed. We interviewed 22 of the 57 treatment schools (39%).

Table A2.2 Number of qualitative interviews by individual DSLs and by schools – primary

	Individual DSLs	Number of treatment schools	Percentage of treatment schools (%)	Total treatment schools
LA1	8	7	25%	28
LA3	11	9	20%	44
LA5	8	7	21%	33
LA6	9	8	8%	104
Total	**36**	**31**	**15%**	**209**

There were five schools where more than one staff member was interviewed. We interviewed 31 of the 209 treatment schools (15%).

Table A2.3 Number of qualitative interviews by primary and secondary schools

	Number of treatment schools	Percentage of treatment schools (%)	Total treatment schools
Primary schools	31	15%	209
Secondary schools	22	38%	57
Total	**53**	**20%**	**266**

The following tables show some information about secondary schools in the sample.

Table A2.4 Type of Establishment - secondary

	Number of treatment schools	Percentage (%)	Total treatment schools
Academy Convertor	6	38%	16
Academy Sponsor Led	4	29%	14
Community School	7	47%	15
Foundation School	0	0%	2
Free School	1	100%	1
Voluntary Aided School	3	38%	8
Voluntary Controlled School	1	100%	1
Total	**22**	**39%**	**57**

Table A2.5 Percentage of Free School Meals - secondary

	Number of treatment schools	Percentage (%)	Total treatment schools
0–9%	1	20%	5
10–19%	12	57%	21
20–29%	1	8%	13
30–39%	7	50%	14
40–49%	0	0%	3
50–59%	1	100%	1
Total	**22**	**39%**	**57**

Table A2.6 Geographic Context (rural to urban) - secondary

	Number of treatment schools	Percentage (%)	Total treatment schools
Rural: Hamlet and Isolated Dwellings	1	100%	1
Rural: Village	0	0%	0
Rural: Village in a Sparse Setting	0	0%	2
Rural: Town and Fringe	2	40%	5
Rural: Town and Fringe in a Sparse Setting	2	50%	4
Urban: City and Town Setting	9	50%	18
Urban: City and Town in a Sparse Setting	0	0%	1
Urban: Major Conurbation	8	31%	26
Total	**22**	**39%**	**57**

Table A2.7 Number of Pupils - secondary

	Number of treatment schools	Percentage (%)	Total treatment schools
0–299	2	50%	4
300–499	0	0%	4
500–699	1	25%	4
700–899	3	27%	11
900–1,099	4	40%	10
1,100–1,299	3	30%	10
1,300–1,499	4	50%	8
1,500–1,699	4	80%	5
1,700–1,899	0	0%	0
1,900 and above	1	100%	1
Total	**22**	**39%**	**57**

The following tables shows some information about primary schools in the sample.

Table A2.8 Type of Establishment – primary

	Number of treatment schools	Percentage (%)	Total treatment schools
Academy Convertor	6	20%	30
Academy Sponsor Led	3	17%	18
Community School	12	12%	97
Foundation School	0	0%	5
Free School	0	0%	6
Voluntary Aided School	8	18%	45
Voluntary Controlled School	2	25%	8
Total	**31**	**15%**	**209**

Table A2.9 Percentage of Free School Meals – primary

	Number of treatment schools	Percentage (%)	Total treatment schools
0–9%	5	8%	61
10–19%	5	8%	62
20–29%	6	17%	35
30–39%	4	18%	22
40–49%	7	35%	20
50–59%	3	60%	5
60–69%	1	25%	4
Total	**31**	**15%**	**209**

Table A2.10 Geographic Context (rural to urban) – secondary

	Number of treatment schools	Percentage	Total treatment schools
Rural: Hamlet and Isolated Dwellings	1	33%	3
Rural: Village	0	0%	7
Rural: Village in a Sparse Setting	0	0%	0
Rural Town and Fringe	2	22%	9
Rural: Town and Fringe in a Sparse Setting	0	0%	0
Urban: City and Town Setting	14	16%	85
Urban: City and Town in a Sparse Setting	0	0%	0
Urban: Major Conurbation	14	13%	105
Total	**31**	**15%**	**209**

Table A2.11 Number of Pupils – primary

	Number of treatment schools	Percentage	Total treatment schools
0–299	25	18%	138
300–499	5	8%	62
500–699	1	11%	9
Total	31	15%	209

Appendix 3: School characteristics, by trial arm

Table A3.1 Baseline characteristics of groups as randomised and analysed: categorical variables

School-level (categorical)	National -level mean	Intervention group		Control group	
		n/N (missing)	Count (%)	n/N (missing)	Count (%)
Ofsted overall effectiveness:[1]					
Outstanding	17%	54/267 (15)	54 (20%)	100/453 (22)	100 (22%)
Good	73%	182/257 (15)	182 (68%)	297/453 (22)	297 (66%)
Requires improvement	10%	26/257 (15)	26 (10%)	45/453 (22)	45 (10%)
Special measures	0%	3/257 (15)	3 (1%)	6/453 (22)	6 (1%)
Serious Weaknesses	0%	2/257 (15)	2 (1%)	5/453 (22)	5 (1%)
School type:					
Academy converter	30%	46/267 (15)	46 (17%)	78/455 (20)	78 (17%)
Academy sponsor led	12%	32/267 (15)	32 (12%)	36/455 (20)	36 (8%)
Community school	29%	112/267 (15)	112 (42%)	207/455 (20)	207 (45%)
Foundation school	3%	7/267 (15)	7 (3%)	7/455 (20)	7 (2%)
Free schools	2%	7/267 (15)	7 (3%)	9/455 (20)	9 (2%)
Voluntary aided school	13%	52/267 (15)	52 (19%)	86/455 (20)	86 (19%)
Voluntary controlled school	8%	9/267 (15)	9 (3%)	29/455 (20)	29 (6%)
Urban/rural location:[2]					
Rural town and fringe	26%	31/267 (15)	31 (12%)	82/455 (20)	82 (18%)
Urban city and town	41%	104/267 (15)	104 (39%)	178/455 (20)	178 (39%)
Urban major conurbation	33%	132/267 (15)	132 (49%)	195/455 (20)	195 (43%)

Notes and sources:
1. Ofsted inspection ratings as at 31 August 2021; based on most recent inspection.
2. Based on 2022 School Census (January 2022). National averages are those for state-funded primary schools in England.

Table A3.2 Baseline characteristics of groups as randomised and analysed: continuous variables

School-level (continuous)	National -level mean	Intervention group		Control group	
		n/N (missing)	Mean (SD)	n/N (missing)	Mean (SD)
Pupil composition:[1]					
% of pupils ever eligible for FSM in past 6 years	22.9	267/272 (15)	23.3 (15.0)	455/475 (20)	19.3 (13.1)
Number of pupils on roll	402.7	282/282 (0)	443.5 (383.1)	475/475 (0)	366.8 (295.7)
% pupils where English is not first language	16.1	282/282 (0)	19.3 (20.3)	475/475 (0)	18.4 (19.3)
% eligible pupils with SEN support	12.7	282/282 (0)	13.3 (6.4)	475/475 (0)	12.8 (6.4)
KS2 performance 2019: % reaching expected standard	63.4	187/187 (0)	67.9 (15.3)	350/350 (0)	67.7 (14.8)
KS2 performance 2019: % reaching higher standard	10.1	187/187 (0)	11.8 (8.1)	350/350 (0)	12.2 (8.6)
KS4 performance 2019: % of pupils achieving grade 5+ in English and Maths	34.7	64/64 (0)	41.9 (21.9)	58/61 (3)	44.2 (12.1)
KS4 performance 2019: Average attainment 8 score per pupil	40.1	64/64 (0)	46.8 (10.9)	58/61 (3)	44.2 (12.1)
Prior social care outcomes (2020/21):[2]					
Number of CSA contacts	-	269	0.613 (2.011)	453	0.305 (1.420)
Number of CSA contacts (as proportion of pupils in school)	-	269	0.001 (0.003)	453	0.001 (0.002)
CSA contacts leading to NFA (as proportion of pupils in school)	-	263	0.0004 (0.0019)	449	0.0002 (0.0010)
Contacts (as proportion of pupils in school)	-	269	0.030 (0.049)	453	0.018 (0.040)
Contacts leading to NFA (as proportion of pupils in school)	-	269	0.005 (0.013)	453	0.003 (0.009)
Referrals (as proportion of pupils in school)	-	269	0.010 (0.018)	453	0.007 (0.014)

Table A3.2 Baseline characteristics of groups as randomised and analysed: continuous variables (continued)

School-level (continuous)	National -level mean	Intervention group		Control group	
		n/N (missing)	Mean (SD)	n/N (missing)	Mean (SD)
Prior social care outcomes (2020/21): (continued)					
CSA referrals (as proportion of pupils in school)	-	263	0.0003 (0.001)	449	0.0002 (0.001)
Referrals leading to NFA (as proportion of pupils in school)	-	235	0.002 (0.004)	420	0.001 (0.004)
CSA referrals leading to NFA (as proportion of pupils in school)	-	229	0.000 (0.001)	416	0.000 (0.000)
Wellbeing measures (baseline):		**Intervention group**		**Control group**	
		n	**Mean** (95% CI)	**n**	**Mean** (95% CI)
Anxiety-contentment scale	-	149	0.85 (0.48, 1.23)	47	0.83 (0.23, 1.43)
Depression-enthusiasm scale	-	149	3.77 (3.39, 4.14)	47	3.30 (2.57, 4.03)

Notes and sources:
1. As reported in DfE school performance tables, 2019. National averages are those for state-funded primary schools in England.
2. Based on data provided by participating LAs.

Table A3.3 Missingness of primary outcome data, by LA

	Control group	Treatment group	Total
LA1	1	2	3
LA2	2	1	3
LA3	2	0	2
LA4	0	0	0
LA5	0	0	0
LA6	10	4	14
LA7	2	0	2
LA8	0	0	0
LA9	5	6	11

Appendix 4: Distribution of baseline measures

Figure A4.1: CSA contacts, as a proportion of pupils, by trial arm, 2020/21

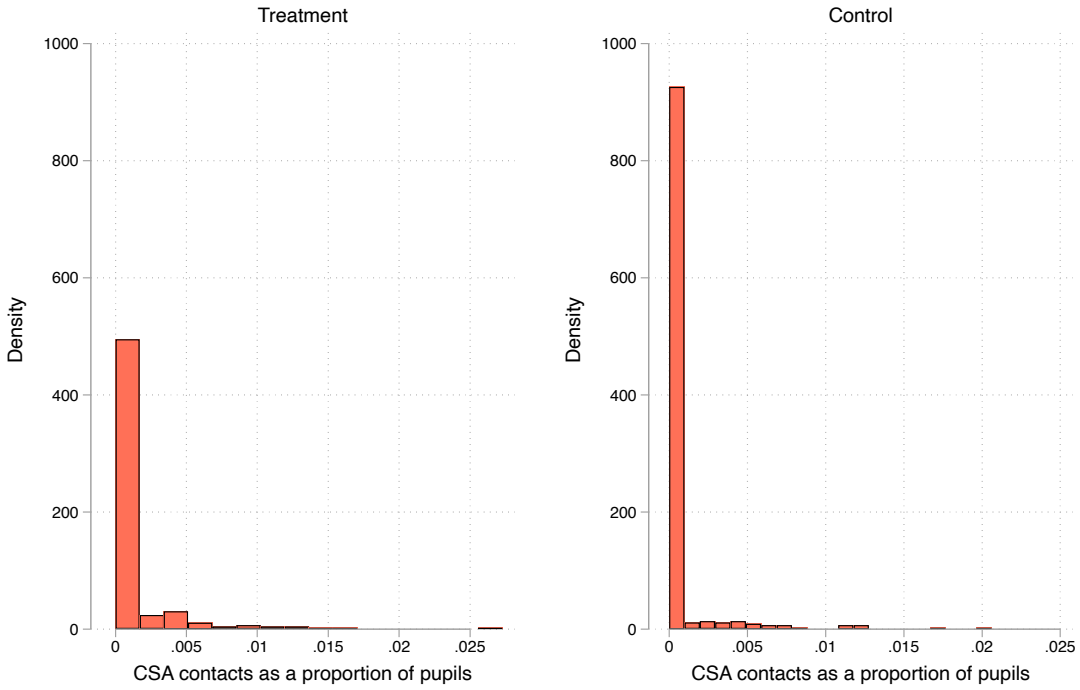


Figure A4.2: CSA contacts leading to NFA, as a proportion of pupils, by trial arm, 2020/21

