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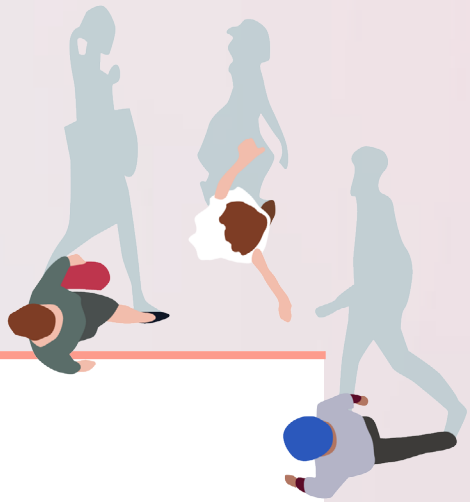

SUPERVISION OF DESIGNATED SAFEGUARDING LEADS:

GREATER MANCHESTER COMBINED AUTHORITY

April 2023

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Authors

Lucy Stokes,
Johnny Runge,
Jasmin Rostron,
Richard Dorsett,
Larissa da Silva Marioni,
Janine Boshoff,
Chiara Manzoni,
Ekaterina Aleynikova,
Max Harvey,
Katharine Stockland,
Cecilia Zuniga-Montanez.

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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 supervision, delivered by a designated social worker, for Designated Safeguarding Leads (DSLs) in secondary schools. DSLs are responsible for child protection and safeguarding in schools. The role of DSLs can involve making difficult decisions about vulnerable children in often complex circumstances.

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

- 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 programme builds on the intervention originally developed for primary schools by Bolton Council and evaluated as part of a pilot in 2019/20. In this study, the programme was delivered to secondary schools in Greater Manchester. Additional evaluations of the DSL supervision programme commenced after the start of this programme, comprising local authorities from across different parts of England. While one of those evaluations also has a sole focus on secondary schools, in Greater Manchester, supervision took the form of individual supervision sessions; while in the more recent trial, supervision was delivered on a group basis.

Objectives

This evaluation aims to establish whether the programme is successful in meeting the aims stated above. 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 resulting in no further action (measured as a proportion of pupils) between schools assigned to receive the programme and those that are not. This outcome is used as a proxy for whether there is an impact of the programme on the appropriateness of contacts made by schools to children's social care. That is, it is considering contacts as "inappropriate" when they do not lead to further action by children's social care. It is important to acknowledge that this is an imperfect measure. Reducing inappropriate contacts may help in ensuring the resources of children's social care services are focused where they are most needed.

Secondary research questions explored are: whether there is an impact on the total number of contacts made by schools; the number of referrals originating from schools; referrals resulting in a Child in Need assessment; referrals resulting in a Child Protection enquiry; the number of Early Help plans; the number of contacts from all sources. 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 165 state-funded secondary schools across the ten local authorities (LAs) in Greater Manchester. Both LA and academy schools participated. Within each LA, schools were randomly allocated to either the intervention group (receiving the supervision, 82 schools) or the control group (not receiving supervision and continuing with business as usual, 83 schools). Note that one LA withdrew from the trial following randomisation such that 143 schools are included at the point of analysis.

The IPE involved interviews with a total of 63 DSLs, other school staff and Supervising Social Workers (SSWs) across all participating LAs. Data were also collected through a baseline and endline survey with control and treatment schools, achieving 130 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 January 2021 to July 2022.

Findings

The key findings can be summarised as follows:

- The impact evaluation found no statistically significant impact of the programme on the primary outcome of contacts resulting in no further action. The analysis points to a lower rate of contacts leading to no further action (NFA) among treatment schools, but not to a statistically significant extent. The magnitude of this effect is smaller than the trial was designed to effect, and so an effect of this size would not have been found to be statistically significant.[1]
- No statistically significant impacts were observed for the secondary outcome measures relating to contacts and referrals, namely total contacts made by schools, new referrals, new referrals leading to a Child in Need assessment, new referrals leading to a Child Protection enquiry and submission of Early Help plans.
- No statistically significant impact of the programme on DSL wellbeing was found. Effects on DSL wellbeing were considered using two scale measures: job-related anxiety-contentment and job-related depression-enthusiasm.
- The majority (86%) of schools in the treatment group had at least one supervision session, while 14% did not have any sessions. The IPE found that support provided to schools often went far beyond what is outlined in the intervention description, with SSWs offering additional support, such as individual sessions to additional staff, group supervision and drop-in sessions. DSLs expressed strong support for potential wider rollout.

1 The estimated effect of -0.13 (95% confidence interval [-0.34; 0.07]) is equivalent to a difference between treatment and control groups of about 0.5 NFA contacts per school.

- 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.

- 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 to LAs of delivering the intervention was estimated at around £4,500 per school per year. As a substantial proportion of SSW time was typically used in delivering other activities, this is likely to be an overestimate of the true cost per school.

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, challenges in outcome measurement and data collection, mean these results should be interpreted with caution. Findings from the IPE, while noting some changes in practice around making contacts and referrals, tended to suggest that such changes were more subtle in nature and may not have been expected to influence the rate of contacts resulting in no further action.

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. Throughout, it is also important to bear in mind that the programme was delivered over a period in which both schools and social care services were impacted by the COVID-19 pandemic.

Decisions about the value of such a programme going forward will need to be informed by which outcomes decision-makers are most seeking to influence as a result. The current design of the programme may not substantially impact the appropriateness of contacts and referrals to children's social care, 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 individual supervision to Designated Safeguarding Leads (DSLs) in secondary schools in Greater Manchester. 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. Through supervision, the programme aims to improve the appropriateness and quality of contacts made by schools to children's social care. In this evaluation, as a proxy for the appropriateness of contacts, we explore whether contacts result in further action by children's social care. That is, contacts are defined as "inappropriate" when they result in no further action by children's social care, although it is important to recognise that this is an imperfect measure. Recent years have seen increases in the number of referrals to children's social care that originate from schools (Department for Education, 2022); while some recent trends are likely to be affected by the pandemic, rising referrals were already apparent prior to this period (Baginsky et al., 2019). Reducing the number of inappropriate contacts made can help to ensure that resources are focused on addressing those contacts where further action by children's social care is most needed. This has potential benefits not just for social care services, but also for schools, in ensuring their limited resources are concentrated where most needed, and ultimately for children and families, so that the most appropriate sources of help and support are provided. A further aim of the intervention was to improve DSLs' wellbeing, with increased confidence in decision-making and reduced anxiety among DSLs.

The intervention being evaluated in this trial (described in more detail below) was originally developed by Bolton Council. This evaluation builds on a pilot study providing supervision to DSLs in primary schools in Bolton in the school year 2019/20; while this did not find a statistically significant effect on the measured outcomes, it showed some signs of potential (Stokes et al., 2021) and was thus considered to warrant further research.

The DSL role is often undertaken in addition to other duties, for example, in addition to an individual's teaching and other leadership responsibilities. Schools structure their safeguarding teams differently, and in secondary schools in particular, there are typically multiple staff with DSL responsibilities. In this study, a model of individual supervision was used, following

that used in the original primary school pilot. Schools could put forward the staff member they wanted to participate in supervision. Supervision sessions were intended to take place on an approximately monthly basis; sessions were delivered over the period from January 2021 to July 2022.

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 individual supervision for DSLs in primary schools
- A programme providing group supervision for DSLs in secondary schools
- A variant of the DSL supervision programme with a specific focus on addressing child sexual abuse, in both primary and secondary schools.

These three studies comprised LAs from across different areas of the country, while the current evaluation focuses on the Greater Manchester region. The Greater Manchester study commenced first, with delivery of the programme starting from January 2021 onwards (in other evaluations delivery did not commence until the school year starting September 2021). The studies used different supervision models, with the Greater Manchester study using an individual supervision model, while the secondary school study involving LAs across England used a group supervision model. 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: Supervision of Designated Safeguarding Leads scale-up

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).[2] 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."

Despite this guidance, concerns have been raised over a lack of formal supervision and sufficient training for DSLs. [3] DSLs support children in challenging and complex circumstances, and this can be stressful, challenging and emotionally taxing for the DSLs themselves. [4] DSLs receive statutory (including refresher) training, but as

2 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

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

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

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).

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. 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.

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.

Aim of programme: The key aims of the intervention are to:

- 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

Bolton Children's Services developed a series of documents and agreements for the implementation of the pilot programme in primary schools, which were updated and refined for delivery in this project.

First, agreements and contracts were drafted for supervisors and supervisees (DSLs), in order for all involved to have an understanding of the processes, and of expectations of roles and responsibilities. These agreements and record keeping included (see the evaluation protocol for copies of these documents):

- Memorandum of understanding: to establish responsibilities and expectations of the LA and the school in relation to the programme

- Supervision agreement: made between the DSL and the SSW, setting out what supervision will involve
- Record of supervision: to document key points from each session including agreed actions.

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.

Supervision guidance and framework: This document provides information on the process and standards of the intervention, of relevance for the organisation of the programme, and for the supervisor to best understand their role, covering:

- Objectives
- Supervision standards
- Principles of effective supervision
- Key functions of supervision
  - Management oversight and accountability
  - Continuing professional development
  - Multi-agency working
  - Voice of child
  - Personal support
- Roles and responsibilities
  - Supervisor
  - DSL/supervisee
- Supervision models & methods
- Record of supervision

Introduction to programme: This document is an introductory guidance document for the DSLs involved. It provides an overview of the programme and practical advice and resources:

- Guidance and introduction to programme
- First session guidance
- Session checklist
- DSL session preparation sheet
- DSL session worksheet
- DSL time log
- DSL evaluation form

Who: Each participating LA recruits an experienced social worker to provide the supervision. This supervisor is also in charge of scheduling sessions, and ensuring the programme moves forward as expected. There is one SSW per LA.[5]

The supervisors receive training in the programme from the SSW in the previous Bolton trial. A community of practice for SSWs was also set up by WWCSC as part of the project, which was held on a termly basis, facilitated by Greater Manchester Combined Authority (GMCA) and also supported by WWCSC. Two in-person community of practice sessions also took place during the project. These sessions aimed to give SSWs the opportunity to share their experiences of delivering supervision as part of the programme.

Supervision is undertaken with school DSLs. Where schools have multiple DSLs, while schools were provided with some guidance on selecting the DSL to participate, ultimately the school is given the opportunity to choose which DSL to put forward for supervision.

How: Supervision sessions follow the same format for each session, and for each DSL. Sessions take the form of individual

5 Note that in one LA there was a change in SSW partway through delivery as the original SSW left their post.

supervision, and can take place either face-to-face or remotely (there was flexibility over this). 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.

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

When: The formal supervision sessions are intended to take place at roughly monthly intervals (every 4–6 weeks), for a maximum of 2 hours at a time. Sessions started in January 2021 and were intended to be offered for one year until December 2021; however, after extensions to funding for the programme, sessions were ultimately offered from January 2021 to July 2022 inclusive.[6]

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

Logic model

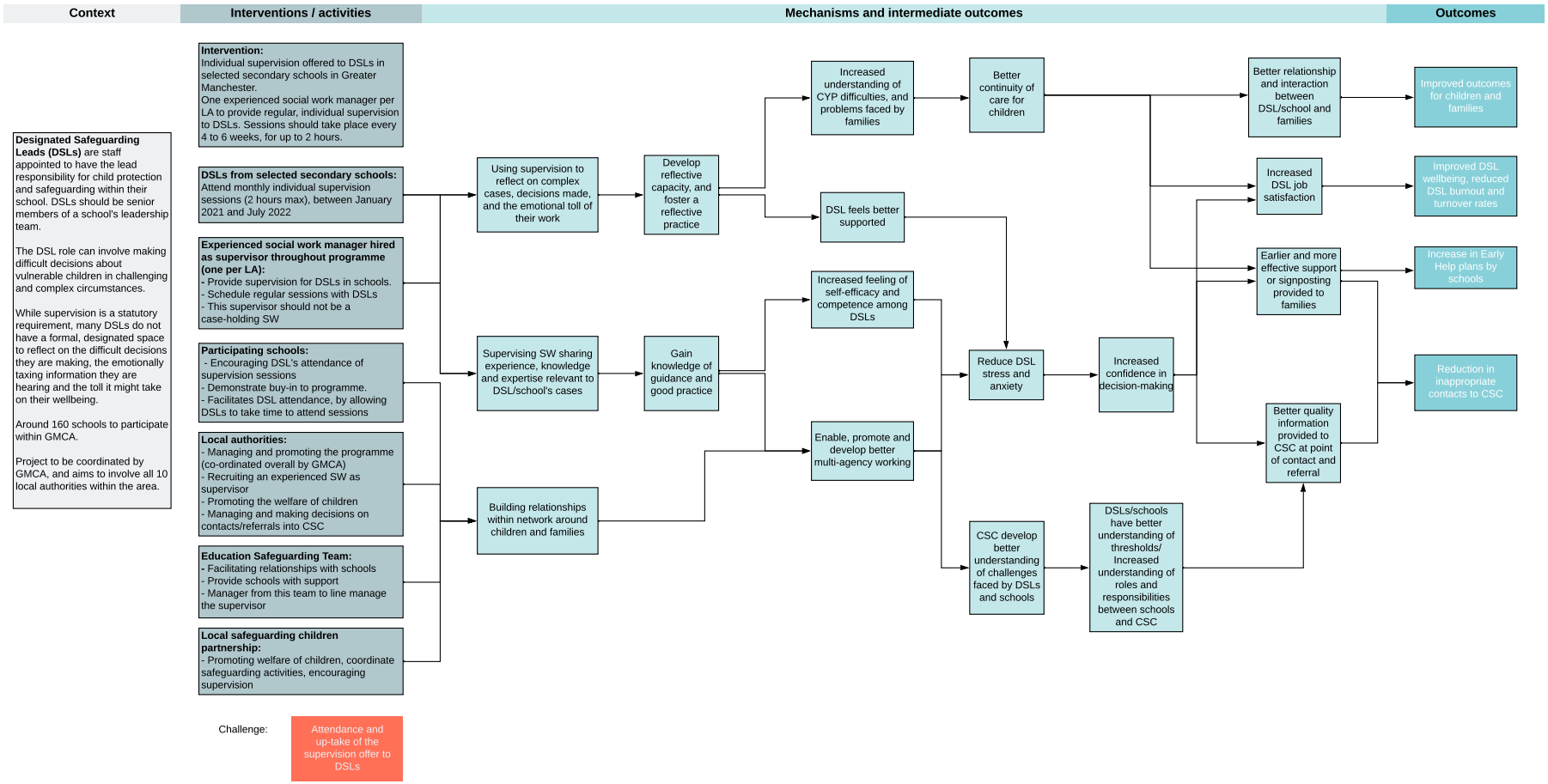
The logic model for the intervention, developed in the early phases of the project, is presented in Figure 1. This sets out the context for the intervention, the activities that the intervention comprises and the stakeholders involved. It outlines the mechanisms through which the intervention is expected 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 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 two outcomes, and does not consider whether the programme led to an increase in Early Help plans, or whether there were improved outcomes for children and families.