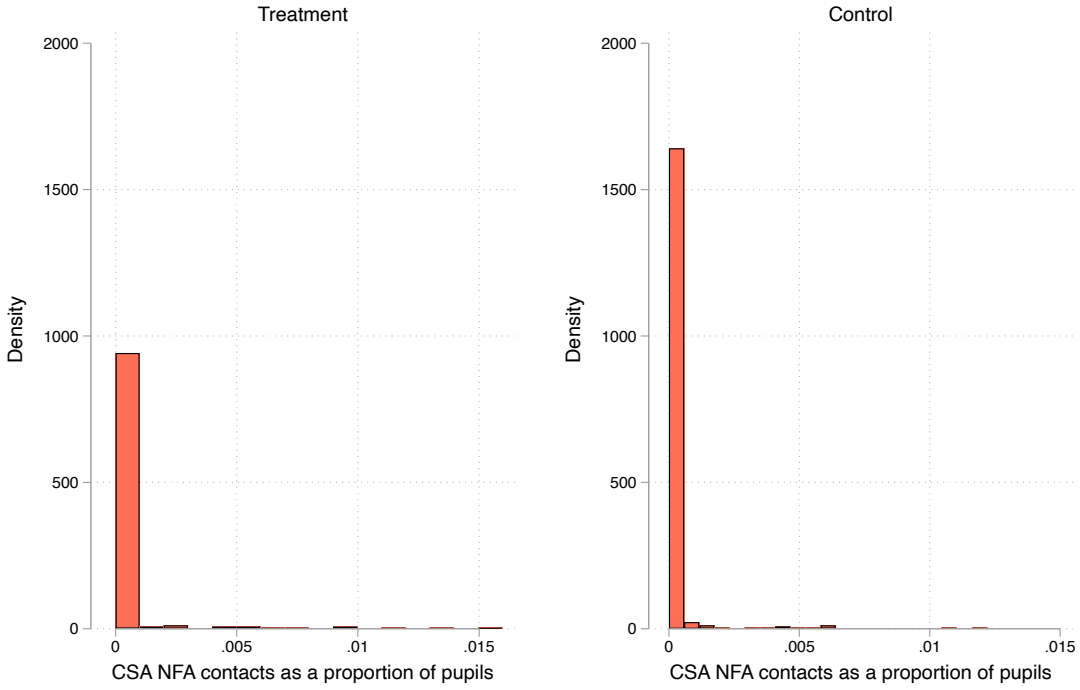


Figure A4.3: Contacts, as a proportion of pupils, by trial arm, 2020/21

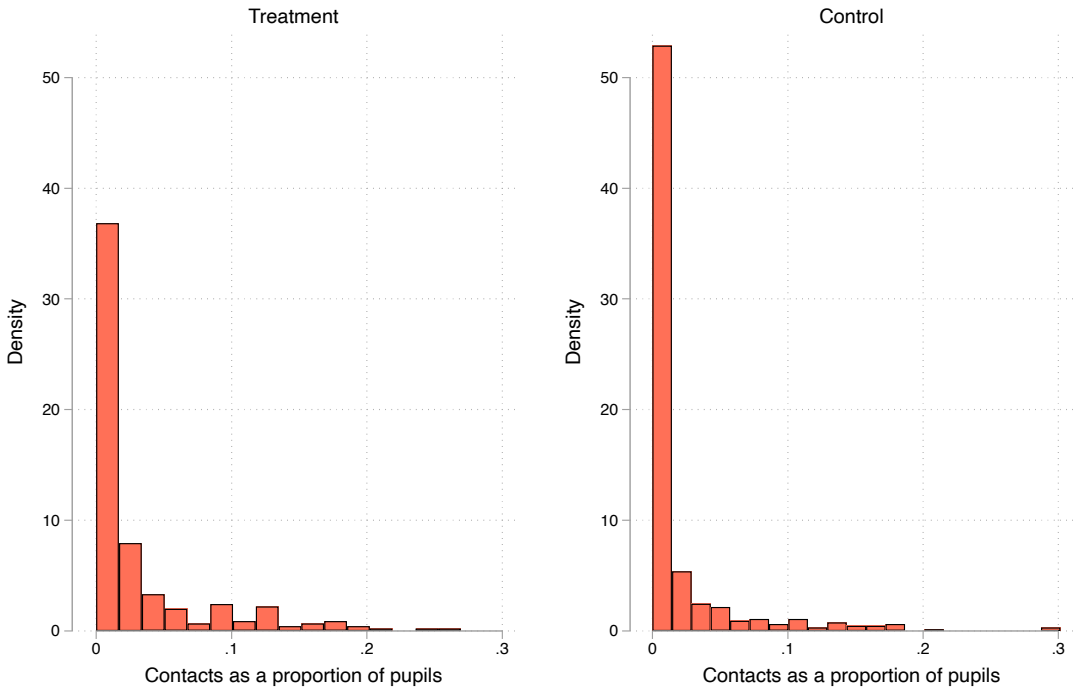


Figure A4.4: Contacts leading to NFA, as a proportion of pupils, by trial arm, 2020/21