6 The original intention was to deliver sessions within the school year from October 2020 to July 2021; but following a slower than anticipated start, sessions started to commence from January 2021.

Figure 1: Logic model

Logic model: Supervision of Designated Safeguarding Leads in secondary schools in Greater Manchester



Evaluation objectives and research questions

Impact evaluation

The main objectives of the impact evaluation centre on the two key aims of the programme: increasing understanding of children's social care processes and thus reducing inappropriate contacts to children's social care, and improving the wellbeing of DSLs.

In relation to the first aim, ideally we would want to know whether contacts (to children's social care) 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.

While counting number of contacts made may appear relatively straightforward (although it is clearly important to take account of school size), such a measure is limited; 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 could also result in an increase in contacts if DSLs become more skilled in identifying children who may be in need.

One way of capturing "appropriate" contacts is to consider these as appropriate where these lead to referral (or conversely, as "inappropriate" where these do not lead to any further action). We use this as the basis for our primary outcome, exploring whether there is a difference in the rate of contacts not leading to further action, as a proxy for inappropriate contacts.

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.

A further weakness of the measure is that it does not provide any information about children for whom contacts were not made, and whether any of these should have required a contact to children's social care to be made. In an attempt to address this, while the main focus of our research questions is on contacts made by schools, we also explore, where data are available, whether there is any change in referrals originating from sources other than schools (RQ8). If, for example, referrals originating from schools fell, but those from all sources increased, this may provide some indication that some cases were being "missed" by schools (and therefore picked up elsewhere in the system).

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 project), 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 this progresses to a referral is made by children's social care.

While recognising that contacts leading to no further action is an imperfect measure, it is

nevertheless the closest proxy we can obtain from routine administrative data.

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

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

The impact evaluation also sets out to address the following secondary research questions:[7]

2. What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom an **Early Help plan** is submitted?
3. What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom a **new contact** is made?
4. What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom a **new referral** is made?
5. What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom a **new referral results in a Child in Need Assessment** (section 17 start)?
6. What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom a **new referral results in a Child Protection enquiry** (section 47 start)?
7. What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom a n**ew referral leads to a child becoming a Looked After Child?**
8. What is the effect of providing support to DSLs in secondary schools on the number of **referrals** (as a proportion of pupils) **from sources other than schools?**
9. What is the effect of providing support to DSLs in secondary schools on the **wellbeing of DSLs?**

As noted in the protocol, the ability to address the research questions above clearly depends on being able to access the necessary data. Ultimately, we were able to address most of the above research questions; although data were not always available for all outcomes for all participating LAs. We do not address RQ7; while it was possible to obtain data on this outcome for some LAs, the data indicated a very low incidence of such referrals resulting in this outcome within the timeframe. For this reason, we did not proceed with analysis of these data; we discuss this further in this report in the later section on outcome measures.

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?

7 See outcome measures section for further detail on terms used here.

Programme differentiation

(to what extent is support provided to DSLs different to the support given to DSLs prior to the introduction of the programme, or in the control condition?)

- How does usual practice look prior to the intervention or compared to the control condition?
- To what extent did DSLs feel supported 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 support sessions, 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? How was the intervention received by participants and by the school in general?

Mechanism and outcomes

- What are the perceived impacts of the intervention?
- How well do participating DSLs feel they have performed their role (and where applicable, how this compared to when they had no supervision), including in assessing threshold levels of concern, managing referrals appropriately to children's social care, and other issues related to supporting children and families?
- How equipped do participating DSLs feel they are to perform their role, including any changes in their level of anxiety and stress?
- Do school leaders and other school staff (not receiving the monthly supervision sessions) feel the intervention benefited the school?
- 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 October 2020. 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; with GMCA helping to facilitate this process. LAs were provided with an information sheet to distribute to schools, explaining the evaluation and what it involves. This also gave schools the opportunity to withdraw from the research. 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 as to 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/2021/11/DSL-scale-up-privacy-notice.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/6zaf2

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

The evaluation was conducted as a randomised controlled trial. There are two trial arms; receiving the supervision (the 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

Trial type and number of arms		Two-armed randomised trial
Unit of randomisation		School
Stratification variables (if applicable)		LA and 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 which results in no further action (at the point of contact)
	Measure (instrument, scale)	LA administrative data
Secondary outcome(s)	**Variable(s)**	▪ DSL wellbeing ▪ Proportion of pupils for whom Early Help plan submitted ▪ Proportion of pupils for whom new contact is made ▪ Proportion of pupils for whom new referral is made ▪ Proportion of pupils for whom new referral leads to Child in Need assessment ▪ Proportion of pupils for whom new referral leads to Child Protection enquiry ▪ Proportion of pupils for whom new referral leads to becoming Looked After Child
	Measure(s) (instrument, scale)	▪ Wellbeing: pre- and post-intervention surveys of DSLs ▪ All other outcomes: LA administrative data

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).

The primary outcome for the trial is the proportion of pupils for whom a new contact is made by a school that does not lead to further action. The secondary outcomes considered are:

- Early Help plans (RQ2)
- Contacts to children's social care (RQ3)
- New referrals (RQ4)
- New referrals resulting in a Child in Need assessment (RQ5)
- New referrals resulting in a Child Protection enquiry (RQ6)
- New referrals resulting in a child becoming a Looked After Child (RQ7)
- Referrals from sources other than schools (RQ8)
- DSL wellbeing (RQ9).

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.

Randomisation

Schools were randomised within blocks defined on the basis of LA and the proportion of children eligible for FSM within each school. Two FSM groups were determined: "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 (i.e. using median splits). This blocking is used in order to reduce the risk of imbalance between the treatment and control groups when randomising schools. 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 to achieve a 50:50 allocation was conducted as follows. Each school was assigned a randomly generated number, with schools then sorted within block by random number. The first school was then randomised to treatment or control; with each subsequent school assigned to have the opposite allocation of the previous school. Randomisation was conducted in two batches, with eight LAs included in the first batch and two LAs included in the second batch (as school lists were provided at a later date for these two latter LAs).

Randomisation was conducted by the evaluation team, with the first batch randomised in November 2020 and the second batch in January 2021). Schools were not notified of their randomisation allocation until after baseline surveys had been issued. Analysts were not blind to group allocation.

Participants

All ten LAs within Greater Manchester were eligible to participate, with all mainstream state-funded secondary schools located within these LAs eligible to take part. The LAs vary in size such that the number of schools in each LA ranged from 11 to 31. A list of schools was identified by each participating LA; all were expected to participate in the trial unless the school declined. The nature of the intervention is such that it potentially applies to all children within all schools, thus all children within the schools are

included in our sample. In total, 165 schools were involved in the trial at the point of randomisation.

Outcome measures

The primary outcome is the number of new contacts made to children's social care (at school level) which result in no further action (at the point of contact) as a proportion of the number of pupils (in that school) between September 2021 and July 2022. 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.

Note that this time period is a departure from that set out in the trial protocol, when this was planned to be measured over the period January 2021 to December 2022 (when this was the period of the intervention). The multiple extensions in timeframe for delivery meant that it was also necessary to rethink the time period of outcome measurement; it was decided to base this on the period from September 2021 to July 2022, as this then corresponded to a school year, as well as bringing measurement into line with the other concurrent evaluations of DSL programmes. Given some LAs had a slower start to delivery, this also enabled outcome measurement to be focused on a period when the programme was more embedded. This change was not documented in a revision to the published protocol, but it was discussed with WWCSC prior to the receipt of outcome data and analysis.

Secondary outcomes are:

- Submissions of Early Help plans[8] (as a proportion of pupils)
- New contacts to children's social care, made by schools (as a proportion of pupils)
- New referrals to children's social care (as a proportion of pupils)
- New referrals leading to a Child in Need assessment [9] (as a proportion of pupils)
- New referrals leading to a Child Protection enquiry [10] (as a proportion of pupils)
- New contacts from all sources (that is, not just contacts made by schools but those made by any source) (as a proportion of pupils)
- DSL wellbeing (job-related anxiety-contentment and job-related depression-enthusiasm).

The protocol also specified one additional secondary outcome in relation to RQ7, that is, new referrals resulting in a child becoming a Looked After Child. These data could be provided by six of the participating LAs, but the incidence of such cases was very low (sometimes one or less within the time period, likely reflecting the time it may take for a referral to progress to this outcome). For this reason, we did not consider it valid to proceed with regression analysis of this outcome measure.

8 Early help is support given to a family when an issue first becomes apparent and before formal interventions. Early Help processes bring together support from different agencies and services; assessing the needs of the child or young person, and an Early Help plan states the actions agreed to meet those needs.

9 A "Child in Need" assessment, under Section 17 of the Children's Act 1989, identifies the needs of a child and ensures that the family are given the appropriate support in enabling them to safeguard and promote the child's welfare.

10 A Child Protection or Section 47 enquiry (under Section 47 of the Children's Act 1989) means that children's social care must carry out an investigation when they have "reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm".

With the exception of DSL wellbeing, information on both primary and secondary outcomes was obtained from administrative data held by the participating LAs, and were 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).[11] For some children, towards the end of the school year, it may be possible that some 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.[12]

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, it was more feasible for school-level data to be provided for contacts that were made by schools, rather than for those from non-school sources; five of the nine LAs that continued to participate were unable to provide data on this basis. This means that the analysis of contacts from all sources (RQ8) is based on a smaller sample size and may therefore be less robust. Note that LAs can also have different contact to referral ratios, depending on the setup of their front door.

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).[13]

11 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.

12 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.

13 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.

Note that wellbeing measures were collected at baseline prior to the start of the intervention and before schools were aware of their randomisation allocation. The endline measures were collected towards the end of the programme in June–July 2022. As these measures are collected via surveys, there is inevitably non-response which may bias the estimates obtained; it is not clear a priori, however, the direction of any such effect. 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 (that is, if respondents feel that they ought to give a certain answer, rather than stating how they truly feel). 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, at baseline, GMCA distributed the survey to schools on behalf of the evaluation team, and at endline, LAs distributed the surveys to schools. 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 dropout by schools allocated to the treatment group. This approach is taken in order to estimate the "intention to treat" (ITT) effect (Fisher et al., 1990). This means that all schools randomised are retained in the analysis regardless of whether they receive the intervention; in line with the approach recommended for primary analysis in the WWCSC statistical analysis guidance.

The analysis is carried out using linear regression. The regression model used for the primary analysis includes controls for the proportion of pupils with contacts resulting in no further action in 2019/20, defined as per our primary outcome measure. We use data from the school year 2019/20 as delivery began partway through the school year 2020/21. The model also includes a dummy variable capturing treatment allocation and strata indicators reflecting randomisation blocks.[14]

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 (contacts leading to no further action 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 represents an error term. 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.[15] As there is one primary outcome measure the analysis is not subject to multiple comparison adjustments.

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

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

In practice, two LAs were unable to provide baseline data for the primary outcome (together with missing data for one school in one other LA, this means that in total 30 schools were missing baseline data for this outcome). In order to maintain the full sample for which outcome data were available, we include a dummy variable where baseline data were missing and zero impute missing baseline values. We check the sensitivity of our results to running the analysis on the sample for which complete data are available.

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, where these data are available. For example, for the secondary outcome of contacts as a proportion of pupils, we control for contacts as a proportion of pupils in the school year 2019/20.

As for the primary outcome, in those LAs which were unable to provide baseline data, we include a dummy variable where these data are missing (and zero impute missing values).

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 (November 2020).

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 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.[16]

The protocol also describes running analysis by year groups within schools, if it proved possible to obtain data on this basis. In practice, it was only feasible to obtain these data in some LAs, and we therefore do not proceed with this part of the analysis.

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 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

16 Note that in the protocol, this was classed as exploratory rather than subgroup analysis. We present it under subgroup analysis in reporting for consistency with the other concurrent DSL supervision evaluations.

intervention). Note that excluding these schools invalidates the causal properties and is thus a nonexperimental 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 15 sessions). If a school attends half the sessions, for example, they are scored 0.5. We use instrumental variable (two-stage least squares) regression to estimate this impact. [17] 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:

- 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 order to relate the results to the number of pupils on which they are based.
- A model that also controls for other school characteristics; we run two specifications, a model that additionally controls for the proportion of pupils in the school eligible for FSM only, and one that additionally controls for Ofsted rating, school size, and other measures of pupil composition.
- Two of the LAs were also taking part in the concurrent Social Workers in Schools (SWIS) trial, a programme that embeds social workers in schools and which was also being delivered and evaluated over a similar timeframe. In view of this, we run a model including a dummy variable for schools' participation in SWIS, as well as an interaction term capturing receipt of treatment and participation in SWIS. We also run a subgroup analysis for those LAs not taking part in the SWIS trial.
- We also explore whether there are differences in outcomes according to the length of time someone has held the DSL role, to inform whether the benefits of supervision may differ according to DSL experience. We do this based on information collected in the survey which uses the categories less than 1 year; 1–2

17 Writing the dosage of DSL i as D_i, the first stage obtains fitted values, ($\check{D}_i$) from the regression $D_i = 1 + a_t\ Treatment_{j(i)} + a_0\ baseline_{j(i)} + \sum_{j=2}^{22} a_{j(i)} block^j_{j(i)}$ 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.

years; 3–4 years; 5–6 years; 7–9 years; 10 or more years we combine those for less than 1 year and 1–2 years into one group due to small sample sizes. We explore this through the inclusion of an interaction term between length of time in the DSL role and treatment status. This analysis is based on a small sample as it can only be estimated for those schools for which we have survey responses.