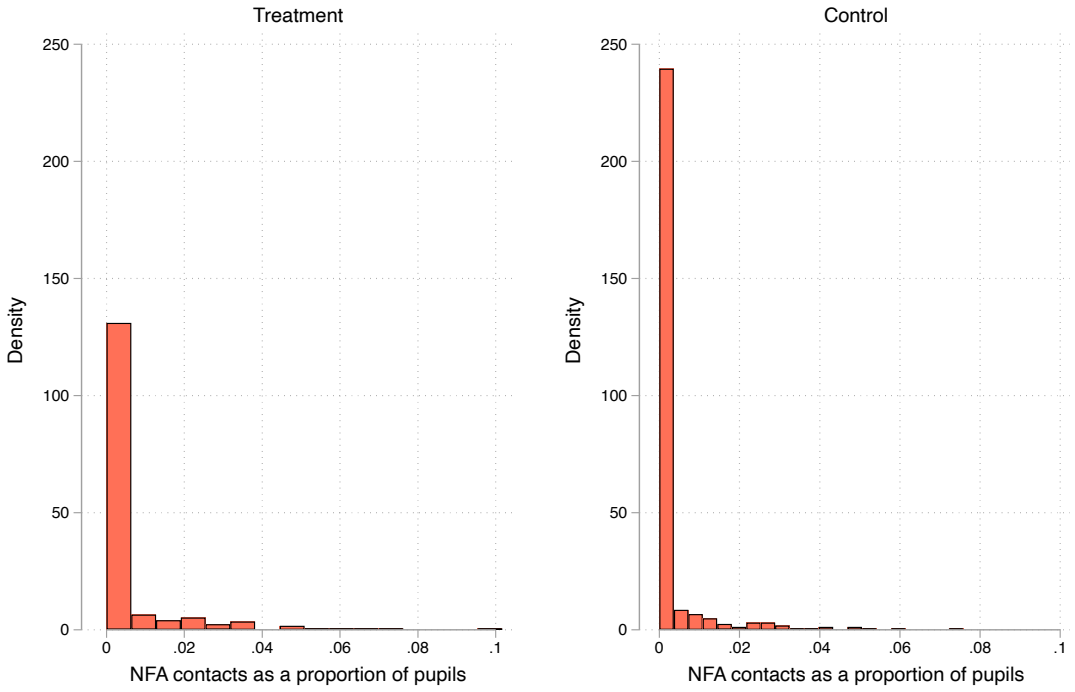


Figure A4.5: Referrals, as a proportion of pupils, by trial arm, 2020/21

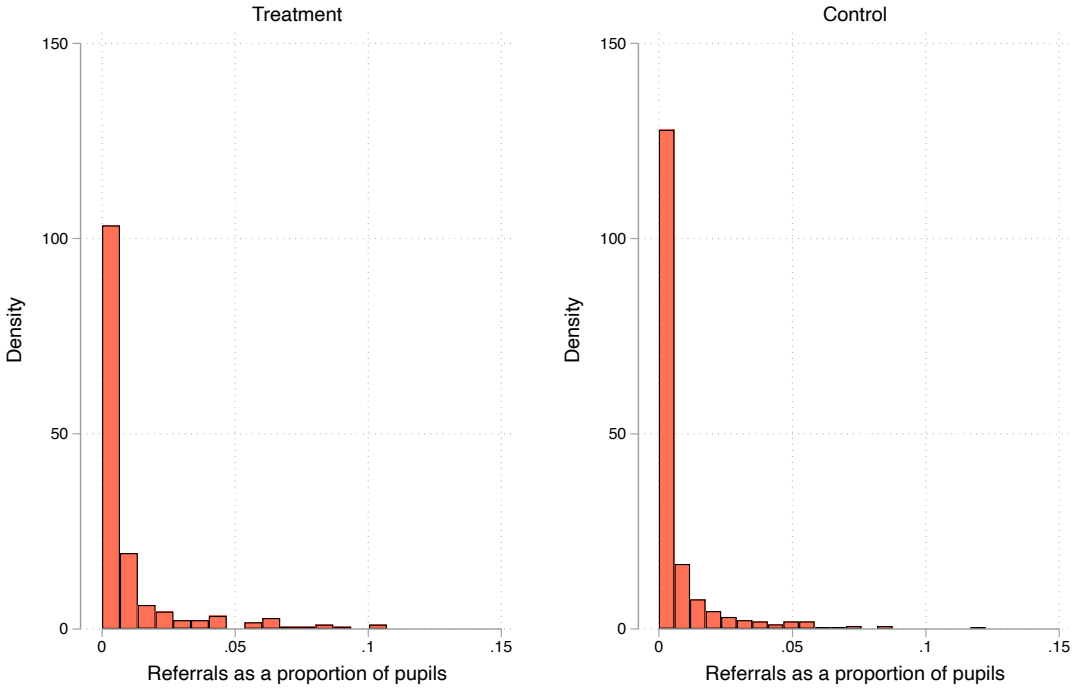


Figure A4.6: CSA referrals, as a proportion of pupils, by trial arm, 2020/21

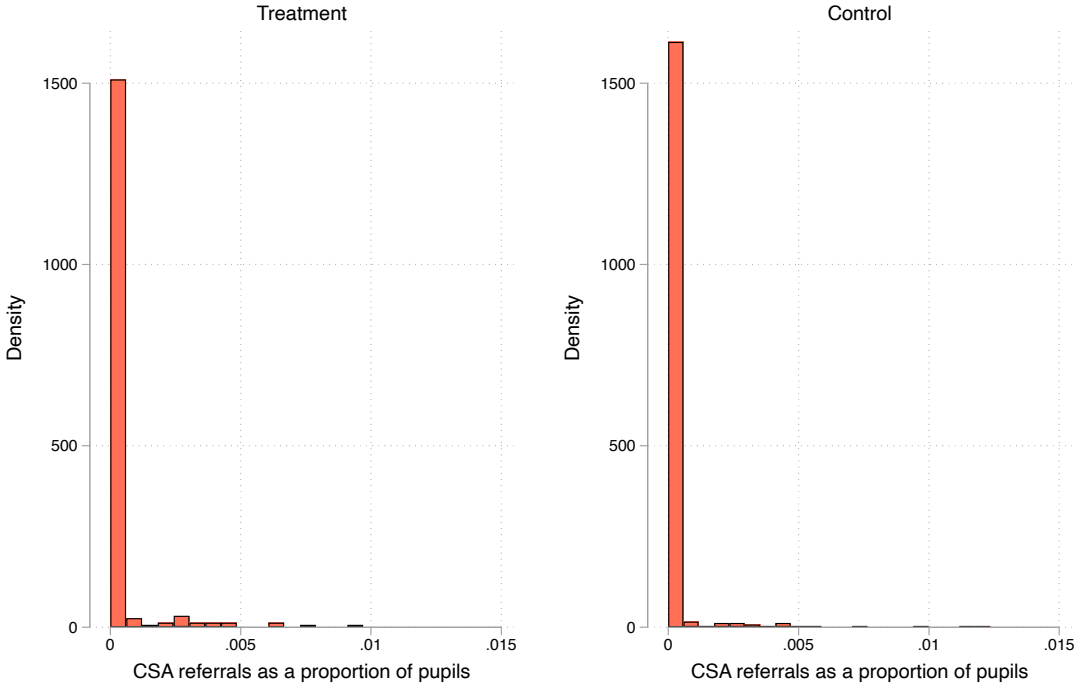


Figure A4.7: Referrals resulting in NFA, as a proportion of pupils, by trial arm, 2020/21

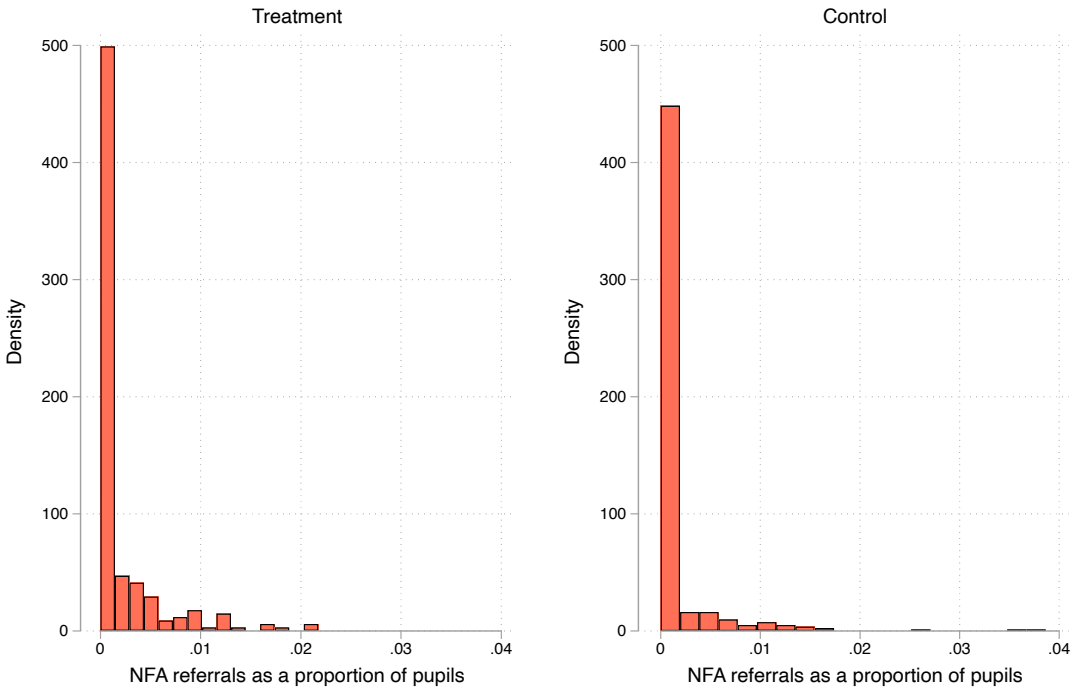


Figure A4.8: CSA referrals resulting in NFA, as a proportion of pupils, by trial arm, 2020/21

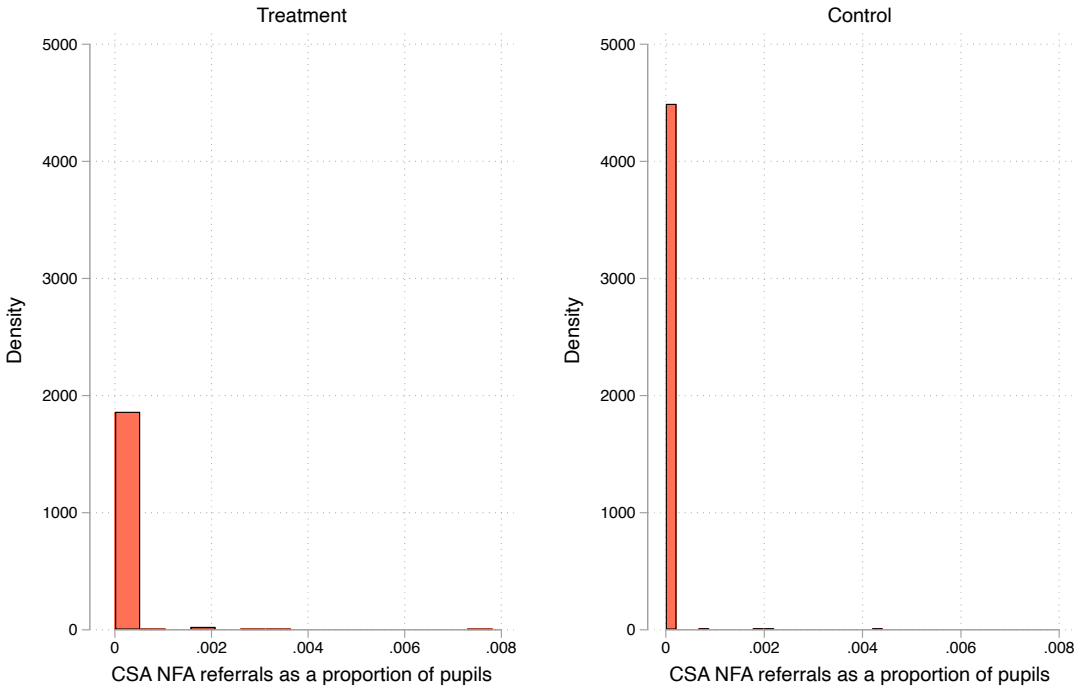


Figure A4.9: Anxiety-contentment scale at baseline

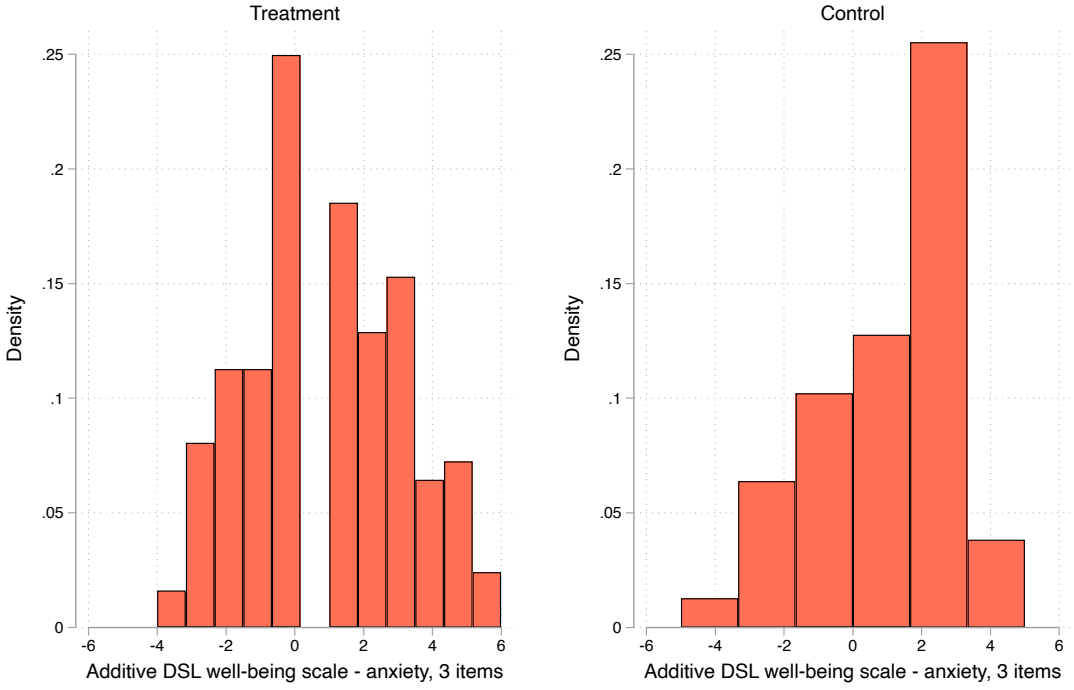
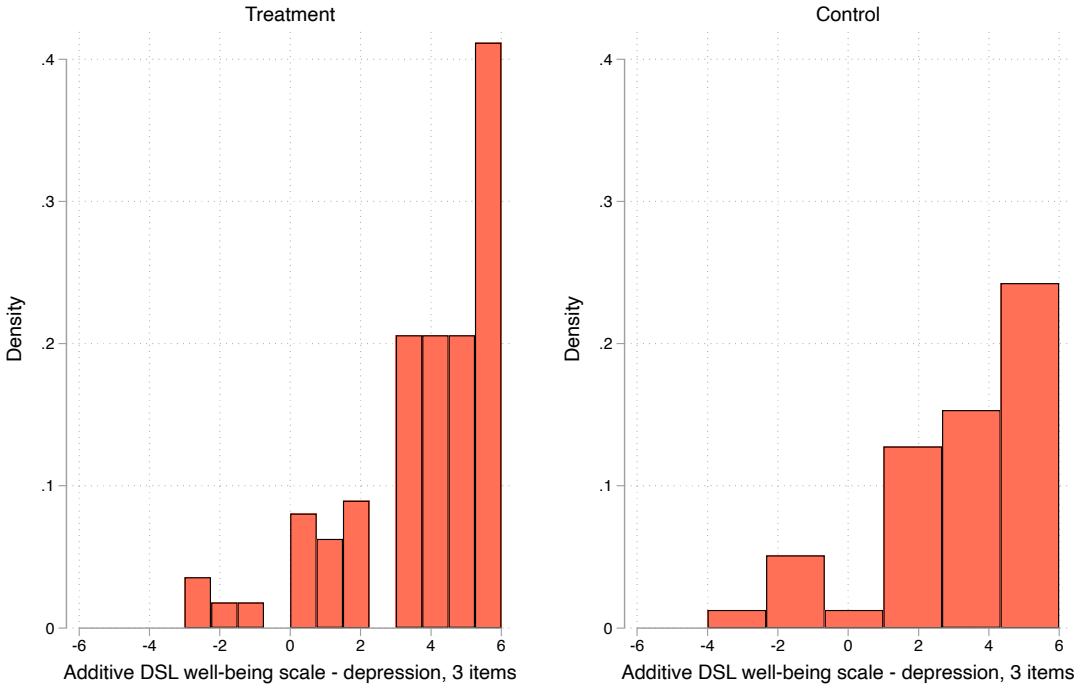