The protocol also discussed potentially exploring whether there was a differential impact of face-to-face rather than virtual supervision sessions, but data were not collected on this aspect and so this analysis is not conducted.

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 160 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 (Stokes et al., 2021, p. 17). Based on these figures, and the assumptions set out in Table 1 below, the MDES stood at 0.4 (in units of school-level standard

Table 1: Minimum Detectable Effect Size (MDES) at randomisation and analysis

		Protocol	Random-isation	Analysis
MDES (proportion of a standard deviation)		0.40	0.39	0.32
Proportion of variance in outcome explained by covariates (R^2)	**School**	0.2	0.2	0.5
Intracluster correlations coefficient (ICCs)	**School**	-	-	-
Alpha		0.05	0.05	0.05
Power		0.8	0.8	0.8
One-sided or two-sided?		Two-sided	Two-sided	Two-sided
Level of intervention clustering		School	School	School
Average cluster size (if cluster-randomised)*		-	975	999
Sample size (schools)	**Intervention**	80	82	73
	Control	80	83	72
	Total	160	165	143

* This is the average number of pupils per school.

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 randomisation, 165 schools were ultimately included, with an MDES of 0.39.

At the point of analysis, data were available for the primary outcome for 143 schools (mainly due to the withdrawal of one LA following randomisation, discussed below). The proportion of variance in the outcome explained by covariates was higher than assumed at the point of preparing the protocol. Overall, these changes meant that the MDES stood at 0.32 at the point of analysis.

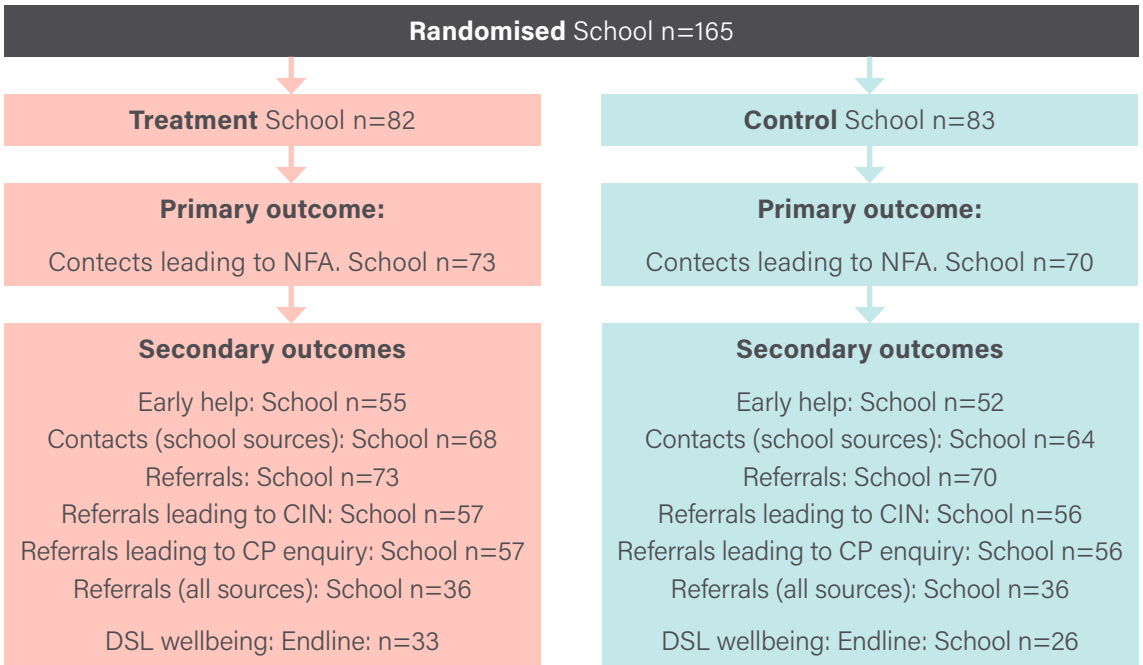
For the primary outcome assessed in this trial, data were available for 143 schools, representing an attrition rate of 13% (Table 2). One LA withdrew following randomisation, which accounted for the vast majority of the missing data; data were missing for three additional schools across different LAs.

Data were not available for all secondary outcomes in all LAs; Figure 2 summarises availability, by trial arm, for each outcome measure. From this it can be seen that 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).

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

		Intervention	Control	Total
Number of schools	**Randomised**	82	83	165
	Analysed	73	70	143
Attrition (from randomisation to analysis)	**Number**	9	13	22
	Percentage	11.0	15.7	13.3

Figure 2. Availability of outcome data



School and LA characteristics

Appendix 3 presents the characteristics of schools assigned to the intervention and control groups, in order to assess balance.

In terms of the observed school characteristics considered, the sample generally appeared balanced across treatment and control groups. The distribution of schools by school type and size was similar in both trial arms. School composition was broadly similar across both trial arms. The percentage of pupils with English as an additional language was higher in the intervention than control group (22% in the treatment group and 13% in the control group, and a standardised difference of 0.13), although when tested in a regression model controlling for the randomisation strata, no statistically significant difference was found. There were some differences in the distribution of schools by Ofsted rating, with a higher percentage of schools in the treatment group rated as requiring improvement (23%), compared to schools in the control group (10%), and a higher percentage of schools in the control group rated as outstanding (19% in the control group and 9% in the treatment group).

If we consider social care outcomes based on the school year 2019/20 (used as our baseline year in analysis), 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 two of the secondary outcome measures: new referrals resulting in a child protection enquiry and referrals from all sources (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, were also broadly similar across treatment and control groups with no statistically significant differences

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 contacts made by schools leading to no further action (NFA)	0.09
Contacts leading to NFA (as proportion of pupils in school)	0.05
Contacts (as proportion of pupils in school)	0.01
Early Help plans (as proportion of pupils in school)	0.09
Referrals (as proportion of pupils in school)	0.01
Referrals leading to CIN (as proportion of pupils in school)	0.07
Referrals leading to CP enquiry (as proportion of pupils in school)	0.14
Referrals, all sources (as proportion of pupils)	0.24

(although it is important to bear in mind here that this can only be evaluated on the basis of those responding to the survey, as well as the small sample size). We present the distribution of all outcome measures at baseline by trial arm in Appendix 4.

We can also consider the characteristics of participating schools and LAs in terms of how they compare with national averages. Almost all schools in the sample are located in urban areas. Overall the distribution of the school sample closely reflected the national distribution of schools by both Ofsted inspection rating and school type, and was similar on average in terms of pupil composition (for example, the percentage of pupils eligible for FSM).

Overall, on the basis of most of the observed characteristics considered, the sample was balanced at baseline. As discussed above, one LA withdrew from the trial following randomisation; however, this does not affect the social care outcomes presented which are not available for the withdrawn LA.

Five of the LAs had been rated as requiring improvement when rated for overall effectiveness of children's services by Ofsted (on the basis of the most recent inspection at end August 2021). Average rates of children's social care activity across the ten LAs were higher than those seen nationally, with referral rates, and rates of child protection and children looked after above national averages. For example, the average rate of referrals across the LAs in this trial stood at 623 per 10,000 children under 18 years, compared with the national average of 494 per 10,000.[18]

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. It is important to bear in mind though that the LAs are located within one region and caution should be applied in extrapolating findings to other areas.

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. The IPE aims to bring greater clarity to 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

Data was collected across two waves. The first wave of data collection was conducted in the first year of the intervention between November 2020 and July 2021. The second wave of the research was conducted during the last months of the intervention between March and July 2022.

The following data collection methods were used in the first wave:

- Interviews with nine DSLs receiving the individual supervision, in June-–uly 2021
- Interviews with ten SSWs from all the LAs, in June–July 2021.
- Baseline survey with DSLs in all schools (both treatment and control schools), in November–December 2021

18 Based on Local Authority Interactive Tool: https://www.gov.uk/government/publications/local-authority-interactive-tool-lait

- "Engagement" and "need" scores for each school receiving supervision, estimated by the SSWs for each LA.

The following data collection methods were used for the second wave:

- Interviews with 48 DSLs and other school staff, in March–July 2022; some of these were follow-up interviews with DSLs from the first wave
- Follow-up interviews with nine SSWs (the last SSW was no longer in post), in May–July 2022
- Endline survey with DSLs in all schools (both treatment and control schools), in June–July 2022
- Final "engagement" and attendance data for each school receiving supervision, estimated by the SSW for each LA.

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

Interviews with SSWs, DSLs and LAs

The interviews 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 [19] and DSLs, 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 were recorded, with permission of participants, transcribed ad verbatim, and then analysed using a framework approach. The DSLs were contacted by email and purposively sampled to include a mix of schools (by LA, 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, and the sample of schools represent a relatively large proportion of the 82 schools in the treatment group. It is likely to disproportionately include schools that engaged with the programme, and it did not include any control schools. We interviewed all SSWs involved in the programme in the first wave, with one dropping out of the programme before the second wave.

Baseline and endline survey

The baseline survey was distributed by email in November and December 2020, 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 68 responses (compared to a total of 165 schools in the programme). This included 34 responses from control schools and 34 from treatment schools. The endline survey was distributed in June–July 2022, at the end of the intervention. We collected a total of 62 responses, including 32 from control schools and 30 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.

19 All references to SSWs in quotes by DSLs have been changed to she/her, to avoid identifying the only male SSW.

Review of materials, observation of Community of Practice sessions, and review of 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. These informed the design of 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 section of IPE 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 was summarised for the evaluation team by WWCSC. In addition, costs were also explored during interviews with SSWs and DSLs, 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.

For the purpose of estimating costs, we focus on the nine LAs that continued to participate in the project following randomisation. Costs were converted to a cost per school on the basis of the number of schools allocated to the intervention group in each LA. As the delivery period for this trial extended over more than one year, we convert estimates to a per year basis.

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.

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 contact is made by a school which results in no further action.

The left-hand panel of the table presents the mean values of the primary outcome (contacts leading to no further action, as a proportion of pupils). These are similar in the treatment and control groups, standing at 0.015 in the treatment group and 0.017 in the control group. That is, on average there were 15 contacts resulting in no further action per 1,000 pupils in the treatment group and 17 per 1,000 pupils in the control group.

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 leading to no further action 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 negative sign on the regression coefficient (equivalent to an effect size of -0.131). A negative effect would here have a favourable interpretation, reducing contacts leading to no further action (as a proportion of pupils). However, the size of this effect is small in magnitude and not statistically significant, with a confidence interval that crosses zero (-0.33, 0.07). That is, there appears to be no real difference in the primary outcome among schools that were allocated to receive the programme and schools that were not. An effect size of -0.13 is equivalent to a difference between treatment and control groups of around 0.5 fewer contacts resulting in no further action per school. 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 leading to no further action (as proportion of pupils)	73 (9)	0.015 (0.009, 0.020)	70 (13)	0.017 (0.011, 0.023)	143 (73; 70)	-0.334 (-0.845, 0.178)	-0.131 (-0.331, 0.068)	0.199

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 (that is, a variable set to 1 where there were any contacts leading to NFA and zero otherwise), and second estimating the model using Poisson [20] regression (see Appendix 6). Under both alternative approaches, there remained no statistically significant impact of the intervention on the primary outcome.

As described in the Methods section, where LAs were unable to provide baseline data (two out of the nine LAs), we include a dummy variable to capture this missingness, and set missing baseline values to zero, in order to maintain the full sample size for which outcome data are available. If we repeat the analysis on the sample for which we have complete baseline data (115 observations), we still observe no statistically significant impact (effect size = -0.15, p-value = 0.176).

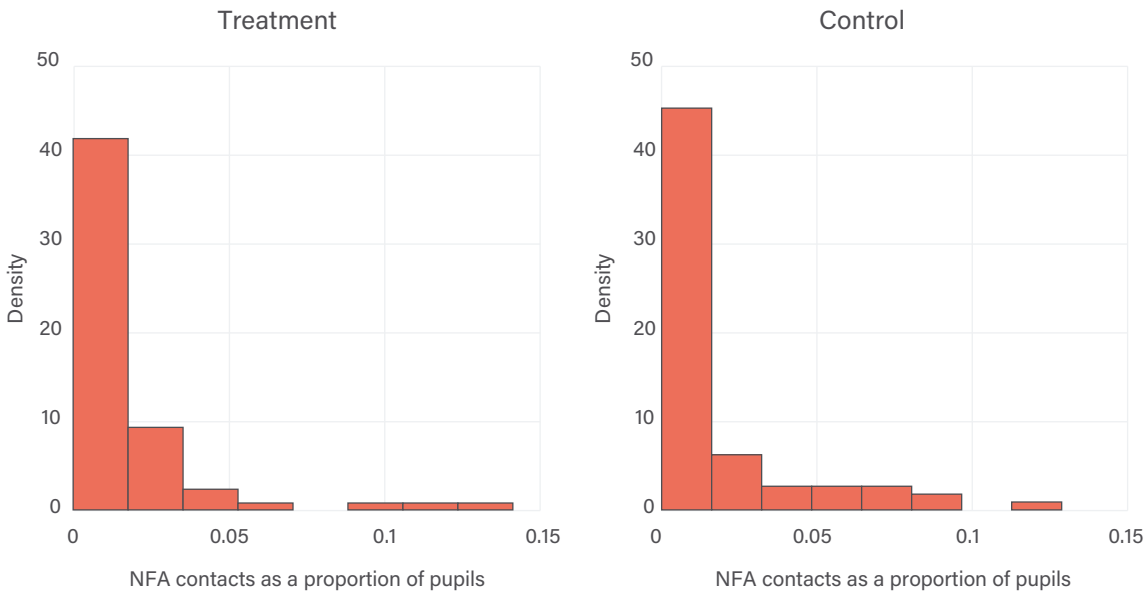
Secondary analysis

Contact and referral outcomes

Table 5 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 secondary schools on the proportion of pupils for whom an Early Help plan is submitted?
3. What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom a new contact is made?
4. What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom a new referral is made?
5. What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom a new referral results in a Child in Need (CIN) Assessment (section 17 start)?