Figure A4.10: Depression-enthusiasm scale at baseline



Appendix 5: Secondary outcomes, distributions by trial arm

Figure A5.1: CSA contacts leading to NFA, as a proportion of pupils, by trial arm, 2021/22

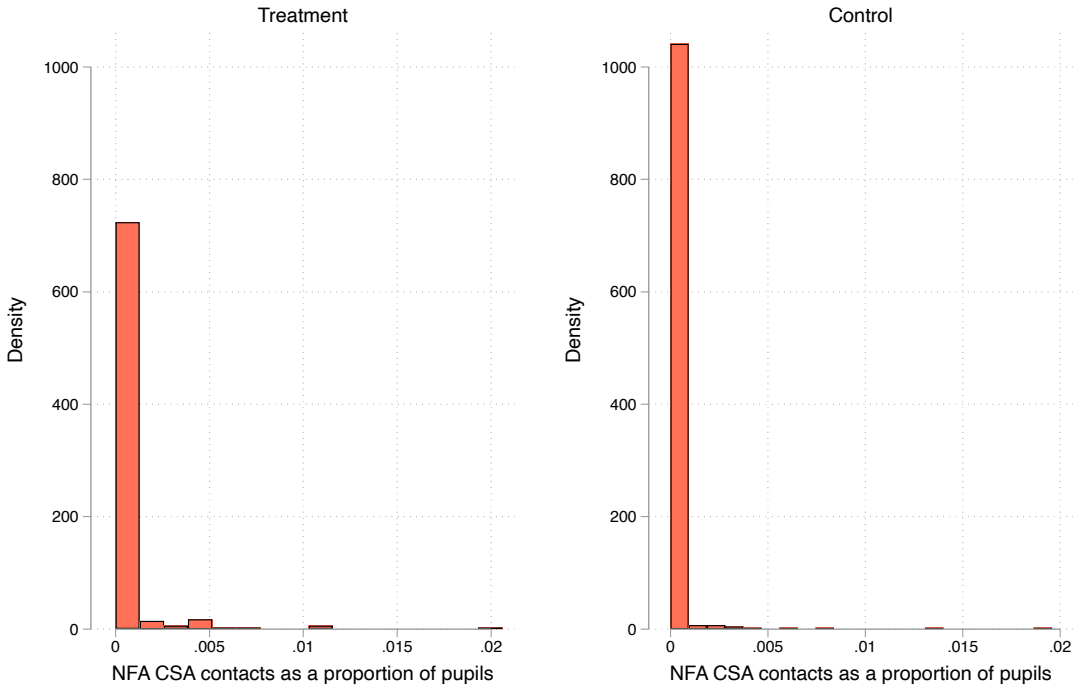


Figure A5.2: Contacts, as a proportion of pupils, by trial arm, 2021/22

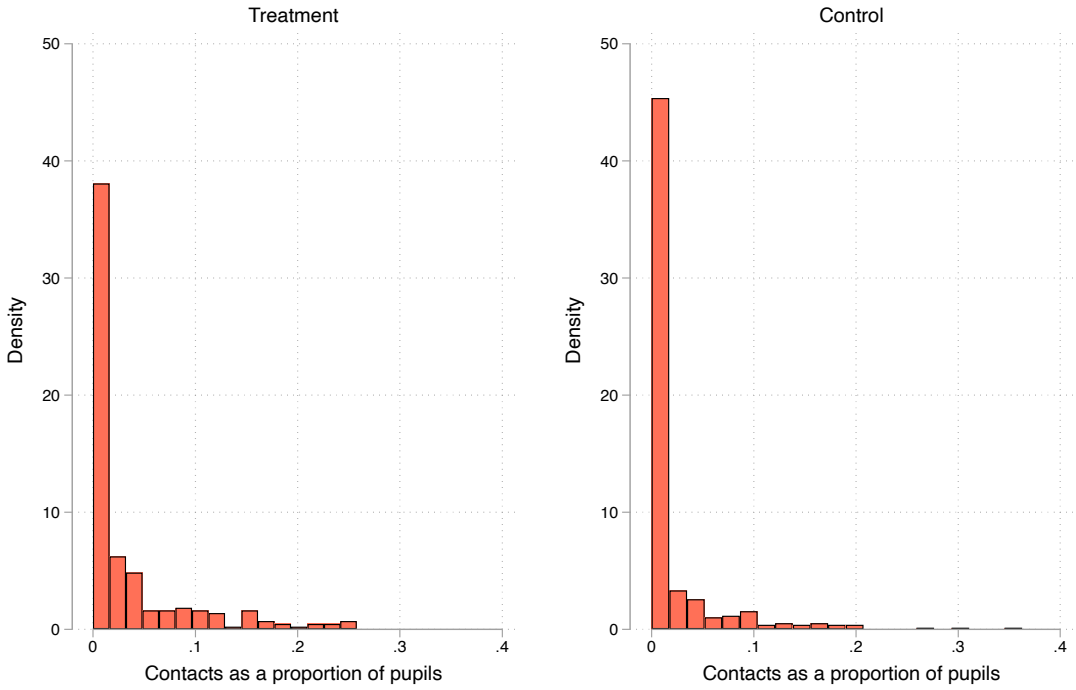


Figure A5.3: Contacts leading to NFA, as a proportion of pupils, by trial arm, 2021/22

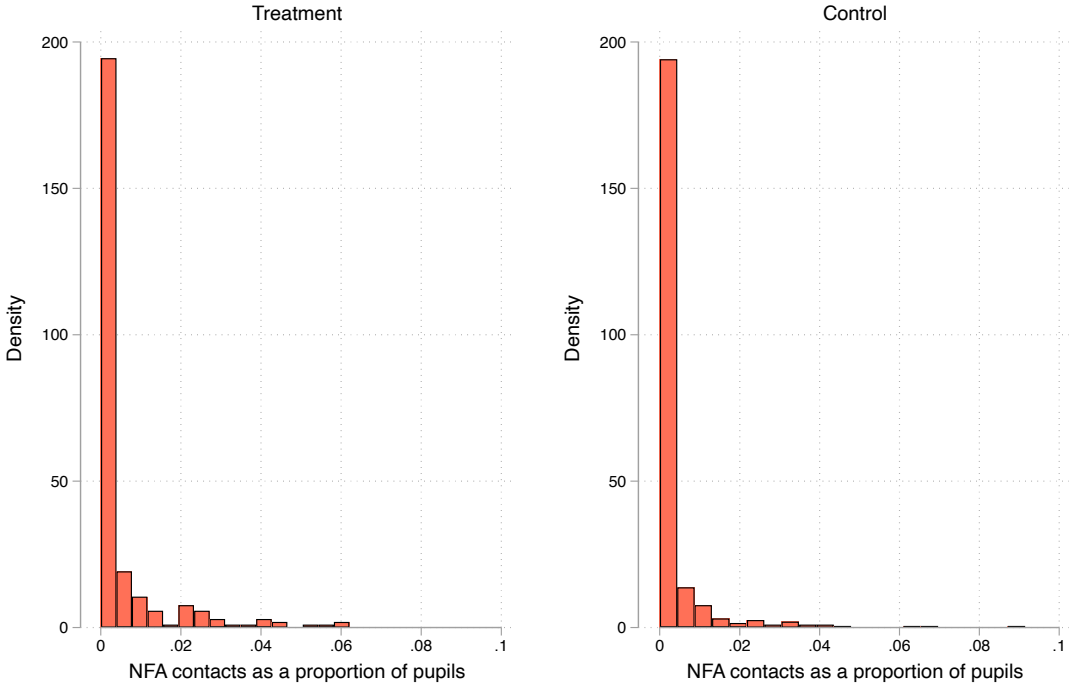


Figure A5.4: Referrals, as a proportion of pupils, by trial arm, 2021/22

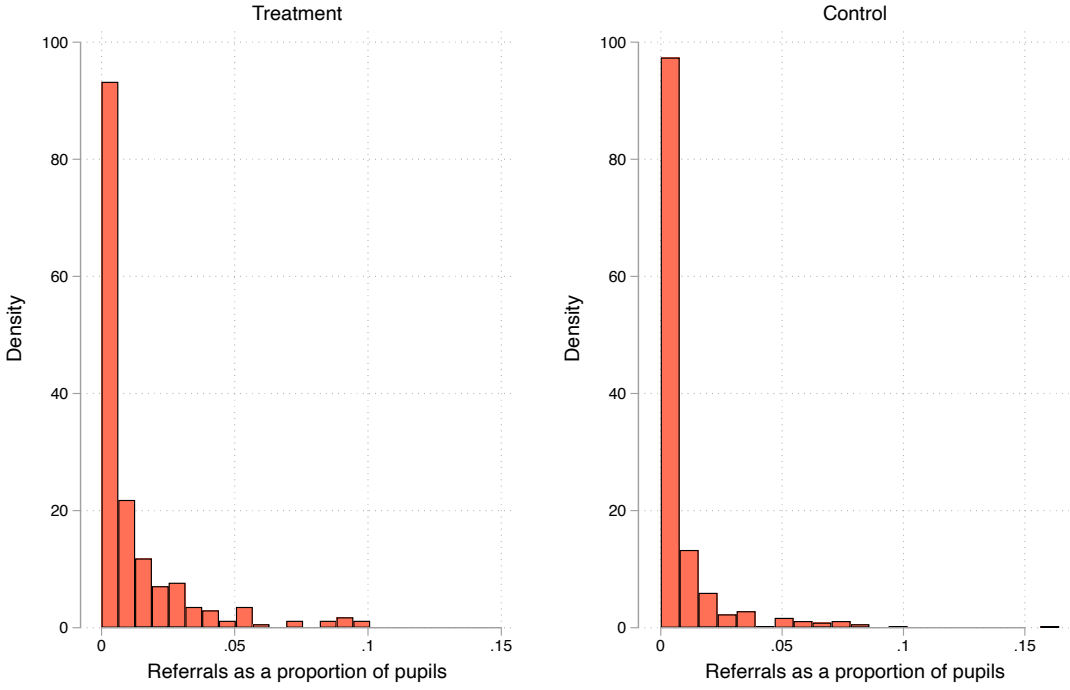


Figure A5.5: CSA referrals, as a proportion of pupils, by trial arm, 2021/22

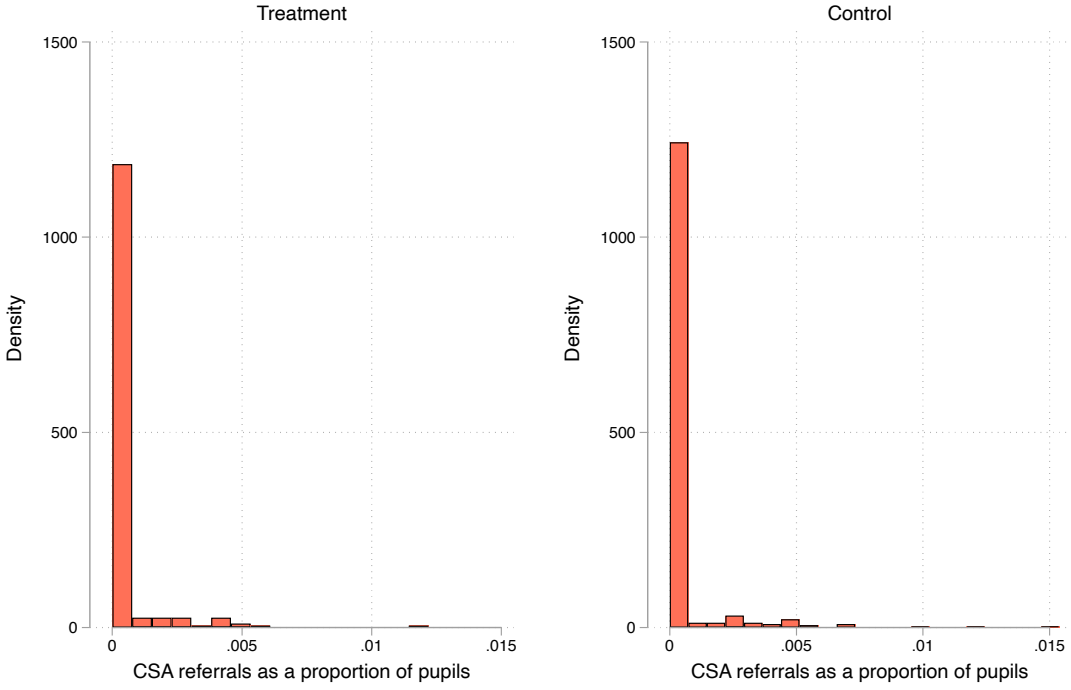


Figure A5.6: Referrals resulting in NFA, as a proportion of pupils, by trial arm, 2021/22