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



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

6. What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom a new referral results in a Child Protection (CP) enquiry (section 47 start)?

7. What is the effect of providing support to DSLs in secondary schools on the number of referrals (as a proportion of pupils) from sources other than schools?

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 (Appendix 6). Note that, as described earlier, not all outcome measures were available in all LAs, and thus the sample size available for analysis differs for different outcomes, as can be seen in Table 5.

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
Early help (schools)	55	0.012 (0.008, 0.017)	52	0.011 (0.007, 0.016)	107	0.015 (-0.501, 0.530)	0.010 (-0.342, 0.362)	0.955
Contacts (schools)	68 (14)	0.055 (0.040, 0.071)	64 (19)	0.050 (0.035, 0.064)	132 (68; 64)	-0.699 (-2.209, 0.810)	-0.112 (-0.352, 0.127)	0.361
Referrals (schools)	73	0.028 (0.018, 0.037)	70	0.026 (0.019, 0.032)	143 (73; 70)	0.032 (-0.761, 0.825)	0.011 (-0.262, 0.284)	0.937
Child in Need (CIN) assessments	57	0.019 (0.010, 0.028)	56	0.016 (0.010, 0.022)	113 (57; 56)	0.166 (-0.398, 0.731)	0.073 (-0.172, 0.318)	0.560
Child Protection (CP) enquiry	57	0.003 (0.001, 0.005)	56	0.002 (0.001, 0.004)	113 (57; 56)	0.075 (-0.092, 0.242)	0.138 (-0.165, 0.441)	0.373
Referrals (all sources)	36	0.080 (0.056, 0.103)	36	0.075 (0.056, 0.093)	72 (36; 36)	0.629 (-1.613, 2.871)	0.115 (-0.286, 0.516)	0.577

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.

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 stood at 1.06 in the treatment group and 0.73 in the control group (a difference of around 0.3 points on a 12-point scale). Average scores on the depression-enthusiasm measure stood at 3.88 in the treatment group and 4.12 in the control group (a difference of around 0.2 points on a 12-point scale). These apparent differences between the raw means in treatment and control groups were not statistically significant for either scale.

In interpreting these findings, it is important to bear in mind that only a subset of DSLs responded to the survey (33 in the treatment group and 26 in the control group at endline) and it is possible that non-response may bias the results. Furthermore, as discussed elsewhere in this report, response rates, especially at endline, were lower among the control group (with response measured at a school level standing at 40% among the treatment group and at 30% among the control group at endline, and 40% and 36% for treatment and control groups at baseline respectively) (see Appendix 1). 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.

In some instances, multiple DSLs per school responded to the survey. It is not possible to tell with certainty from the survey whether the same individuals responded at both baseline and endline (as discussed in the Methods section). Where multiple individuals per school responded, for our baseline measure we create a measure of average DSL wellbeing in that school.[21] In addition, it is not always the same schools responding at baseline and endline; of the schools responding at endline, just over half had also responded at baseline (thus a substantial amount of baseline data are missing). Schools responding at baseline only are necessarily excluded from the analysis as no endline scores are available. We include a dummy variable to capture where these data are missing, and zero impute missing baseline values, so as to maintain the sample size for all those who completed the survey at endline.

The results of the regression analysis show no statistically significant impact of the intervention on either wellbeing measure. Although both measures show a positive sign on the effect size (which implies higher wellbeing), this is not statistically significant in either case.

21 At baseline, there were responses from 63 individuals across 55 schools.

Table 6: Secondary analysis, DSL wellbeing outcome

Outcome	Unadjusted means				Effect size		
	Intervention group		Control group				
	n (missing)	Mean (95% CI)	n (missing)	Mean (95% CI)	Total n (intervention; control)	Glass's Delta (95% CI)	p-value
Wellbeing: Anxiety-contentment scale	33	1.06 (0.28, 1.84)	26	0.73 (-0.24, 1.70)	59 (33; 26)	0.360 (-0.270, 0.990)	0.269
Wellbeing: Depression-enthusiasm scale	33	3.88 (3.08, 4.68)	26	4.12 (3.25, 4.98)	59 (33; 26)	0.098 (-0.527, 0.723)	0.760

Note: The number of missing observations is not reported here as we do not know the maximum possible number of DSLs that could have responded.

We do not undertake a multiple comparisons adjustment as part of our secondary analysis as no statistically significant impact of the intervention is observed, at the threshold of 5% significance, for any of the secondary outcomes considered.

Subgroup analyses

Table 7 presents results from analysing 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. We measure this latter period on the basis of data covering the months from March to July 2022 inclusive. Again, while we observe a negative effect size, this is not statistically significant. There is also no statistically significant impact in the first half of the intervention period (defined as September to February).

Table 7: Contacts leading to NFA, 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)	73 (9)	0.007 (0.004, 0.009)	70 (13)	0.007 (0.005, 0.009)	143 (73; 70)	-0.084 (-0.299, 0.132)	-0.087 (-0.310, 0.135)	0.443
First part of intervention period (September to February)	73 (9)	0.008 (0.004, 0.012)	70 (13)	0.009 (0.005, 0.014)	143 (73; 70)	-0.240 (-0.665, 0.185)	-0.135 (-0.372, 0.102)	0.265

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 IPE). As documented in the trial protocol, we use this information to explore compliance with the intervention.

As noted above, 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.

The first sessions began to be delivered in January 2021, and, for the purposes of the trial, continued until end July 2022. Table 8 summarises sessions attended, excluding introductory appointments (and excluding the LA that withdrew following randomisation). Fourteen per cent of schools assigned to the treatment group did not receive any supervision sessions. The average number of sessions received stood at eight sessions, and just under half (44%) of treatment schools received ten or more sessions. A small number (equivalent to 5% of treatment schools) received 20 or more sessions. In one LA, there was a change in SSW partway through the trial, and the figures shown in Table 8 are based only on sessions delivered by the second SSW, so will be an underestimate of the total number delivered. It should also be noted that in one LA, sessions stopped in October 2021, when the SSW left their post.

The figures presented here focus on the provision of the formal supervision sessions. Some schools also received some additional support on an ad hoc basis; the provision of this was not systematically recorded across all LAs, but the information that was able to be gathered suggested that other forms of ad hoc support were often fairly commonplace (see IPE findings).

Table 8: Attendance at supervision sessions among schools assigned to the treatment group

	Number of schools	Percentage of schools
No supervision sessions	10	14
1	2	3
2	4	5
3	6	8
4	3	4
5 to 9	16	22
10 to 14	22	30
15 to 19	6	8
20 plus	4	5
Total	**73**	**100**

Note: We exclude here the LA which withdrew from participation following randomisation, such that these figures reflect sessions among those LAs in which at least some schools participated. Percentages may not sum exactly to 100 due to rounding.

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 9).

Table 9: Contacts leading to NFA, 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 leading to no further action (as proportion of pupils)	63 (0)	0.014 (0.008, 0.021)	70 (13)	0.017 (0.011, 0.023)	133 (63; 70)	-0.397 (-0.928, 0.133)	-0.157 (-0.363, 0.050)	0.141

Tables 10a and 10b 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 15 sessions). [22] 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 NFA contacts in 2019/20 – are reported in Table 10a. As expected, we observe a statistically significant association between the dosage variable and treatment status. The first row of Table 10b 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). Overall, the analysis does not provide evidence of statistically significant impacts on the proportion of pupils for whom a contact results in NFA for those schools receiving more supervision sessions.

Table 10a: Contacts leading to NFA, first-stage regression results (dependent variable=dosage variable)

	Regression coefficient (robust standard error in parentheses)	**P-value**
Treatment	0.516** (0.039)	0.000
NFA contacts, 2019/20	4.229** (1.300)	0.001
N	143	

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(19, 123) = 20.19. Prob>F=0.000

Table 10b: Contacts leading to NFA, compliance analysis, IV (2SLS) results

	Regression coefficient (robust standard error in parentheses)	**P-value**
Dosage	-0.006 (0.005)	0.159
NFA contacts, 2019/20	0.879** (0.300)	0.003
N	132	

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

22 Note that some schools received more than 15 sessions. We consider 15 as counting as all intended, on the basis that over the full intended delivery period (January 2021 to July 2022), this would have been equivalent to around one session per month during school term times.

Additional analysis and robustness checks

Table 11 reports results from additional analyses for the primary outcome measure, as set out in the trial protocol.

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

In the second row, we check the sensitivity of results to additionally controlling for the percentage of pupils in the school eligible for FSM, and in the third row, we control for a set of additional school characteristics. In both specifications, we still see no statistically significant impact of the treatment, with effect sizes remaining negative, and slightly smaller in magnitude to those found in the primary analysis.

In the fourth row, we present results from additionally including a dummy variable for those schools which were participating in the SWIS trial, and an interaction term between participation in SWIS and being allocated to receive the DSL programme. In this model there remains no statistically significant impact of the DSL programme, and the coefficient on the interaction term between SWIS and DSL allocation was not statistically significant.

Table 11: Contacts leading to NFA 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
NFA contacts, pupil-weighted estimates	73 (9) Pupil-weighted: 73,031	0.012 (0.012, 0.012)	70 (13) Pupil-weighted: 68,299	0.014 (0.014, 0.014)	143 (73; 70) Pupil-weighted: 131,894 (73,031; 68,299)	-0.262 (-0.611, 0.087)	-0.122 (-0.283, 0.0390)	0.140
NFA contacts, also controlling for % FSM pupils in school	73 (9)	0.015 (0.009, 0.020)	70 (13)	0.017 (0.011, 0.023)	143 (73; 70)	-0.221 (-0.693, 0.251)	-0.087 (-0.271, 0.097)	0.357
NFA contacts, also controlling for other school characteristics*	73 (9)	0.015 (0.009, 0.020)	70 (13)	0.017 (0.011, 0.023)	143 (73; 70)	-0.178 (-0.663, 0.306)	-0.070 (-0.259, 0.119)	0.467
NFA contacts, SWIS dummy	73 (9)	0.015 (0.009, 0.020)	70 (13)	0.017 (0.011, 0.023)	143 (73; 70)	-0.318 (-0.898, 0.262)	-0.125 (-0.351, 0.101)	0.280

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

We ran one further additional analysis exploring whether differences were apparent according to the length of time someone has held the DSL role in their school; results are presented in Table 12. As survey responses are only available for a subset of schools, these results are based on a much smaller sample size. One further limitation of this analysis is that it can only be based on the circumstances of the individual who responded to the survey, and so will not necessarily reflect the overall experience of all individuals with DSL responsibility in the school. Furthermore, in some schools we do have survey responses from multiple DSLs; in these cases, we base the analysis on the DSL with the most years of experience.

In this reduced sample, there is still no statistically significant impact of the intervention (effect size = -0.18, p-value = 0.235).

There were no statistically significant interaction terms between years of experience and the treatment, thus we did not find evidence to suggest that benefits of supervision differed systematically according to years of experience of the DSL.

Table 12: Regression results, interacting treatment and years of experience as DSL, primary outcome: contacts leading to NFA as a proportion of pupils

		Contacts leading to NFA as a proportion of pupils	
		Regression coefficient (robust standard error in parentheses)	**p-value**
Treatment		0.006 (0.011)	0.612
Years of experience as DSL (reference category: less than 2 years)	3–4 years	0.007 (0.012)	0.560
	5–6 years	-0.009 (0.014)	0.507
	7–9 years	0.004 (0.008)	0.579
	More than 10 years	-0.004 (0.008)	0.588
Treatment*Years of experience	1–2 years	-0.006 (0.013)	0.632
	3–4 years	-0.028 (0.016)	0.094
	5–6 years	-0.003 (0.018)	0.856
	7–9 years	-0.007 (0.019)	0.723
N		81	

Note: The table shows selected coefficients from a regression of the outcome on treatment arm, a set of dummy variables for years of DSL experience, interaction terms between treatment and years of DSL experience, NFA contacts as a proportion of pupils in the school year 2019/20, and dummy variables indicating randomisation strata. Robust standard errors in parentheses. Statistical significance is indicated as *significant at 0.05, **significant at 0.01

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.

The support provided to schools often went far beyond what is outlined in the intervention description. This is an important consideration when considering the impact of the programme. Any potential positive impacts might not be replicated in any future rollout that sticks more rigidly to the intended treatment model. As described in the introductory chapter to this report, the intended treatment model mainly revolves around individual monthly supervision sessions as well as ad hoc support by email and phone. However, depending on their time commitments and number of schools, SSWs often offered additional support, including individual supervision sessions to additional staff, group supervision sessions both within and between schools, drop-in sessions including by working from a school office one day per week, additional training on specific issues, and by attending and providing input during school safeguarding team meetings. Some SSWs highlighted that they adapted their support to suit exactly what schools needed:

> *"The more I can offer these schools, the more chance we've got of it being successful and us rolling it out longer term. So, I am just taking feedback from what the schools are saying they need … I'm tailoring it to suit them."*
> *– SSW, Wave 1*

In most schools, it was left to the school to decide who would receive the individual supervision sessions. Most often, this was the lead DSL in the school, but at other times it was decided that less senior safeguarding staff would benefit most from the supervision. The SSWs felt it was often more useful to do supervision with less senior staff, as they are important on the ground and more hands-on, as they typically make the referrals [23] and are the first port of call for safeguarding incidents. However, some SSWs also recognised that it was good when the lead DSL was engaged and involved, especially because they needed to understand what they have oversight of. In that sense, it had sometimes worked well to have initial sessions with the lead DSL, and once that person was fully engaged, they started to extend the programme to other staff members. Overall, this meant that other members of the safeguarding and pastoral team had sometimes received individual supervision, especially deputy DSLs, but also safeguarding officers, child protection officers and education welfare officers. This was often in addition to the lead DSL, when SSWs offered supervision to more than one member of staff.

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

23 Note that here and in some other instances 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.

Programme start dates

Table 13 shows the month supervision began for treatment schools (based on information on session attendance provided by SSWs). Around half (48%) of schools in the treatment group had completed their first supervision session by end of March 2021. The remaining schools either started supervision later in 2021 between April and July (27%), or between January and May 2022 (10%). This impacted the number of sessions those schools were able to complete, and likely the outcomes. Fourteen per cent of schools did not receive any supervision as part of the programme. The take-up and delayed start dates will be covered in more depth in the section on "reach and acceptability".

Table 13: Supervision start date, collected from SSWs

	Number of schools	Percentage of schools
No supervision sessions	10	14%
January 2021	6	8%
February 2021	13	18%
March 2021	16	22%
April 2021	1	1%
May 2021	5	7%
June 2021	9	12%
July 2021	5	7%
January 2022	5	7%
February 2022	1	1%
March 2022	1	1%
May 2022	1	1%
Total	**73 schools**	**100%**

Group vs one-to-one supervision

While the supervision was supposed to be delivered as one-to-one sessions, responses to the survey indicates that a large proportion of schools (61% of respondents) received some or many group supervision sessions. This typically occurred in schools with larger safeguarding teams, where responsibility was spread across multiple people. In such cases, DSLs felt that it was important that all key safeguarding staff could benefit directly from supervision, and they valued the flexibility by most SSWs.

Table 14: How many one-to-one supervision sessions have you received so far, if any?

	Number of respondents	Percentage of respondents
0 sessions	4	12%
1 session	2	6%
2 sessions	2	6%
3 sessions	5	15%
4 sessions	1	3%
5 sessions	2	6%
6 sessions and above	17	52%

Treatment: N=33 at endline.

Table 15: How many group supervision sessions have you received so far, if any?

	Number of respondents	Percentage of respondents
0 sessions	13	39%
1 session	5	15%
2 sessions	5	15%
3 sessions	1	3%
Between 4 and 7 sessions	9	27%

Treatment: N=33 at endline.

Online vs face-to-face delivery

Supervision session delivery varied widely, with a fairly even mix of online and face-to-face sessions, according to the survey data. In interviews, DSLs said the flexibility to choose the format, according to their preference, was useful and important for successful delivery. There were also cases, in particular due to the pandemic, where online sessions were the only option.

The different approaches were largely driven by individual preferences. For many DSLs, face-to-face sessions were preferred. DSLs spoke of the advantages of meeting in-person for having sensitive conversations, establishing a personal connection with the SSWs, and reading body language and facial expressions.

However, the DSLs who took part in online sessions reported that they had no issues with the online format, and that it made it easier and more efficient to schedule the sessions. Many enjoyed the flexibility of choosing on a case-by-case basis whether to conduct sessions online and in-person.

"Well, I think because we've worked with [SSW] quite closely, now we do have a really good relationship with her, so I think because we've got that relationship, it doesn't really bother me, whether it's face-to-face or on Teams, I think, again, it's just about both our diaries. If she's busy, and she's probably able to slip it in better on Teams quicker, rather than waiting and prolonging it for face-to-face. So, because we've got that relationship, I'm still able to speak to her the same." – DSL, Wave 2

Equally, some DSLs did not have a strong view about delivery and were happy to accept supervision online or in-person.

"Do you know? If you'd asked me that a while ago, I would have said personally face-to-face, but then you and I can have a very confidential, easy conversation, virtually from my desk to yours, and I think it's just as long as it doesn't lose its personal touch, I think that's important." – DSL, Wave 2

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	8	28%
Most sessions have been face-to-face	6	21%
Around the same number of face-to-face and online sessions	2	7%
Most sessions have been online	9	31%
All sessions have been online	4	14%

Treatment: N=29 at endline.

SSWs tended to prefer conducting supervision in-person but were happy to adapt the mode of delivery flexibly, according to the DSLs' preferences and scheduling needs.

Ad hoc communication and support

Among DSLs responding to the survey, most (88%) reported receiving any ad hoc support in addition to the support they received during the supervision sessions. In interviews, DSLs told us that they saw their SSW as somebody experienced and trusted they could call on for additional advice, for instance on current complex cases and issues. DSL said the SSWs had made it clear they were always approachable and that they could email or call any time. Some DSLs had contacted their SSW on a regular basis while others had not needed to, but still said it was good to know the opportunity was there. Those who contacted their SSW regularly found 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.

"She's just so approachable. She's quite happy for me to email her or to ring her, with any little question that I've got or any confusion that I've got."
– DSL, Wave 1

"Calls, emails, any questions that we have, we can ring or we can email her, and she always gets back." – DSL, Wave 2

Structure of the sessions

The individual supervision sessions themselves were highly adaptable to meet the needs of the DSLs. This was perceived as beneficial by DSLs, as they were able to discuss topics relevant to them as they occurred. Although the SSW created an agenda, DSLs were encouraged to talk openly about their current concerns.

"There's not a formal structure. At the start of the meeting, [SSW] says these are the things we're going to talk about today, but there is a sense of purpose behind it."
– DSL, Wave 2

Some familiar features existed across LAs and schools. The supervision sessions tended to start with a recap of the previous session. Depending on the need of the DSL they

Table 17: How often, if at all, have you received ad hoc support via email and phone?

	Number of respondents	Percentage of respondents
0 times	4	12%
1 time	2	6%
2 times	2	6%
3 times	4	12%
4 and above times	21	64%

Treatment: N=33 at endline.

would then focus on personal and emotional support, reflecting on a case or concern, or providing training. In this way, DSLs often highlighted that the supervision sessions were "personal" and "targeted", building an ongoing relationship with the supervisor which meant they could tailor the advice and get straight to the point compared to traditional one-off training sessions.

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 and the delay in start date separately. This section will discuss how it was implemented in the schools that engaged in the programme. The interviews conducted 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. The DSLs expressed support for potential wider programme rollout. Almost all DSLs (97%) responding to the survey stated that they would recommend other schools or DSLs to take part in potential future versions of this programme.

Similarly, in interviews most DSLs said they would recommend this programme to others. Some DSLs specified that they would particularly recommend the programme to DSLs whose schools do not have extensive support available internally. Other DSLs stated that they would particularly recommend the programme to new DSLs, and that a more targeted rollout might be beneficial.

> *"If you are brand new to the DSL role, I think it would be invaluable. But also, then if the support is pulled [sigh]. We're actually reliant on it." – DSL, Wave 1*

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.

Table 18: Would you recommend other schools/DSLs to sign up for potential future versions of the programme?

	Number of respondents	Percentage of respondents
Definitely yes	24	86%
Probably yes	3	11%
Not sure	0	0%
Probably not	1	4%
Definitely not	0	0%

Treatment: N=28 at endline.

Programme differentiation

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

Control schools and contamination

Some LAs had a range of other programmes that overlapped in some ways with the support provided by SSWs. Most DSLs, however, thought the supervision sessions complemented the existing support from the LA, and they welcomed any support they could get. However, there were also cases where DSLs admitted the support clearly overlapped and the broader package of support could be delivered more efficiently. In one extreme case, a newly appointed DSL had started his role without any support at all, but now suddenly had support from three different people from the LA. He admitted there was an overlap, so he was now using the safeguarding lead to help him with Continuing Professional Development (CPD) as well as safeguarding policies and the strategies side; the allocated Early Help social worker for issues related to Multi-agency Safeguarding Hub (MASH) and Early Help, and the SSW had then been added on top of that. He said the other support was probably sufficient, but if it hadn't been there, the SSW would have saved him and he would have "bitten her hand off" to receive supervision. Another example was a school which had stopped their previous private supervision which was described as very similar. However, they could not justify paying for it while receiving this programme, and felt that it was also interesting to get the perspective of another person with new inputs.

Table 19 shows that more than half (60%) of DSLs surveyed received additional training and support directly from social workers during the programme, compared with only 27% of control schools. Interview findings suggest this may be because the supervision raised awareness about different types of support that DSLs can access. If this was the

Table 19: Treatment schools: "Excluding the support from your supervising social worker, to what extent do you think the amount of training or support you have received since September 2020 has been more/less compared to what you have received; Control schools: "To what extent do you think the amount of training or support you have received to perform your role as DSL during the current school year has been more/less compared to what you have received previously?

	Control: Number of respondents	**Control:** Percentage of respondents	**Treatment:** Number of respondents	**Treatment:** Percentage of respondents
Much more training and support	2	8%	6	20%
Slightly more training and support	5	19%	12	40%
Around the same amount	16	62%	10	33%
Slightly less training and support	3	12%	1	3%
Much less training and support	0	0%	1	3%
7 sessions and more	3	4%	4 (6%)	0 (0%)

N=26 for control; N=30 for treatment.

case, any impact of that additional support can be seen as a direct impact of the intervention.

The SSWs also spoke about how their support fitted alongside other existing provision. Some SSWs said none of their schools had anything similar in place. Others said their schools had been offered or received support through numerous avenues, including by private providers, charities and by LAs themselves. Generally, the SSWs focused on making sure that they were not "stepping on each other's toes" and tried to make the initiatives complementary. As an example, one SSW spoke about the importance of not replacing the DSL's relationship with their linked social worker:

> *"We didn't want to interrupt those processes already in place. I'm not sure how long this project is going to be lasting, so I don't want to embrace a culture where they're ringing me for those questions [about referrals]. Because whilst I'm more than happy to do that, if they become reliant on me and then my role goes, they've not built that relationship with the social worker." – SSW, Wave 1*

Some participants who bought supervision through a private provider tended to use those sessions for emotional support, and SSW supervision for practical advice. However, it is difficult to assess if it is more useful to have two sessions rather than one.

The need to coordinate with other people who supported schools was relevant for services provided by the LA themselves, including Early Help advisers, Children's Social Services "drop-ins", Team Around the School, Neighbourhood Coordinators, Aid in Mind, Mental Health in Schools, and Social Workers in Schools (SWIS), a programme that embeds social workers in schools. A couple of SSWs noted, in particular, that the SWIS programme had started at approximately the same time in their LA. They said if the programme was found to be effective among their schools, it could be difficult to tell whether that was due to the SSW or SWIS support. Many DSLs we interviewed spoke highly about the SWIS programme, and for some they did not take advantage of the supervision as they were receiving similar support from the SWIS social worker.

How does usual practice look prior to the intervention or compared to the control condition?

Our findings suggest that 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 Children's Social

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 respondents	**Treatment:** Percentage of respondents
Very confident	13	50% (59%)	14	42% (43%)
Fairly confident	12	46% (41%)	19	58% (53%)
Neither confident nor unconfident	1	4% (0%)	0	0% (3%)
Not very confident	0	0% (0%)	0	0% (0%)
Not at all confident	0	0% (0%)	0	0% (0%)

Control: N=32 at baseline; N=26 at endline. Treatment: N=30 at baseline; N=33 at endline.

Care (CSC). Overall, more than 95% of respondents in both treatment and control groups, at both baseline and endline, considered themselves either "very confident" or "fairly confident" in performing the DSL role.

As seen in Table 21 below, the vast majority of DSLs expressed confidence in understanding the thresholds for referral to CSC. In interviews, similarly, most DSLs stated that they feel confident and experienced in understanding thresholds and do not require further support in this area. Many DSLs explained that the majority of referrals [24] from their school do get accepted by CSC. In some cases, DSLs disagree with CSC decisions about whether cases "should" meet the social care threshold to be accepted. DSLs spoke of the thresholds rising due to the limited capacity of CSC to respond to cases.

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 respondents	**Treatment:** Percentage of respondents
Understanding of thresholds that require a referral to Social Care	26	100% (100%)	33	100% (93%)
Providing high-quality information at point of contact and referral	24	92% (94%)	33	100% (97%)
Understanding Early Help processes and provide Early Help interventions	21	81% (88%)	28	85% (83%)
Understanding processes around child protection cases	24	92% (94%)	31	94% (90%)
Providing support to other staff	26	100% (100%)	31	94% (100%)
Communicating with and supporting families	26	100% (100%)	31	94% (100%)
Understanding school's help in providing Early Help interventions	23	88% (91%)	31	94% (97%)
Understanding CSC processes and issues	21	81% (68%)	29	88% (87%)
Keeping records of Early Help assessments, concerns and referrals	23	88% (94%)	31	94% (97%)

Control: N=32 at baseline; N=26 at endline. Treatment: N=30 at baseline; N=33 at endline.

24 Note that here and in some other instances 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.

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 make sure that there is a record of the concern being reported. This is particularly the case when DSLs do not see options other than referral to CSC.

How supported do DSLs feel prior to the programme or compared to the control condition?

A majority of the DSLs responding to the baseline survey reported feeling well prepared for their roles as a result of the training and support they had received (see Table 22). 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. In the interviews, DSLs noted that reflective practice is more valuable than training, and while DSLs can never feel "fully confident" in the role, their confidence improves with experience.

In the interviews, DSLs were asked about other support they had received in their roles prior to this programme, how useful it was and how it compared with this programme. For most DSLs, this programme was their first experience of receiving supervision.