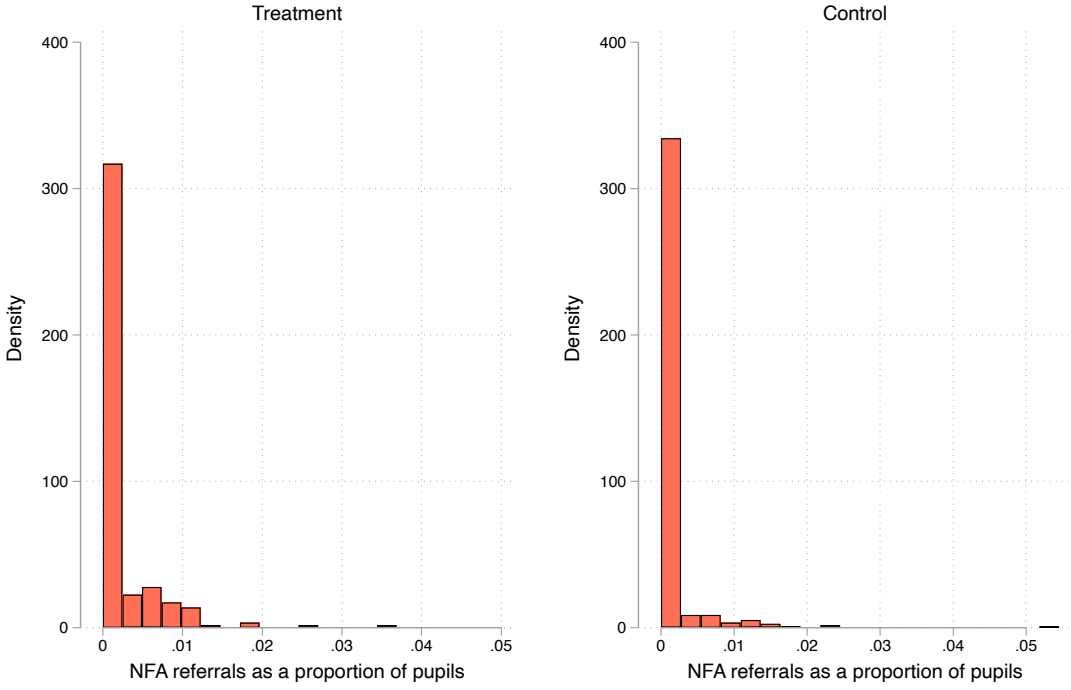


Figure A5.7: CSA referrals resulting in NFA, as a proportion of pupils, by trial arm, 2021/22

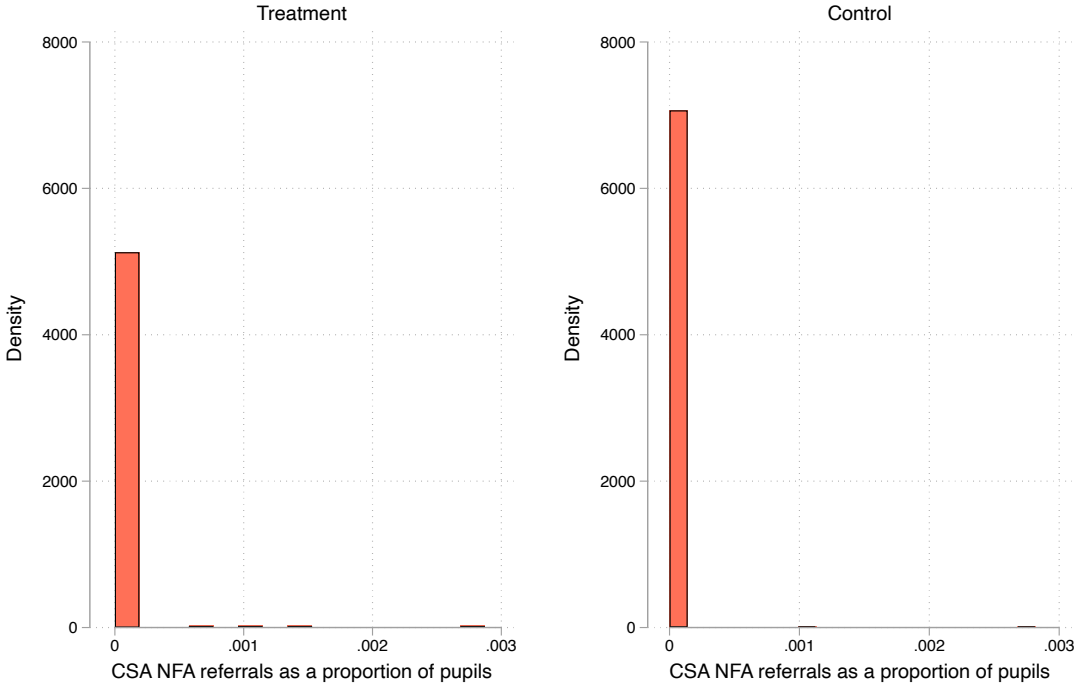


Figure A5.8: Anxiety-contentment scale at endline

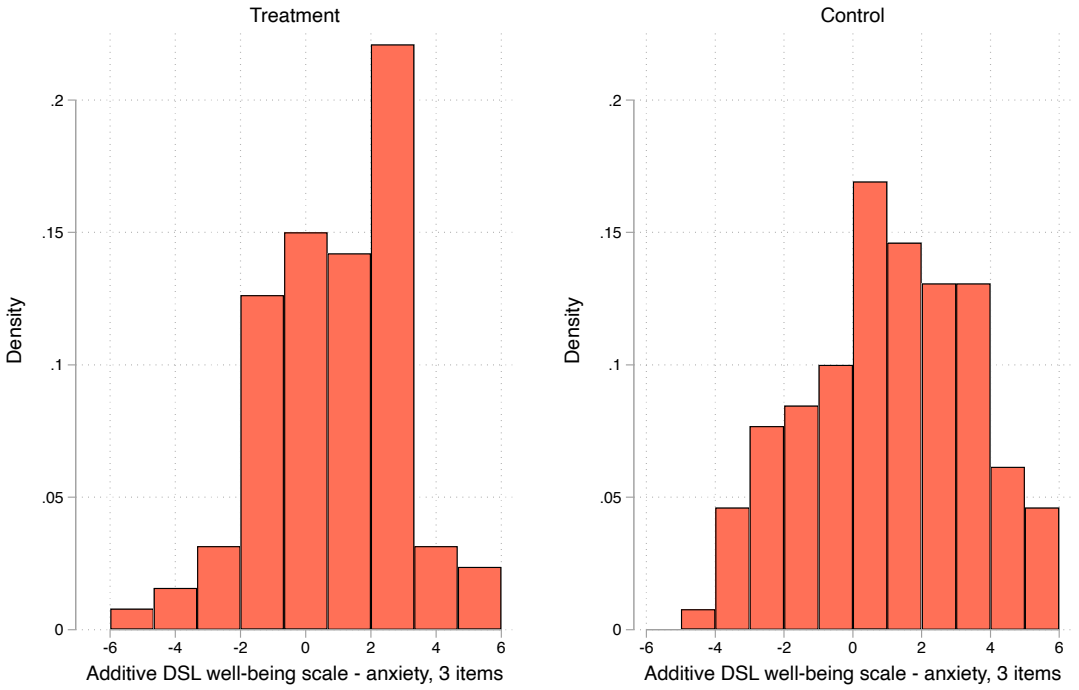
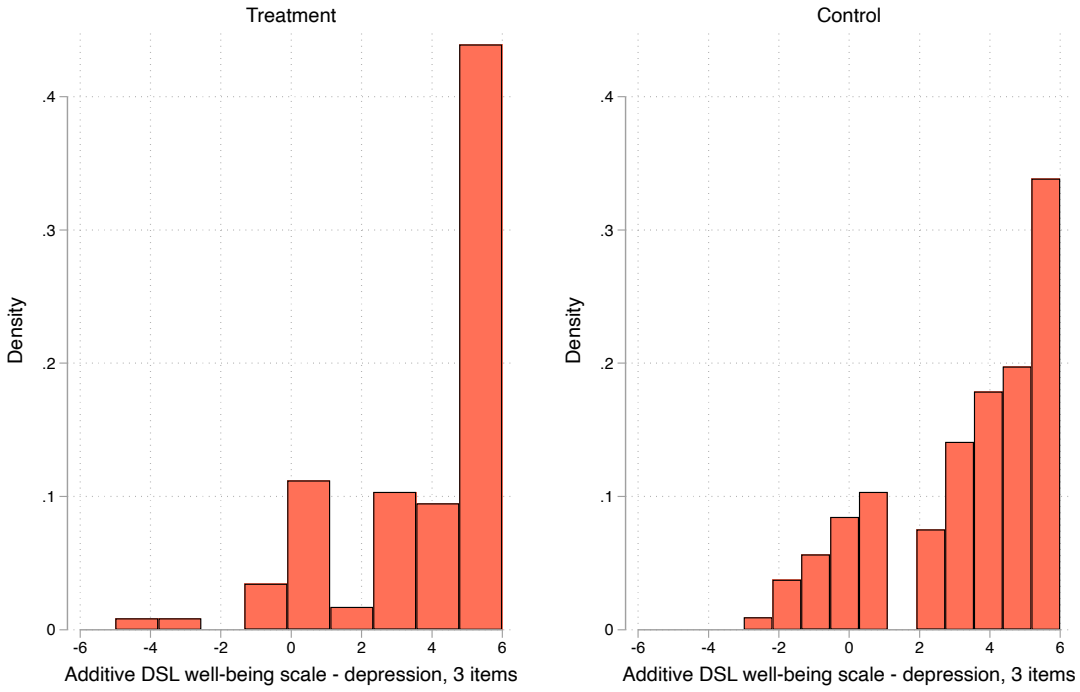