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 receive the standard DSL training and complete refresher courses. The DSLs regarded the compulsory DSL training as useful, but insufficient. While the compulsory training developed some skills and knowledge around safeguarding, DSLs did not think it prepared them adequately for the realities of safeguarding, and some argued that no amount of training could prepare someone for dealing with a child in crisis. These DSLs said that their development had primarily come from "learning on the job" and "from years of experience".

> *"Nothing prepares you for being a DSL, doesn't matter how many courses you go on. Nothing I've ever learnt on a course has influenced the day-to-day job that I do. Not even level three or two, safeguarding training prepares you for the, for want of a better word, shit you deal with day in, day out and have to cope with. So, it's on the job. To be a good DSL you have to be on the job experience. There are still elements of it that I do not know and I won't ever know." – DSL Wave 2*

Table 22: Overall, to what extent has the overall package of training and support you have received prepared you for the DSL role? Baseline.

	Control: Number of respondents	**Control:** Percentage of respondents	**Treatment:** Number of respondents	**Treatment:** Percentage of respondents
Very well prepared	7	23%	7	23%
Well prepared	19	61%	16	53%
Neutral	5	16%	7	23%
Not well prepared	0	0%	0	0%
Not prepared at all	0	0%	0	0%

Control: N=31 at baseline Treatment: N=32 at baseline.

Table 23: Apart from the formal DSL training and refresher training, what type of formal or informal training or support, if any, have you received to support you in performing the DSL role? (select all that apply)

	Control: Number of respondents	**Control:** Percentage of respondents	**Treatment:** Number of respondents	**Treatment:** Percentage of respondents
Training course by LA	26	82%	24	80%
Training course by NSPCC	7	22%	13	43%
Training course by other provider	20	63%	18	60%
Support from Head Teacher or SLT	17	53%	15	50%
Support from other DSLs in school	16	50%	13	43%
Support from other DSLs in other schools	11	34%	12	40%
No additional training received	1	3%	1	3%

Control: N=32 at baseline. Treatment: N=30 at baseline.

In addition, some DSLs mentioned receiving other one-off training from their LAs, trust and academies or from charities. One-off courses often cover specific topics such as exploitation, mental health awareness or responding to domestic abuse cases. DSLs describe the training available as useful, although again not sufficient.

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 are able to get practical advice and run their decisions by their line manager or their lead DSL. Some safeguarding teams have weekly meetings in school to discuss any concerns or cases. This was effective for some, but others did not feel this was sufficient. Sometimes, this was due to turnover of staff so the expertise simply did not exist in the school. At other times, DSLs did not feel that other school staff, for instance senior leaders, were experienced enough themselves. One DSL described it as "the blind leading the blind" compared to the subsequent supervision with her SSW, who was very experienced and knowledgeable, and whose advice she trusted completely.

Another source of practical advice was from different CSC consultation phone lines. However, some DSLs noted that such practical support is significantly different from this supervision programme, as consultation phone lines only allow a short slot of time to ask specific questions about a case and receive concrete advice and actions for DSLs to take forward. Another difference was that they did not have an existing and trusted relationship with the person on the consultation phone line, compared to the SSW.

Wellbeing support

With the DSL role often being emotionally challenging, support for wellbeing is seen as highly important by the DSLs. This is 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 offer additional wellbeing support, such as paid for counselling or supervision for the DSLs. However, some DSLs we interviewed had never had any emotional support in relation to their DSL role, and highlighted the SSW supervision as a first opportunity for this, and as a substantial difference compared to previous practice.

Knowledge sharing and networking

DSLS reported having attended ad hoc courses or being part of safeguarding networks led by LAs. A few schools were part of the SWIS programme and had a dedicated social worker on site. In some cases, DSLs received individual supervision sessions by the Head Teacher, by private providers, charities, or by LAs. Another form of support was within schools or within academy trusts, from other DSLs and safeguarding staff as well as senior leaders trained to deliver training.

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

Survey results below show a mixed picture among DSLs in terms of their satisfaction and wellbeing in relation to their roles. On the one hand, as shown by the responses below, a majority of the DSLs report being satisfied in their roles (Table 24) and finding it rewarding and meaningful (Table 25). At the same time, the role made around half of DSLs anxious or stressed (Table 25).

Interview findings mirror this mixed picture. When asked about their experiences in the role prior to receiving supervision, DSLs in the treatment schools 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 such as tough, stressful, intense, overwhelming, exhausting and draining,

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	7	27% (25%)	9	27% (30%)
Satisfied	14	54% (56%)	23	70% (53%)
Neither satisfied nor dissatisfied	5	20% (13%)	1	3% (17%)
Dissatisfied	0	0% (2%)	0	0% (%)
Very dissatisfied	0	0% (%)	0	0% (%)

Control: N=32 at baseline; N=26 at endline. Treatment: N=30 at baseline; N=33 at endline.

on the people in the role. 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 and "put away" cases. DSLs spoke of feeling anxious of failing and letting children down.

> *"It's a very difficult role, it's a very stressful role, you never really know whether you're quite getting it right. The stakes are very high, you know, it's that fear constantly when you wake up at 4 o'clock in the morning, as to have you done the right thing, you know, have you informed the right people at the right times?" – DSL, Wave 2*

Demanding

DSLs describe the role as 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 also results 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.

> *"It has very dark days, obviously, and it has a huge impact on my whole work–life commitment. I don't think it's something somebody could do forever." – DSL, Wave 1*

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 that "take priority over everything else". One DSL described their usual approach to the role as "fire-fighting". DSLs said this leaves little time for in-depth discussion of cases as a team or for proactive, strategic thinking. DSLs were often daunted by the level of responsibility that was placed on them to protect and advocate for children's

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	2	7% (9%)	2	6% (7%)
The DSL role negatively affects my wellbeing	8	31% (34%)	9	27% (30%)
The DSL role makes me anxious or stressed	12	58% (53%)	14	42% (50%)
I find the DSL role to be rewarding and meaningful	24	92% (91%)	30	91% (87%)

Control: N=32 at baseline; N=26 at endline. Treatment: N=30 at baseline; N=33 at endline.

wellbeing. They described having to deal with difficult disclosures from children, navigating tense discussions with families, trying to co-ordinate help from CSC, but lacking the time to process the hardships of the role. This was usually on top of their other responsibilities, which included teaching, pastoral support, and other senior leadership duties.

During interviews, DSLs reported that their job had become more demanding in recent years, due to staff shortages, COVID-19, increasing caseloads and increasing thresholds. They also felt less supported by social care and agencies, who had a tendency to place more and more safeguarding responsibilities on schools.

Isolating

Some DSLs describe the role as being "lonely", with a DSL having to "carry it all" by themselves. The role can require working independently and exercising own judgement on cases with little scope to consult with colleagues. DSLs describe having to "step out of your comfort zone" when it comes to handling new or unfamiliar cases. This is particularly the case for schools with small safeguarding teams, where the responsibility lay predominantly in one person's hands.

> *"It's a massive job, but we work in the shadows, a lot of confidentiality, and you can become very isolated… It can be very hard, all the material, stories and disclosures, and the nature of them." – DSL, Wave 1*

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 such as Child and Adolescent Mental Health Services (CAMHS), 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. DSLs also described the role as "interesting" and as a "passion", something they "loved" to do.

> *"I can pick out four or five examples of children whose lives we've transformed, because of the safeguarding support we've given them in school, and child protection support we've put in place. So it has its rewards, even though it's exhausting a lot of the time." – DSL, Wave 2*

Reach and acceptability

This section overviews who the intervention reached and the experiences 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?

Supervision was usually received by the lead DSL. In some cases, supervision was offered to multiple members of the safeguarding team such as the DSL and Deputy DSL or other members of the pastoral and wellbeing team. In some instances, SSWs offered supervision one-to-one to various members of staff, and other times as a group with two or three DSLs and deputy DSLs. The interviews showed this typically occurred in schools where safeguarding was the shared responsibility of multiple members of staff, and where they already worked collaboratively to resolve cases.

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

Overall, 86% of treatment schools received some supervision sessions, while 14% did not receive any sessions. There were some substantial variations across LAs. In three LAs, 100% of treatment schools received at least one supervision session, compared to 71% and 75% in two other LAs. The average number of delivered sessions per school across all LAs were 8.5 sessions. Again, this ranged from 2 to more than 14 sessions across different LAs. For context, a session every six weeks (per term) would have amounted to ten sessions between January 2021 and July 2022, which means the average number of sessions delivered was close to the intended target.

Table 26: Number of schools that attended "no sessions" or "any sessions" across all LAs *(data collected by SSWs)*

	Number of schools allocated to intervention	Number of schools with no sessions	Number of schools with any sessions	Share of schools with no sessions	Share of schools with any sessions	Average sessions per school
LA 1	9	0	9	0%	100%	5.3
LA 2	6	1	5	17%	83%	14.5
LA 3	16	4	12	25%	75%	8.1
LA 4	7	1	6	14%	86%	2.0
LA 5	7	0	7	0%	100%	12.7
LA 6	5	0	5	0%	100%	3.6
LA 7	7	2	5	29%	71%	12.0
LA 8	8	1	7	13%	88%	8.6
LA 9	8	1	7	13%	88%	9.9
Total	**73 schools**	**10 schools**	**63 schools**	**86%**	**14%**	**8.5 sessions**

The success of the programme often depended on getting schools engaged and organising the first session. Some LAs described the process of achieving initial buy-in among schools as straightforward, other LAs had found it more difficult. However, as this project had a longer timeline than some of the later programmes that provided supervision by social workers to DSLs, the SSWs had more time to convince DSLs to participate. The next two sections will describe the facilitators and barriers to engagement.

Facilitators to engagement

In interviews, DSLs were asked why they or their school decided to accept the supervision programme. Some of the reasons mentioned by DSLs included 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.

> *"It was something we jumped at because we knew we were going to get a really good service and support from [SSW] because she's really knowledgeable, she's great."*
> *– DSL, Wave 2*

The fact that supervision was free and linked to the LA was a motivating factor for some schools. Some DSLs accepted supervision as they stated considering any additional support as useful, whereas others were specifically keen to try supervision.

From the perspective of LAs, an important factor which facilitated buy-in was when SSWs were supported actively by other staff in their LA. For example, introducing the programme to schools, and 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.

Barriers to engagement

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. 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.

Miscommunication was another barrier. Some 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 confusion about the term "supervision", as they felt it implied being watched or judged by CSC.

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 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.

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

There is evidence of the programme having an impact on wider school safeguarding staff. In many cases, several members of staff engaged directly in the supervision sessions, and therefore benefitted directly from the practical and emotional support provided by the SSW.

Additionally, 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.

Supervision also reminded DSLs that their staff were facing similar struggles to 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.

> *"You can go back and be confident to the other people in the pastoral team, your decisions are backed up externally as well." – DSL, Wave 2*

Some DSLs had also been supported by SSWs to ask for additional funding from their schools to train their Heads of Years or other members of the Senior Leadership Team as DSLs, so they would have a better appreciation of decision-making and the stresses of the role. The intention was also to increase their knowledge of issues so teaching staff could then take actions which aligned with safeguarding goals, for instance:

> *"One of the concerns I have is that, sometimes senior leaders can seem to make decisions fairly arbitrarily without always considering safeguarding. And I am trying to convey that safeguarding underpins every decision. So, if you are putting a child out on a part time timetable that should be discussed with safeguarding. So, it's everything and I know that when [SSW] delivers that training to them it adds weight to my own voice, and I think that will be really powerful as well." – DSL, Wave 2*

Finally, there were also some DSLs who felt the programme only had a minimal impact on their ways of working in schools. Those DSLs typically said they already had a strong team who collaborated and touched base frequently.

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. A fifth of the DSLs responding to the survey found fitting the sessions into their usual working schedule "quite difficult" or "very difficult".

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	6	21%
Quite easy	12	41%
Neither easy not difficult	5	17%
Quite difficult	5	17%
Very difficult	1	3%

Treatment: N=29 at endline.

The main barrier to organising sessions was time and scheduling among DSLs who had many competing demands, due to teaching responsibilities, leadership meetings, and safeguarding responsibilities. The competing demands were often exacerbated by the pandemic and school disruptions. In the interviews, DSLs sometimes described it as "tricky" to fit the sessions into their timetables. However, generally, for the DSLs that were interviewed, this barrier had been overcome, partly because the SSWs had been flexible in re-organising sessions.

What is the experience of the social workers delivering the programme?

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. Some argued this should be included more in their professional qualifying training.

> *"It's been good learning a little bit more about how schools are set up, and what processes they have to go through, I had no clue!" – SSW, Wave 1*

Many SSWs gained insights into the workload of DSLs and schools, and described the experience of delivering supervision as "eye-opening" and "surprising". They sometimes said that as social workers they had previously been frustrated about the pushback and lack of effort from schools, but admitted they had often had unfair expectations about what schools were able to do:

> *"We've taken for granted, as social workers, that we've got high caseloads, and our caseloads are quite complex, and we push things onto schools. But schools have got one worker to potentially 200–300 children, and that is a lot when you're asking them to do direct work with all the children, feedback, attend all the meetings." – SSW, Wave 1*

During the Wave 1 interviews, the SSWs described the introductory session to the programme as "useful" and "informative". Together with materials and guidance, and the opportunity to contact the social worker from Bolton and the lead person at the Greater Manchester Combined Authority on an ad hoc basis, they said it gave a clear picture of what needed to happen and the priorities of the project. The other supporting mechanism was the ongoing monthly Community of Practice (CoP) sessions, attended by all SSWs and the lead person from the Greater Manchester Combined Authority, and observed by the evaluation team. SSWs described the CoP sessions as a good way of sharing practices and "bouncing ideas off each other". In addition to the CoP sessions, the SSWs set up a Whatsapp group to share experiences and offer a more informal environment than the CoP sessions, with more time for reflection. Some SSWs also had pre-existing relations with other SSWs, and described those relationships as crucial, as they had phoned and emailed each other on an ongoing basis about the project.

All SSWs were hired full-time in the role; however, it varied widely how much time it took them to deliver the required supervision and support to DSLs. Depending on the size of the LA and the take-up among their treatment schools, SSWs supported anything between around 5 and 12 schools. This meant a couple of SSWs still fitted in some responsibilities from their previous

role, especially during the early phases of the project. Most importantly, however, it meant that many SSWs had plenty of time in their current role – especially compared to their higher workloads in previous roles – so, partway into delivering the programme, they had been given the opportunity to offer support to feeder primary schools. It also meant that SSWs often went over and beyond in terms of what support they offered the secondary schools in the programme. As already discussed, this is crucial context in understanding the outcomes of the intervention, and it may not be possible to achieve in potential future rollouts.

SSWs also valued the other support available to them, from their LAs and line managers. SSWs typically received their own supervision within their LA. Some SSWs described challenges in getting support from WWCSC, such as unclear communication and occasional lack of response to emails. Generally, while the SSWs were happy with their role and described it as rewarding, they also said it could be a fairly isolated and sometimes lonely role, exacerbated by the pandemic and the requirement of homeworking.

As noted earlier, the interviews with SSWs highlighted barriers to getting schools started with the programme. SSWs had encountered difficulties during the first stages of the programme to engage schools and DSLs. Some said the pandemic definitely made the initial engagement harder. School staff were sometimes working from home or preoccupied with COVID-related issues in the school, and face-to-face sessions could have been useful to sell the programme.

In terms of preparing 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.

How was the intervention received by participants and by the school in general?

The majority of the DSLs found the supervision sessions useful, with 76% of the respondents reporting that the sessions were "very useful" and 14% describing the sessions as "quite useful" (Table 28).

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, 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

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

	Number of respondents	Percentage of respondents
Very useful	22	76%
Quite useful	4	14%
Neutral	3	10%
Not very useful	0	0%
Not at all useful	0	0%

Treatment: N=29 at endline.

worker's perspective, and discussing their own wellbeing. These themes are discussed further in the later section on perceived impacts of the programme.

Mechanisms and outcomes

What are the perceived impacts of the intervention?

The survey results provide a mixed picture of the impact of the programme and change in practice among DSLs.

Overall, 93% of survey respondents reported that supervision had a positive impact on them as a DSL. Just over a third (32%) of respondents reported the programme as having quite a large positive impact and just under half (46%) a very large positive impact.

At the same time, survey responses indicated that only 13% of the DSLs in treatment schools felt their approach to safeguarding was "quite" or "very" different compared to before the programme, which is also lower than for surveyed control schools.

A large majority (79%) of respondents in treatment schools felt their overall performance had become "better" or "much better" due to the programme. The outcomes with the highest self-reported changes were "providing information at point of contact/ referral" (82%) and "understanding CSC processes and issues" (82%).

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	13	46%
Quite a large positive impact	9	32%
Small positive impact	4	14%
No impact/change	2	7%
Negative impact	0	0%

Treatment: N=28 at endline.

Table 30: To what extent is your approach to safeguarding similar/different to the one you had before September 2020?

	Control: Number of respondents	**Control:** Percentage of respondents	**Treatment:** Number of respondents	**Treatment:** Percentage of respondents
Very similar	8	30%	7	23%
Quite similar	10	38%	19	63%
Quite different	5	19%	4	13%
Very different	3	12%	0	0%

Control: N=26 at endline. Treatment: N=30 at endline.

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?" (number and proportion of respondents who answered "much better" and "better")

	Number of respondents	Percentage of respondents
Overall performance	22	79%
Understanding thresholds requiring a referral to Social Care	21	75%
Providing information at point of contact/referral	23	82%
Understanding EH processes and providing EH interventions	21	75%
Understanding processes around child protection cases	21	75%
Providing support to other staff	19	68%
Communicating with and supporting families	20	71%
Understanding school's role in providing EH interventions	20	71%
Understanding CSC processes and issues	23	82%
Keeping records of EH assessments, concerns and referrals	18	64%

Treatment: N=28 at endline.

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

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

Contacts, referrals and understanding of thresholds

Reducing the numbers of inappropriate contacts made by schools was one of the key aims of the intervention. However, there is limited evidence from the interviews that the programme supported this aim.

Many DSLs feel that they already were knowledgeable and experienced in understanding thresholds prior to supervision

and did not need additional support in this area. 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 contacts, supervision confirmed to them that their practices were correct.

A few DSLs described their practices changing as a result of supervision. For instance, some said that supervision gave them better awareness of other options for support that they could use before escalating a case to CSC.

For some, supervision had significantly impacted their approaches to contacting CSC about safeguarding concerns. In particular, DSLs new to the role or their LA learnt about processes of making contacts and referrals, and of the different thresholds' levels.

> *"I think previously, like if we had concerns or we were struggling with a family, we'd jump straight in, to kind of ring it through to Social Care, whereas now, we'll say, well, we don't have enough information, we need to do the voice of the child or the day in the life and assess the child. We need to get the family in and talk about what strategies they're using and assess what their engagement is. And then we've got a wider, again, that holistic view of the child and the family, when we're referring things on, then they're moving forward."*
> *– DSL, Wave 2*

DSLs also said that supervision helped them to gain a better understanding of how to refer cases to ensure they do meet the threshold. For instance, 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. They were also advised on the type of language to use and what to include in the referral.

> *"I feel my referrals to social care now have more relevant information, they are more detailed and accurate."*
> *– DSL, Wave 1*

> *"So, we've been able to streamline stuff [as a result of support from SSW]. We've been able to make sure that our paperwork has the correct information or the right language so that we're hitting support services. So, I guess about working smarter rather than harder."*
> *– DSL, Wave 2*

As discussed in the section on DSLs' experiences of the role prior to the programme, some DSLs choose to contact CSC even if they do not think a case will be accepted. In a couple of cases, DSLs felt their SSW had encouraged this practice, despite the LAs saying that schools referred too many cases.

In other cases, supervision had highlighted areas of concern and encouraged DSLs to think critically about signs and indicators of concerns, and SSWs had advised DSLs to flag these to social care services. This would lead to more contacts, but likely appropriate ones.

Generally, many felt frustrated about the process of referring cases, with many perceiving thresholds to be shifting increasingly so that only the most dangerous and easily identifiable cases can be referred in. Without CSC support, responsibilities were pushed back onto them to collect more evidence or handle the situation without further support. This was a case of great concern for DSLs:

> *"It seems that more is being pushed to schools to sort, and it's completely beyond our capacity to resolve. We're expected to get into the houses and look in the cupboards and see if the kids are being fed. That is far beyond our legal responsibility. But that is more of what we're being asked to do." – DSL, Wave 1*

Some DSLs also spoke about their frustration about the perceived high turnover of staff in the MASH teams. They said they often had to go over the same things when new social workers were assigned on a case. This stop and start approach also prolonged the process of allocating support, negatively impacting the young person.

Despite these frustrations, DSLs we interviewed said the support from the SSW had also given them the confidence to push back against CSC, and question the decisions of social services.

"It's the confidence, saying, this isn't our role, [CSC] need to do this, because you've got the time allocated as part of your profession to do it, supervision has given us that confidence to do that." – DSL, Wave 2

"And it's like you're their [CSC] employer, and they're telling you what to do, and I know some of our safeguarding team got quite overwhelmed by it at times, and saying, we've got to set up this, and so I got to the point where I said look, they're not our employers, we are the school, we will decide if we need to set up Early Help. We will decide if we've got the capacity to do this. It's all right everybody saying we should be doing this, but we've to judge priorities, we've got to judge capacity. And we've got to take control of it. And that's something that we decide as a school … And I mentioned this in one of the early meetings, to [SSW] and she was very supportive in that, and saying yeah, you know, as a school, you know the students in your school, you know the capacity you've got, you know the context in which you're working at, and you're quite right to do that, and to stick with that. And I found that really valuable, to have that from [SSW], to have that, and to say well, that's quite right for you to do that." – DSL, Wave 2

Supporting children and families

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

DSLs described how they had gained increased awareness of wider support services and referral options. Some DSLs said their SSW signposted them to resources, which they had not previously been aware of, and made them better able to support children and families. Other DSLs suggested that supervision made them more confident to communicate with children and families about difficult decisions, which they used to find challenging prior to the programme.

DSLs also often reported increased confidence in using Early Help Assessments (EHAs). Instead of seeing it as burdensome, intrusive, and time-consuming, discussions with their SSW helped them to see the value of EHAs. This had resulted in large increases in the use of EHAs for some schools, for instance with one DSL estimating a 50% increase since the start of the programme. Many DSLs described how SSWs had supported them to streamline their EHA processes and make the writing process quicker. For other DSLs, SSWs were able to support them in decreasing the number of EHAs by bringing in support from the LA. DSLs also felt more confident and knowledgeable in the EHA process.

"Yesterday I did a meeting with a family and I started right from the beginning of first Early Help and if it wasn't for her support, I couldn't sit there in the meeting and identify what support I can put with this family. Whereas when I first started I used to have to take the form and then think about everything, but I was able to do that on the spot, I was able to think yes, [SSW] mentioned

this group or [SSW] mentioned that group, and in the network meeting this was mentioned and that was mentioned."
– DSL, Wave 2

When needed, some DSLs also appreciated SSWs looking up families in the social care database. Schools do not have access to this information, but gaining access to knowledge about the family history and about siblings in other schools could help them tackle cases more effectively. DSLs also felt supported asking their SSWs to investigate a referral if it had stalled. This is another example of SSWs going over and beyond the support that was outlined in the programme specification, which might lead to impacts that would not be replicated in future trials that followed the specification more rigidly.

During the supervision sessions, DSLs were encouraged to look at cases objectively and through the perspective of a social worker. Many DSLs found this useful, helping them to develop new support plans, to better support children.

Bridging the gap between schools and social care

One of the most common views expressed by both DSLs and SSWs was that the programme "bridged the gap" between education and social services, by facilitating "increased understanding" and "joined-up working". From the perspective of DSLs, the supervision sessions gave them an opportunity to ask questions about children's social care and gain a deeper understanding of processes and reasons behind social work decisions. In addition, DSLs sometimes described their SSW as a "mediator" between the two sides, for instance by connecting them with the Early Help team in the LA. Some DSLs recognised that historically there had been a cultural barrier between schools and social care.

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.

"Because I think sometimes when you work in a school, when you work within a certain role, you can become quite insular in the way you work. And a bit tunnel vision, so when you talk to somebody else, especially with someone like [SSW], who's really knowledgeable, it's good to just go oh right, yeah, I didn't think of that, because you know, it opens your eyes a little bit more and makes you think actually, this is probably a different way to approach it, and a better way to approach it. So yeah, it's always useful."
– DSL, Wave 2

Many DSLs especially appreciated how the SSWs had gained a better understanding of the school perspective, which meant DSLs had an "ally" inside the LA who understood their day-to-day struggles. DSLs hoped this would be used proactively to improve the relations between schools and social care, and in some cases this had already happened. For instance:

"We now have an advocate at the heart of Children's Social Care. With many child protection issues, sometimes you can feel you're at different ends of the spectrum to social care. It feels like it becomes tetchy at times. What [SSW] has done, she's tied it together, she is able to get us the answers and responses we have needed at the right time. She is always there to point us in the right direction, or to make the connections we need, getting people in contact with us, moving heaven and earth really. To get the support in place for these kids." – DSL, Wave 1

SSWs, as previously mentioned, also gained a deeper appreciation of the amount of responsibilities placed on DSLs and schools. Some SSWs also fed this back to their teams within the LA to raise awareness and bridge the gap between services.

> *"She [SSW] did a presentation in practice week, and I went to give a presentation with her. So, that was one of the things that we did, that was for Social Work Managers, and a way of letting them know what the role of the DSL is, and they didn't know, and the comments we got after in the chat box, saying, 'I really did not realise that is the depth of that role and your responsibilities'. They had no idea … So, I think it was more about the amount that we did, and the responsibility that we held within the school, that they were shocked at." – DSL, Wave 2*

Furthermore, the programme had showed SSWs it was crucial that both sides understand each other's roles and perspectives better, and felt the SSW role had been instrumental in "bridging the gap" between social care and education. In addition to bridging the gap through supervision and regular support to schools, in some cases this had already had other direct impacts. One SSW said she had fed the insights back to the social care team, and become a key part of the conversation in the LA about how they could improve their front door. Another SSW said she had recognised in the supervision sessions that their Early Help Assessment form was far too long for schools to complete, and they had therefore started the process of adapting them. Another SSW now offered training and support to other social workers in the LA about how to improve the front door, including sharing the feedback of schools and by creating a dictionary or guide translating key social care terminology into more accessible language for schools. She reflected that this was now an important part of her role:

> *"My main strategic lead is saying to me, you are the eyes and ears on the ground. Hearing the feedback is really helpful for us in reflecting on the way we deliver services." – SSW, Wave 1*

A similar sentiment was shared among DSLs, who gained a new appreciation for the challenges involved in social work. For instance, one DSL reflected on the pressures involved in social work when mentioning that her supervisor had quit her role:

> *"She just left, which is such a shame, but ultimately, being a social worker is a really hard job and I think it gave us a really interesting insight into the pressures on social workers. Actually, I think that was a real positive about it. It's easy to say, oh God, it's really stressful being a social worker, but actually seeing it in action and seeing the pressure that the parents and the children put on them, and the frustration of trying to get things moving and the home visits, it is quite full on, isn't it?" – DSL, Wave 2*

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 are more structural, and could not be addressed by this type of intervention. However, there may be some extent to which learning more about the work of CSC can make schools more sympathetic to the challenges they face.

Impact on DSLs' confidence and mental wellbeing

Responses to the endline survey indicate some differences in confidence levels between DSLs in treatment and control schools. The DSLs in the treatment group were more likely than those in the control group to report feeling "slightly more confident" or "much more confident" in the role compared to September 2021, with this applying for 86% of DSLs in the treatment group and 65% in the control group.