Figure A5.9: Depression-enthusiasm scale at endline



Appendix 6: Regression results, primary outcome

Table A6.1: Regression results, primary analysis, OLS: CSA contacts

Variables	Regression coefficient (robust standard error)
Treated	-.0000804
	(0.000183)
CSA contacts, 2020/21	0.0552
	(0.0776)
block = 2	0.00122
	(0.00107)
block = 3	-0.000932
	(0.000878)
block = 4	0.00701***
	(0.00248)
block = 5	0.00230
	(0.00178)
block = 6	0.00417***
	(0.00110)
block = 7	-0.00103
	(0.000848)
block = 8	-0.000570
	(0.000924)
block = 9	-0.00120
	(0.000842)
block = 10	0.00286
	(0.00196)
block = 11	-0.00165**
	(0.000822)
block = 12	-0.00147*
	(0.000832)

block = 13	-0.00136
	(0.000868)
block = 14	-0.00151*
	(0.000834)
block = 15	-0.00154*
	(0.000814)
block = 16	-0.00127
	(0.000816)
block = 17	-0.00112
	(0.000887)
block = 18	-0.00144*
	(0.000846)
block = 21	-0.00110
	(0.000881)
block = 22	-0.000817
	(0.000867)
Constant	0.00169**
	(0.000800)
Observations	722
R-squared	0.288

Robust standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1'

Table A6.2: Regression results, primary analysis, Poisson: CSA contacts

Variables	Regression coefficient (robust standard error)
Treated	-0.0936
	(0.201)
CSA contacts, 2020/21	15.94
	(21.26)
block = 2	0.546
	(0.522)
block = 3	-0.810
	(0.642)
block = 4	1.585***
	(0.537)
block = 5	0.855
	(0.598)
block = 6	1.193**
	(0.500)
block = 7	-0.966*
	(0.581)
block = 8	-0.366
	(0.589)
block = 9	-1.184*
	(0.638)
block = 10	0.974
	(0.611)
block = 11	-16.89***
	(0.505)
block = 12	-2.277***
	(0.855)
block = 13	-1.784*
	(1.024)

block = 14	-2.479**
	(1.037)
block = 15	-2.601***
	(0.802)
block = 16	-1.457***
	(0.522)
block = 17	-1.161
	(0.770)
block = 18	-2.101**
	(1.055)
block = 21	-1.016
	(0.719)
block = 22	-0.623
	(0.575)
Constant	-6.348***
	(0.452)
Observations	722

Robust standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1

Table A6.3: Regression results, secondary analysis, Poisson: CSA contacts resulting in NFA

Variables	Regression coefficient (robust standard error)
Treated	0.302
	(0.409)
CSA NFA contacts, 2020/21	28.41
	(51.07)
block = 2	0.125
	(0.588)
block = 3	-0.856
	(0.719)
block = 4	1.670***
	(0.538)
block = 7	-32.33***
	(0.460)
block = 8	-32.32***
	(0.456)
block = 9	-31.51***
	(0.477)
block = 10	0.230
	(0.791)
block = 11	-32.32***
	(0.463)
block = 12	-2.880***
	(1.072)
block = 13	-32.36***
	(0.632)
block = 14	-2.090**
	(0.986)
block = 15	-32.25***
	(0.419)

block = 16	-32.25***
	(0.419)
block = 17	-32.38***
	(0.612)
block = 18	-32.32***
	(0.559)
block = 21	-0.738
	(0.740)
block = 22	-0.913
	(0.645)
Constant	-6.944***
	(0.428)
Observations	712

Robust standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1

Table A6.4: Regression results, secondary analysis, Poisson: Contacts (any reason) resulting in NFA

Variables	Regression coefficient (robust standard error)
Treated	-0.0920
	(0.117)
NFA contacts, 2020/21	23.00***
	(2.352)
block = 2	0.835***
	(0.195)
block = 3	0.282
	(0.348)
block = 4	1.105***
	(0.202)
block = 5	1.112***
	(0.189)
block = 6	1.285***
	(0.139)
block = 7	-17.77***
	(0.233)
block = 8	-17.78***
	(0.231)
block = 9	-0.638*
	(0.337)
block = 10	0.410
	(0.305)
block = 11	-0.785**
	(0.374)
block = 12	0.325
	(0.248)
block = 13	-1.087*
	(0.653)

block = 14	0.305
	(0.265)
block = 15	-3.480***
	(0.483)
block = 16	-3.693***
	(0.427)
block = 17	-0.753***
	(0.286)
block = 18	-0.647**
	(0.277)
block = 21	-0.469
	(0.378)
block = 22	0.940***
	(0.257)
Constant	-5.261***
	(0.180)
Observations	722

Robust standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1

Table A6.5: Regression results, secondary analysis, Poisson: Contacts (any reason)

Variables	Regression coefficient (robust standard error)
Treated	0.0158
	(0.0542)
Contacts, 2020/21	5.941***
	(0.684)
block = 2	0.795**
	(0.332)
block = 3	-0.291
	(0.468)
block = 4	0.867**
	(0.350)
block = 5	1.146***
	(0.350)
block = 6	1.540***
	(0.321)
block = 7	1.525***
	(0.319)
block = 8	1.758***
	(0.343)
block = 9	0.419
	(0.370)
block = 10	1.205***
	(0.358)
block = 11	-0.550
	(0.382)
block = 12	0.846***
	(0.320)
block = 13	-0.888
	(0.597)

block = 14	0.681**
	(0.329)
block = 15	-1.434***
	(0.324)
block = 16	-0.703**
	(0.310)
block = 17	0.0110
	(0.315)
block = 18	0.626**
	(0.306)
block = 21	-0.340
	(0.469)
block = 22	0.651*
	(0.350)
Constant	-4.495***
	(0.293)
Observations	722

Robust standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1

Table A6.6: Regression results, secondary analysis, Poisson: CSA referrals

Variables	Regression coefficient (robust standard error)
Treated	-0.353
	(0.273)
CSA referrals, 2020/21	51.74
	(56.48)
block = 2	1.092
	(0.905)
block = 3	-0.717
	(1.005)
block = 4	1.228
	(0.917)
block = 7	-0.258
	(0.948)
block = 8	-0.223
	(0.956)
block = 9	-1.663
	(1.109)
block = 10	-0.350
	(0.963)
block = 11	-12.99***
	(0.875)
block = 12	-1.601
	(1.305)
block = 13	-0.618
	(1.273)
block = 14	-12.99***
	(0.953)
block = 15	-1.522
	(1.055)

block = 16	-0.377
	(0.865)
block = 17	0.0229
	(1.037)
block = 18	-0.962
	(1.288)
block = 21	-2.048
	(1.270)
block = 22	-0.220
	(1.054)
Constant	-7.372***
	(0.812)
Observations	712

Robust standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1

Table A6.7: Regression results, secondary analysis, Poisson: Referrals (any reason)

Variables	Regression coefficient (robust standard error)
Treated	-0.0301
	(0.0712)
Referrals, 2020/21	13.19***
	(2.093)
block = 2	0.285
	(0.505)
block = 3	-1.487**
	(0.738)
block = 4	0.230
	(0.550)
block = 5	-0.251
	(0.537)
block = 6	0.565
	(0.488)
block = 7	1.447***
	(0.476)
block = 8	1.822***
	(0.480)
block = 9	0.163
	(0.516)
block = 10	1.052**
	(0.473)
block = 11	-0.404
	(0.534)
block = 12	1.273***
	(0.483)
block = 13	-0.548
	(0.752)

block = 14	1.035**
	(0.491)
block = 15	-1.237**
	(0.508)
block = 16	-0.401
	(0.475)
block = 17	0.490
	(0.479)
block = 18	1.106**
	(0.466)
block = 21	-0.0155
	(0.594)
block = 22	0.561
	(0.499)
Constant	-5.399***
	(0.458)
Observations	722

Robust standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1

Table A6.8a: Contacts potentially relating to CSA, first stage regression results (dependent variable=any sessions)

	Regression coefficient (robust standard error in parentheses)	**P-value**
Treatment	0.725** (0.030)	0.000
CSA contacts, 20/21	-6.366 (5.536)	0.251
N	642	

Note: The model also includes dummies for randomisation strata but these are not shown here for ease of reporting. Statistical significance is indicated as *significant at 0.05, **significant at 0.01

Results of F-test: F (17, 624)=82.12. Prob>F=0.000.

Table A6.8b: Contacts potentially relating to CSA, compliance analysis, IV (2SLS) results

	Regression coefficient (robust standard error in parentheses)	**P-value**
Any sessions	-0.000 (0.000)	0.650
CSA contacts, 20/21	0.054 (0.077)	0.477
N	642	

Note: The model also includes dummies for randomisation strata but these are not shown here for ease of reporting. Statistical significance is indicated as *significant at 0.05, **significant at 0.01

Appendix 7: Topic guides for IPE

Interviews with DSLs in primary schools

Thank you so much for participating in this interview.

My name is [X] and I am a researcher at the National Institute of Economic and Social Research. Colleagues at NIESR and I are evaluating the programme providing supervision for DSLs in primary schools, on behalf of What Works for Children's Social Care who are funding the programme. As part of the independent evaluation, we are interviewing some of the DSLs like yourself. The aim of the interview is to explore your experiences of the programme so far. The interview will last around 45 minutes.

Everything we discuss will be confidential to the evaluation team at NIESR, and all the findings will be reported anonymously, and it will be analysed and presented so that neither you nor your school will be identifiable in any reports or publications resulting from the research.

To ensure that the research is as informative as possible, we would encourage you to be open and honest on how delivery has progressed, and the successes and difficulties encountered so far.

With your permission, the interview will be recorded and transcribed, and kept at secure servers only accessible to the research team. Your participation is voluntary, so you are free to withdraw at any stage without giving a reason.

Please can you confirm you are happy for this interview to be recorded, and that you are willing to take part in this research? [obtain consent]. Do you have any questions before we start?

About you

1. How long have you been a DSL? How did you become a DSL?
2. Do you have any other responsibilities and roles in addition to being a DSL?
3. How many DSLs are there in the school?
4. How is the role of DSL/safeguarding distributed?
5. What made your senior leadership team, or yourself decide to accept supervision?

Some quick practical questions about implementation

6. When did you start supervision?
7. How many in your school are receiving the supervision? How were those people selected?
8. [if one-to-one sessions]: Regarding the one-to-one sessions, how many sessions have you had so far?
    a. [probe around what the role usually involves]

9. How long have the sessions been?
10. Have the sessions been face-to-face or online?
    a. [if mixed explore differences]
11. Have there been any operational/logistical barriers?
12. Before the one-to-one sessions do you need to prepare?
    a. [explore admin/time implications if any]

Prior to supervision

13. Prior to the project, how did you experience the DSL role?
    a. [probe around what the role usually involves]
14. How did you find the role? Did you enjoy, or did you not enjoy, the role of DSL? Why/why not?
15. Prior to this project, had you received other support to help think about your role as DSL?
    a. Who provided this support? How helpful was it?
    b. Had you received any specific support in terms of identifying and responding to potential Child Sexual Abuse (CSA)?
16. Prior to the project, how would you describe your "need" for a programme like this? To what extent did you need additional support?
    a. Did you feel you needed specific support in terms of identifying and responding to potential Child Sexual Abuse?

CSA training

17. Did you attend a one-day CSA training day?
18. How did you find it? Was it useful/not useful? Why/why not?

Supervision sessions

19. How would you describe the supervision sessions?
    a. What is the focus and structure of the supervision sessions?
    b. To what extent has Child Sexual Abuse (CSA) been a focus of the supervision sessions?

20. How do you find the supervision sessions? Are there any parts that you particularly enjoyed? Why? What aspects of the sessions have been particularly useful/not useful?

    a. What additional support would you like to receive (from school and/or Social Worker) [i.e. if you had unlimited funds for training/anything to help you with your role as DSL]

21. How do you find the approach of the supervisor? [i.e. friendly, helpful, etc.]

22. How would you describe your relationship with the supervisor? [i.e. honest, vulnerable, professional, etc.] And has this evolved since your first sessions?

23. How do you feel your experiences of the supervision have changed (if at all) since they first began?

    a. [probe around, for example: sessions becoming more tailored to DSL/school needs or particular topics; increase/decrease in frequency or length; increase/decrease in usefulness]

24. Do you feel it has been a good or bad use of your time? Do you feel the 1–2hrs is a good use of your time every term, in your busy schedule?

Broader support

25. In addition to the one-to-one sessions, how useful do you find any other support that is given to you or your school by the supervisor?

    a. [probe: what form is this taking and to what extent is this critical to the programme? How important is this support compared to the one-to-one sessions?]

    b. Do you communicate between sessions with the supervisor? What about? How useful is this to you?

26. Did you receive or use any materials as part of the project? To what extent was this useful, or not?

Outcomes and impact

27. To what extent have you changed, or do you plan to change, your practices as a DSL as a result of [X]'s guidance and support?

    a. In what ways? Why/why not? [probe for examples]

28. Do you think that the programme is already having an impact on your performance as a DSL? In what way? Explore for:

    a. Deciding when to contact children's social care? what are the thresholds?

    b. Provided higher-quality information to children's social care services at point of contact and referral?

c. Since starting the project, do you think you have made different decisions, for instance decided against contacting or decided to contact children's social care services?

29. Is the programme improving your knowledge and understanding of children's social care processes and issues?

30. To what extent have other DSLs or staff in your school benefited from the programme? In what way?

    a. To what extent has the information been cascaded to other staff members? To what extent have other staff members been involved in supervision sessions?

31. Overall, do you feel more confident in the DSL role? How has the project affected your mental wellbeing? [probe: stress, anxiety, burnout, turnover]

32. What are the barriers and facilitators, in terms of using the supervision, to change and improve how you perform as a DSL? [probe to what extent you feel the senior leadership of the school supports the programme, and supports making changes as a result]

COVID-19

I want to ask a couple of questions about your experience as a DSL of COVID-19 and school disruptions.

33. To what extent and how has COVID-19 and school disruptions changed the number and types of cases and concerns in terms of safeguarding, child protection, mental health, etc.?

    a. CSA

34. How has COVID-19 and school disruptions affected how you as a DSL and you as a school approach safeguarding and child protection?

35. How have you been supported during COVID? And what could be done in the future? Both in terms of support from within school, from local authority, children's social care, or in terms of resources or government policies?

36. The supervision has happened during fairly exceptional circumstances of the pandemic and after school disruptions. Do you think the supervision has been more/less effective or more/less useful during this period, compared to if it had happened during a "normal" period?

Future

37. How do you think the programme could be improved in potential future versions of the programme?

38. Would you recommend other schools/DSLs to sign up for future versions of the programme? Why?

39. Would you want to continue receiving supervision and support by your SSW? Why/why not?

40. Anything else?

Interviews with DSLs in secondary schools

Thank you so much for participating in this interview.

My name is [X] and I am a researcher at the National Institute of Economic and Social Research. Colleagues at NIESR and I are evaluating the programme providing supervision for DSLs in primary schools, on behalf of What Works for Children's Social Care who are funding the programme. As part of the independent evaluation, we are interviewing some of the DSLs like yourself. The aim of the interview is to explore your experiences of the programme so far. The interview will last around 45 minutes.

Everything we discuss will be confidential to the evaluation team at NIESR, and all the findings will be reported anonymously, and it will be analysed and presented so that neither you nor your school will be identifiable in any reports or publications resulting from the research.

To ensure that the research is as informative as possible, we would encourage you to be open and honest on how delivery has progressed, and the successes and difficulties encountered so far.

With your permission, the interview will be recorded and transcribed, and kept at secure servers only accessible to the research team. Your participation is voluntary, so you are free to withdraw at any stage without giving a reason.

Please can you confirm you are happy for this interview to be recorded, and that you are willing to take part in this research? [obtain consent]. Do you have any questions before we start?

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1. How long have you been a DSL? How did you become a DSL?
2. Do you have any other responsibilities and roles in addition to being a DSL?
3. How many DSLs are there in the school?
4. How is the role of DSL/safeguarding distributed?
5. What made your senior leadership team, or yourself decide to accept supervision?

Some quick practical questions about implementation

6. When did you start supervision?
7. How many in your school are receiving the supervision? How were those people selected?
8. [if one-to-one sessions]: Regarding the one-to-one sessions, how many sessions have you had so far?
    a. How regular have they been?
9. How long have the sessions been?

10. Have the sessions been face-to-face or online?
    a. [if mixed explore differences]
11. Have there been any operational/logistical barriers?
12. Before the one-to-one sessions do you need to prepare?
    a. [if mixed explore differences]

Prior to supervision

13. Prior to the project, how did you experience the DSL role?
    a. [probe around what the role usually involves]
14. How did you find the role? Did you enjoy, or did you not enjoy, the role of DSL? Why/why not?
15. Prior to this project, had you received other support to help think about your role as DSL?
    a. Who provided this support? How helpful was it?
    a. Had you received any specific support in terms of identifying and responding to potential Child Sexual Abuse (CSA)?
16. Prior to the project, how would you describe your "need" for a programme like this? To what extent did you need additional support?
    a. Did you feel you needed specific support in terms of identifying and responding to potential Child Sexual Abuse?

CSA training

17. Did you attend a one-day CSA training day?
18. How did you find it? Was it useful/not useful? Why/why not?

Supervision sessions

19. How would you describe the supervision sessions?
    a. What is the focus and structure of the supervision sessions?
    b. To what extent has Child Sexual Abuse (CSA) been a focus of the supervision sessions?
20. How do you find the supervision sessions? Are there any parts that you particularly enjoyed? Why? What aspects of the sessions have been particularly useful/not useful?
    a. What additional support would you like to receive (from school and/or Social Worker) [i.e. if you had unlimited funds for training/anything to help you with your role as DSL]

21. How do you find the approach of the supervisor? [i.e. friendly, helpful, etc.]

1. How would you describe your relationship with the supervisor? [i.e. honest, vulnerable, professional, etc.] And has this evolved since your first sessions?

22. How do you feel your experiences of the supervision have changed (if at all) since they first began?

    a. [probe around, for example: sessions becoming more tailored to DSL/school needs or particular topics; increase/decrease in frequency or length; increase/decrease in usefulness]

23. Do you feel it has been a good or bad use of your time? Do you feel the 1–2hrs is a good use of your time every term, in your busy schedule?

Broader support

24. In addition to the one-to-one sessions, how useful do you find any other support that is given to you or your school by the supervisor?

    a. [probe: what form this is taking and to what extent is this critical to the programme? How important is this support compared to the one-to-one sessions?]

    b. Do you communicate between sessions with the supervisor? What about? How useful is this to you?

25. Did you receive or use any materials as part of the project? To what extent was this useful, or not?

Outcomes and impact

26. To what extent have you changed, or do you plan to change, your practices as a DSL as a result of [X]'s guidance and support?

    a. In what ways? Why/why not? [probe for examples]

27. Do you think that the programme is already having an impact on your performance as a DSL? In what way? Explore for:

    a. Deciding when to contact children's social care? what are the thresholds?

    b. Provided higher quality information to children's social care services at point of contact and referral?

    a. Since starting the project, do you think you have made different decisions, for instance decided against contacting or decided to contact children's social care services?

28. Is the programme improving your knowledge and understanding of children's social care processes and issues?

29. To what extent have other DSLs or staff in your school benefited from the programme? In what way?

    a. To what extent has the information been cascaded to other staff members? To what extent have other staff members been involved in supervision sessions?

30. Overall, do you feel more confident in the DSL role? How has the project affected your mental wellbeing? [probe: stress, anxiety, burnout, turnover]

31. What are the barriers and facilitators, in terms of using the supervision to change and improve how you perform as a DSL? [probe to what extent you feel the senior leadership of the school supports the programme, and supports making changes as a result]

COVID-19

I want to ask a couple of questions about your experience as a DSL of COVID-19 and school disruptions.

32. To what extent and how has COVID-19 and school disruptions changed the number and types of cases and concerns in terms of safeguarding, child protection, mental health, etc.?

    a. CSA

33. How has COVID-19 and school disruptions affected how you as a DSL and you as a school approach safeguarding and child protection?

34. How have you been supported during COVID? And what could be done in the future? Both in terms of support from within school, from local authority, children's social care, or in terms of resources or government policies?

35. The supervision has happened during fairly exceptional circumstances of the pandemic and after school disruptions. Do you think the supervision has been more/less effective or more/less useful during this period, compared to if it had happened during a "normal" period?

Future

36. How do you think the programme could be improved in potential future versions of the programme?

37. Would you recommend other schools/DSLs to sign up for future versions of the programme? Why?

38. Would you want to continue receiving supervision and support by your SSW? Why/why not?

39. Anything else?

Interviews with Supervising Social Workers (SSWs) supervising primary schools

Thank you so much for participating in this interview. My name is [X] and I am a researcher at the National Institute of Economic and Social Research. Colleagues at NIESR and I are evaluating the programme providing supervision for DSLs on behalf of the WWCSC. As part of the independent evaluation, we are interviewing each of the supervising social workers. The aim of the interview is to explore your experiences of the programme, and how schools have engaged with it. The interview will last around 45 minutes.

Everything we discuss will be confidential to the evaluation team at NIESR, and all the findings will be reported anonymously, and it will be analysed and presented so that neither you nor your Local Authority, or any of the schools or DSLs, will be identifiable in any reports or publications resulting from the research.

To ensure that the research is as informative as possible, we would encourage you to be open and honest on how delivery has progressed, and the successes and difficulties encountered so far.

With your permission, the interview will be recorded and transcribed, and kept at secure servers only accessible to the research team. Your participation is voluntary, so you are free to withdraw at any stage without giving a reason.

Please can you confirm you are happy for this interview to be recorded, and that you are willing to take part in this research? [obtain consent]. Do you have any questions before we start?

About you

1. What was your role before the start of the programme? How did you get recruited into the role as DSL supervisor, and why were you interested?

2. To what extent do you feel supported to perform the role as DSL supervisor? [prompt for]:

- CSA training [explore their experiences of the 3-day CSA training; did they gain new knowledge, did they feel equipped to use knowledge during supervision; to what extent have they used it during supervision sessions]
- Time to perform the role
- Support, e.g. support from LA, Community of Practice sessions with other SSWs
- Support from LA: What team are you located within the LA? Where do you think the role should be located?
- What are your other responsibilities, if any, outside the programmes? Have these changed since the programme began?

3. Do you have any pre-existing relations with your schools and DSLs? [if yes]: To what extent has this affected implementation?

Implementation

4. Do you know how the individual DSLs were selected for each school? Do you think you are supervising the right staff member in the school? [probe: DSL, Deputy DSLs, pastoral team, SLT?]

5. How did you experience the process of getting schools started with the programme, and organising the first sessions? What have been the barriers and facilitators to buy-in?

    a. Probe: how many schools did not start the supervision? Do you know why?

Supervision and support

6. Can you describe what type of support you are giving and offering to the schools?

About one-to-one sessions:

7. How would you describe the one-to-one supervision sessions? How have you generally structured the sessions and what has been the main focus?

    a. To what extent has Child Sexual Abuse been a focus of the sessions? Why/why not?

    b. To what extent have you discussed with DSLs what they learned during their own course on Child Sexual Abuse?

8. Is there anything that have been particularly beneficial for schools in terms of support? Or not beneficial?

    a. Probe about whether DSLs have found support on Child Sexual Abuse useful/not useful?

9. Did you generally do the supervision sessions face-to-face or online? What are the benefits/disadvantages?

About additional/different support

10. To what extent has your support differed compared to what was supposed to be offered and delivered? [type of support, amount of support, what was done during supervision sessions, who support was given to]

    a. How has this evolved over the time that the programme has been delivered?

    b. Have you offered group DSL sessions? Have you offered drop-in sessions? Have you offered supervision to other staff members than the DSL? Have you connected DSLs from within the local authority? [probe: how did these arise, benefits, limitations]

    c. Why did you make these decisions to adapt the support provided?

Time and costs

11. How much time is required for the DSL between sessions? (e.g. preparation, actions)

12. How much contact do you have with DSLs between sessions (e.g. ad hoc calls, support in addition to individual sessions). [probe: is this effective? does it limit your ability to carry out your other responsibilities?

13. Were there any unanticipated costs, monetary or non-monetary, for you as a SSW or for the LA that was not anticipated as part of the programme?

Other activity to support DSLs

14. How do you feel this programme fits alongside any other existing programmes/school-based initiatives provided?

    a. Probe: any previous or other current support on Child Sexual Abuse that you are aware of?

15. Are you aware of any activities within control group schools? Has the LA been doing anything with these schools? Or done any activities that have benefited all schools in LA?

DSL engagement

16. How would you broadly describe the DSLs' engagement during the intervention so far? That is, to what extent would you generally say the DSLs in your schools have engaged with the supervision sessions and used it to inform practices?

17. What have been the facilitators and barriers to engagement? Do you feel there are any patterns of what types of DSLs or schools are most or least engaged?

18. How many schools have withdrawn, or become disengaged, after having started supervision sessions? Do you know why? What were the barriers?

19. How do you think COVID-19 has affected the programme? [probe for both practical implications and change of needs and support requested]

Outcomes and impact

20. To what extent do you think DSLs have changed or improved their approaches, or how they perform the role as DSL, as a result of the programme? In what ways? [provide examples]. [probe for, and ask why/why not?:]

    a. Knowledge about Child Sexual Abuse, ability/confidence in identifying and responding to potential Child Sexual Abuse

b. Reduction in inappropriate contacts to CSC? Better-quality information provided to CSC at point of contact and referral? Better understanding of thresholds?

   i. Probe about contacts/referrals on Child Sexual Abuse

c. Better understanding of roles and responsibilities between schools and CSC?

d. Better understanding of multi-agency working?

d. Increase in Early Help plans?

f. Better understanding of difficulties faced by children and families?

g. Better relationships and interaction between schools and families, and earlier and more effective support provided to families?

h. Greater confidence among DSLs?

i. Any improvements in mental wellbeing? Decreasing stress, anxiety, burnout?

21. What are the barriers and facilitators for DSLs to change and improve their approaches? (time, enough staff, COVID-19, support from senior leadership]

    a. Prompt: How has COVID-19 and school disruptions impacted delivery? Do you think the exceptional circumstances of COVID and school disruptions had made the programme more/less useful or more/less effective for schools and DSLs, compared to if the programme had been delivered during more normal circumstances?

22. To what extent are improvements seen for other DSLs in the school? Why/why not? [probe more generally on how the programme has been cascaded to others in the school, including wider safeguarding team]

Your development as social worker and benefit for CSC

23. To what extent is the programme developing your skills as a social worker? [probe for better understanding of the challenges faced by DSLs and schools, issues around Child Sexual Abuse]

24. To what extent do you think CSC will be able to use, or have already used, these insights to improve the support and relations with schools in the future? How? Please describe. [probe especially for issues related to Child Sexual Abuse]

Future

25. Do you think the programme should be continued in the future, or rolled out on a larger scale with more Local Authorities?

    a. Is it important for schools to continue the programme? Why/why not?

    b. Is it important for CSC to continue the programme? Why/why not??

c. Has your LA made any plans or considered continuing the programme in the future? Please explain

d. Would you personally like to continue in this role in the future? Why/why not?

i. During the programme, have you ever had any considerations about leaving the role? Why/why not?

26. How do you think the programme could be improved in the future?

27. Do you see any adaptations that would be needed if the programme were to be rolled out, to make it more feasible or to improve it?

28. Is there anything you cannot provide DSLs in terms of support and guidance, which could need another programme/training/support?

29. Anything else?

Interviews with Supervising Social Workers (SSWs) supervising secondary schools

Thank you so much for participating in this interview. My name is [X] and I am a researcher at the National Institute of Economic and Social Research. Colleagues at NIESR and I are evaluating the programme providing supervision for DSLs on behalf of the WWCSC. As part of the independent evaluation, we are interviewing each of the supervising social workers. The aim of the interview is to explore your experiences of the programme, and how schools have engaged with it. The interview will last around 45 minutes.

Everything we discuss will be confidential to the evaluation team at NIESR, and all the findings will be reported anonymously, and it will be analysed and presented so that neither you nor your Local Authority, or any of the schools or DSLs, will be identifiable in any reports or publications resulting from the research.

To ensure that the research is as informative as possible, we would encourage you to be open and honest on how delivery has progressed, and the successes and difficulties encountered so far.

With your permission, the interview will be recorded and transcribed, and kept at secure servers only accessible to the research team. Your participation is voluntary, so you are free to withdraw at any stage without giving a reason.

Please can you confirm you are happy for this interview to be recorded, and that you are willing to take part in this research? [obtain consent]. Do you have any questions before we start?

About you

2. What was your role before the start of the programme? How did you get recruited into the role as DSL supervisor, and why were you interested?

3. To what extent do you feel supported to perform the role as DSL supervisor? [prompt for]:

- CSA training [explore their experiences of the 3-day CSA training; did they gain new knowledge, did they feel equipped to use knowledge during supervision; to what extent have they used it during supervision sessions]
- Time to perform the role
- Support, e.g. support from LA, Community of Practice sessions with other SSWs
- Support from LA: What team are you located within the LA? Where do you think the role should be located?
- What are your other responsibilities, if any, outside the programmes? Have these changed since the programme began?

4. Do you have any pre-existing relations with your schools and DSLs? [if yes]: To what extent has this affected implementation?

Implementation

5. Which staff members are part of the supervision group? How was this chosen? Do you think you are supervising the right staff member in the school? [probe: DSL, Deputy DSLs, pastoral team, SLT?]

6. How did you experience the process of getting schools started with the programme, and organising the first sessions? What have been the barriers and facilitators to buy-in?

    a. Probe: how many schools did not start the supervision? Do you know why

Supervision and support

7. Can you describe what type of support you are giving and offering to the schools?

About group sessions:

8. How would you describe the group supervision sessions? How have you generally structured the sessions and what has been the main focus?

    a. To what extent has Child Sexual Abuse been a focus of the sessions? Why/why not?

    b. To what extent have you discussed with DSLs what they learned during their own course on Child Sexual Abuse?

9. Is there anything that have been particularly beneficial for schools in terms of support? Or not beneficial?

    a. Probe about whether DSLs have found support on Child Sexual Abuse useful/not useful

10. Did you generally do the supervision sessions face-to-face or online? What are the benefits/disadvantages?

About additional/different support

11. To what extent has your support differed compared to what was supposed to be offered and delivered? [type of support, amount of support, what was done during supervision sessions, who support was given to]

    a. How has this evolved over the time that the programme has been delivered?l

    b. Have you offered individual DSL sessions? Have you offered drop-in sessions? Have you offered supervision to other staff members than the DSL? Have you connected DSLs from within the local authority? [probe: how did these arise, benefits, limitations]

    c. Why did you make these decisions to adapt the support provided?

Time and costs

12. How much time is required for the DSLs between sessions? (e.g. preparation, actions)

13. How much contact do you have with DSLs between sessions (e.g. ad hoc calls, support in addition to group sessions). [probe: is this effective? does it limit your ability to carry out your other responsibilities?

14. Were there any unanticipated costs, monetary or non-monetary, for you as a SSW or for LA that was not anticipated as part of the programme?

Other activity to support DSLs

15. How do you feel this programme fits alongside any other existing programmes/school-based initiatives provided?

    a. Probe: any previous or other current support on Child Sexual Abuse that you are aware of?

16. Are you aware of any activities within control group schools? Has the LA been doing anything with these schools? Or done any activities that have benefited all schools in LA?

DSL engagement

17. How would you broadly describe the DSLs' engagement during the intervention so far? That is, to what extent would you generally say the DSLs in your schools have engaged with the supervision sessions and used it to inform practices?

18. What have been the facilitators and barriers to engagement? Do you feel there are any patterns of what types of DSLs or schools are most or least engaged?

19. How many schools have withdrawn, or become disengaged, after having started supervision sessions? Do you know why? What were the barriers?

20. How do you think COVID-19 has affected the programme? [probe for both practical implications and change of needs and support requested]

Outcomes and impact

21. To what extent do you think DSLs have changed or improved their approaches, or how they perform the role as DSL, as a result of the programme? In what ways? [provide examples]. [probe for, and ask why/who not?:]

    a. Knowledge about Child Sexual Abuse, ability/confidence in identifying and responding to potential Child Sexual Abuse

    b. Reduction in inappropriate contacts to CSC? Better quality information provided to CSC at point of contact and referral? Better understanding of thresholds?

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c. Better understanding of roles and responsibilities between schools and CSC?

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e. Increase in Early Help plans?

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g. Better relationships and interaction between schools and families, and earlier and more effective support provided to families?

h. Greater confidence among DSLs?

i. Any improvements in mental wellbeing? Decreasing stress, anxiety, burnout?

22. What are the barriers and facilitators for DSLs to change and improve their approaches? (time, enough staff, COVID-19, support from senior leadership]

    a. Prompt: How has COVID-19 and school disruptions impacted delivery? Do you think the exceptional circumstances of COVID and school disruptions had made the programme more/less useful or more/less effective for schools and DSLs, compared to if the programme had been delivered during more normal circumstances?

23. To what extent are improvements seen for all members of the supervision group? Why/why not?

24. How has the programme been cascaded to others in the school, including the wider safeguarding team? [has this been necessary or are all relevant members of staff attending the group supervision?]

Your development as social worker and benefit for CSC

25. To what extent is the programme developing your skills as a social worker? [probe for better understanding of the challenges faced by DSLs and schools, issues around Child Sexual Abuse]

26. To what extent do you think CSC will be able to use, or have already used, these insights to improve the support and relations with schools in the future? How? Please describe. [probe especially for issues related to Child Sexual Abuse]

Future

27. Do you think the programme should be continued in the future, or rolled out on a larger scale with more Local Authorities?

    a. Is it important for schools to continue the programme? Why/why not?

b. Is it important for CSC to continue the programme? Why/why not?

c. Has your LA made any plans or considered continuing the programme in the future? Please explain.

d. Would you personally like to continue in this role in the future? Why/why not?

i. During the programme, have you ever had any considerations about leaving the role? Why/why not?

28. How do you think the programme could be improved in the future?

29. Do you see any adaptations that would be needed if the programme were to be rolled out, to make it more feasible or to improve it?

30. Is there anything you cannot provide DSLs in terms of support and guidance, which could need another programme/training/support?

31. Anything else?

What Works *for* Children's Social Care

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