Survey responses to wellbeing questions were analysed as part of the impact evaluation, which did not find any statistically significant differences in wellbeing between the treatment and control group. Interview findings suggest that the programme had some positive impacts on participants' confidence and emotional wellbeing. Some DSLs said supervision improved their confidence in the role, as it encouraged them to reflect on their practice. Many DSLs reported feeling reassured of their practice by their SSW. During the supervision, they were able to analyse their actions and better understand the outcomes of the cases. For DSLs who felt isolated, supervision provided invaluable support and a place to offload concerns. Some also felt encouraged to continue in the role where they otherwise might not have, as the supervision addressed previous doubts and feelings of guilt in relation to past actions.

DSLs repeatedly expressed surprise that SSWs showed interest in their mental wellbeing. The DSLs described how the supervision sessions had given them an opportunity to offload their worries, and the SSWs had been "a shoulder to lean on" for them:

> *"I think as a DSL you do need to speak to somebody. Because all you're seeing is doom and gloom every day. You need to offload to somebody who is external to the school in my opinion." – DSL, Wave 1*

At times, DSLs appreciated the SSWs' presence and empathy, with many stating that they do not otherwise have a space to offload concerns. Similarly, they appreciated the concrete advice SSWs provided, helping them improve their practice, which in turn improved their confidence. However, the lack of capacity in schools and increasing caseloads were outside the scope of the programme and remained a serious barrier to DSLs' mental wellbeing.

Table 32: 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	5	19%	13	43%
Slightly more confident	12	46%	13	43%
No difference	8	31%	4	4%
Slightly less confident	1	4%	0	0%
Much less confident	0	0%	0	0%

N=26 for control; N=30 for treatment.

Some DSLs also valued the opportunity to speak to SSWs through ad hoc calls and emails, to receive reassurance before acting on new cases, and not having to carry the weight of the case until the next session.

Many DSLs recognised that the main purpose of the sessions was to provide a space to reflect on their practice. This was generally valued by DSLs. In one case, an experienced DSL described the supervision sessions as "holding a mirror up", allowing her to reflect on her own practice and challenge her own thinking. She described it as "the best training I have ever had". Some DSLs also said the opportunity to reflect on their practice was unusual for teachers, but they recognised it was very valuable when it came to safeguarding:

> *"I don't normally get to reflect on my practice during a working day, normally it's absolutely non-stop." – DSL, Wave 1*

Various DSLs also noted the importance of having an external, objective person to voice frustrations to. DSLs often explained that it was easy to get too personally and emotionally invested in the role, including the cases and the families. The SSWs had helped dealing with this. For instance, one DSL explained that, with the help of her SSW, she was now able to look objectively at the situation and understand attacks from parents were not targeted at her, helping her be more empathic. SSWs also helped DSLs think of new ways to tackle difficult families:

> *"Just in suggesting … other ways of dealing with them, like difficult families, are particularly hostile to certain members of staff who contact them, [SSW] has said, we'll try different members of staff, so we have done that." – DSL, Wave 2*

The supervision sessions had given DSLs more confidence, both by enhancing their knowledge and practices, but often also through affirmation. DSLs said it had been hugely important for their confidence to speak to an experienced social worker who could provide regular feedback on their practices, including positive feedback that reassured them, and who was approachable and available by phone if they had a question:

> *"I'm worrying less, because actually there is somebody going, do you know what, you are doing it right, you are doing a good job, and if you are worried about anything, give me a ring."*
> *– DSL 2, Wave 1*

This included some DSLs who had only recently started in their role. They said the reassurances from the SSWs increased their confidence and "perks me up", especially because of their experience in social care which gave their feedback more weight. One of them explained how it had made her thrive in the role as DSL, and she now approached the role on a more confident manner with a safeguarding mindset:

> *"Quite often, I know what to do but I'm nervous, I'm not sure, so just having that reassurance … I am very much in a safeguarding mindset now. Now, everything I do I see through a pair of DSL eyes, as opposed to just a teacher who's got safeguarding responsibilities."*
> *– DSL, Wave 1*

As mentioned previously, the supervision sessions often improved DSLs' confidence in pushing back and placing responsibility back to social workers and parents. Mainly, DSLs felt more comfortable in having difficult discussions, having practised them with their supervisor. This allowed them to redraw their

work boundaries and remind social workers and parents of theirs. In discussions with social workers, they also felt more able to challenge decisions and voice their opinions.

Improvements in confidence and wellbeing could be linked to the relationship between DSLs and their SSW. DSLs described their SSWs as "warm", "friendly", "lovely", "not judgmental", "patient" and "knowledgeable". Feeling they could open up to their SSW meant DSLs felt comfortable offloading and reflecting on cases where they were unsure about the outcomes. In addition to valuing the soft skills of SSWs, they appreciated that the advice was grounded in their experience as social workers. Consistency was also important. DSLs were often used to a high turnover of social workers, and often expressed frustrations about this. However, this programme had enabled them to build a relationship with the SSW over time, and they found that this consistency and having someone they trusted was invaluable.

On the other hand, some DSLs also reported limited or no impact of the programme on their wellbeing, as they believe their wellbeing was already sufficiently supported by their school culture.

Overall, the supervision had also made some DSLs recognise that the role was mentally challenging, and as a result of the reflections in the sessions they had taken steps to protect and prioritise their own wellbeing. As an example, on advice from their SSW, one school had changed their operating system from receiving 24/7 notifications, to only receiving them during school hours, which had improved the work–life balance of the DSL. For another DSL, this meant she had appointed a Deputy DSL from the next academic year, recognising that her current workload was unsustainable. The supervision, and the input from the SSW, had given her the confidence to make this case to senior leaders in the school. However, in contrast, some DSLs said their increased confidence and SSWs' expertise had not reduced the burden of being a DSL.

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 reflection. Formal scheduling of time slots for a one-to-one session 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.

> *"We're firefighting all the time. What [SSW] has done is allow us to have that additional capacity, to provide really important advice at key moments in time … This is a relentless hamster wheel of react, react, react. What [SSW] has given us is that ability to not drown under it but to actually seek guidance and the signposting that we've needed, to intervene with these children."*
> *– DSL, Wave 1.*

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.

> *"Having someone external come in and talk about stuff is always really energising because you get a fresh pair of eyes on things. And, also, like I said, reassuring sometimes to make you, I've not gone mad, I'm not losing the plot, I am competent in what I'm doing."*
> *– DSL, Wave 2.*

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

Some DSLs were frustrated at the high staff turnover in CSC, and the high number of social workers assigned during single cases. They therefore valued the consistency of the SSW in this programme, as it took time to build a relationship and develop trust. If the supervision programme is rolled out on a larger scale, they underlined the need for the same supervisor to be allocated to each school for a prolonged period of time, and for it not to be affected by the same issues of staff turnover.

"The fact that it's always [SSW], is that familiarity and constant, I think that's a real bonus, that we've got one link and she's always willing to answer questions in-between supervision time, so, I can email her, and she'll get back to me with her thoughts or suggestions, if I'm stuck with anything." – DSL, Wave 2

Constructive feedback. DSLs also appreciated the manner in which feedback was communicated to them, in particular in situations where the social worker disagreed with their approach. This was influenced by the relationships they built with their SSW, where they felt able to discuss decisions they were uncertain about. As described earlier, some DSLs had expressed a concern before the programme that the social workers would criticise them, but they found SSWs to be "positive", "supportive", "non-judgmental", "good listener[s]" and able to gently advise on performance to enhance best practice.

"She listens intently and interjects with good suggestions or pushes the discussion on in different areas, with lots of different examples." – DSL, Wave 2

"But I love the fact that with [SSW], it can be, yes, I would have done that, that's exactly what I would have done, or have you thought about what you can do if that doesn't work, there's this? It's a whole different ball game for me, it just, the supervision is so much more effective." – DSL, Wave 2

Flexibility. DSLs described supervision sessions as beneficial when it was tailored to their needs. This included being able to discuss issues which were important to them, at a time which suited them and delivered (remotely or face-to-face, individually or as a group) as they preferred.

"[She] is great and able to jig her other stuff around, in order to fit me in, on occasions that I've needed to. So, yes, that's been great, in fact, an example would be that I think only on Monday, I was arranging for our next meeting, and she's come back, and given quite a few options." – DSL, Wave 2

Particular value to new staff. Some DSLs said that being "fairly new to the post" is a factor which contributed to them finding supervision useful. Supervision was particularly helpful for those new DSLs as they tend to face unfamiliar cases more frequently. DSLs also noted that supervision allowed less experienced members of staff to learn about support options other than contacting CSC, which was particularly useful to them.

Barriers to impact

Time and capacity constraints. The number of responsibilities DSLs deal with made it difficult for them to allocate time to take part in supervision. 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. Capacity issues also affected DSLs' ability to reflect further and put into action what they had learnt.

> *"As soon as she leaves, I'm back into the world of school … I'm still quite reactive, though I am reacting better and differently. But I'm still not getting to reflect and process some of the stuff we discussed, because I'm just straight back into the thick of it." – DSL Wave 1*

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, and in bridging the gap 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 explained that, despite having taken part in the programme, they still have frustrations with CSC. Many DSLs interviewed felt that the safeguarding demands on schools are increasing, and those may not necessarily be best addressed within schools.

Impact of the pandemic and school disruptions. DSLs said their role had changed significantly and become more difficult due to the pandemic and school disruptions. Their workload was now significantly larger and more complex. During lockdown, the lack of face-to-face contact with children meant it was harder to detect changes in behaviours.

> *"Now we've got a higher number of students that might need intervention, and we can open all the Early Helps in the world, but we know that agencies are overwhelmed because of the effects of the pandemic." – DSL, Wave 2*

Overall, due to the increase in workload and rise in complex cases and safeguarding concerns, many DSLs described the programme as "extremely well-timed". They said the support and the advice from SSWs had been crucial to navigate the consequences of the pandemic, though many noted that the programme would also have been extremely valuable before the pandemic to prepare DSLs for what was to come and during the first lockdown. Generally, the stakes were often higher than usual, and in one case, a DSL said the support from their SSW had contributed to saving lives.

> *"The safeguarding team, and that includes our [name of SSW], they have saved lives this year. Without them, without [SSW] and that role, I think there would have been some very different outcomes for some of our more vulnerable young people." – DSL, Wave 1*

However, the timing of the programme had also been a challenge for all schools. DSLs have had many other priorities, such as getting children back to school, doing timetables, and managing isolations and infections. Their increased workload had given them potentially less time and headspace to process and act on reflections during supervision sessions. More broadly, both DSLs and SSWs sometimes cautioned against jumping to conclusions about data on the effectiveness, or lack of effectiveness, of the programme, due to the unique circumstances in which delivery had taken place. The DSLs who made this point said

they were convinced the supervision sessions were extremely valuable and useful but were concerned this would not show up in the evaluation data due to the pandemic and school disruptions.

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 (86%) described the sessions as good or very good use of their time (Table 33), and most (82%) would want to continue receiving supervision (Table 34).

"I think it's really valuable. And I feel it definitely has a place in modern education and in the way that we are trying to work much more collaboratively with other services … We have had school linked mental health practitioners, and I have hardly ever seen them, I have hardly met them because they are so stretched. Whereas, this is a ring-fenced time, and I found that really, really valuable."
– DSL, Wave 2

The DSLs who were interviewed also strongly believed that supervision should continue. Many argued that pressures on schools and safeguarding concerns will only continue to rise, and argued that supervision is a good first step, but not sufficient, in ensuring that children and families receive the support they need.

DSLs worried about the ending of the programme, and felt the impact would be much stronger if the support from the SSW continued.

Table 33: 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	21	72%
Good use of my time	4	
Neutral	4	14%
Poor use of my time	0	
Very poor use of my time	0	0%

Treatment: N=29 at endline.

Table 34: If you were given the opportunity, would you want to continue receiving supervision and support by your supervising social worker?

	Number of respondents	Percentage of respondents
Definitely yes	23	82%
Probably yes	2	7%
Not sure	2	7%
Probably not	1	4%
Definitely not	0	0%

Treatment: N=28 at endline.

"These things tend to be short-lived, don't they? It's great, then it goes away. You were just about getting used to it, and understanding what needed to be doing or what the benefits are, and then the project ends, which is sad."
– DSL, Wave 1

DSLs often argued that safeguarding was such an important area, but they received little support compared to other areas in education. As such, the supervision programme had been welcomed, and filled a gap, and they hoped it would continue, so they were properly supported in their role, both in terms of having an emotional outlet and to provide advice on safeguarding.

"The thought of it ending is actually quite terrifying really. I worry a little bit that it might come to an end, if I'm honest, because having somebody to get advice from very quickly has been so important for us." – DSL, Wave 1

However, DSLs were often concerned about the future funding model, and emphasised that schools would struggle to prioritise it in their budgets.

Overall, all DSLs interviewed said they would recommend the programme to other schools, some wholeheartedly, while some said the degree of benefit depended on the school circumstances and DSL experience. However, it was the general consensus that everyone would benefit in some way.

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 the actual spend by LAs that was covered under funding from WWCSC as part of the project, as well as the initially agreed budgets.

For the purpose of estimating costs, we focus on the nine LAs that continued to participate in the project following randomisation. 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.

Costs for LAs typically related to the cost of employing the SSW(s). This would be an additional cost for 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 provided 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. It is possible that LAs also incurred other costs that were not covered under the project budget, although these were not raised during the interviews that formed part of the evaluation. These costs 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.

In addition to the costs incurred by LAs in delivery, additional costs related to:

- Costs incurred by GMCA in their coordination role across the LAs
- Support provided by Bolton to the other LAs, both in providing inductions for each SSW, as well as ongoing support throughout delivery
- Community of practice sessions – these took place on a roughly monthly basis during the period of the intervention, and were mostly held virtually, although on two occasions took place in person (see the description of the intervention in the Introduction to this report)

It is unclear whether all of these elements would be required on an ongoing basis if the programme were to be delivered outside of the evaluation. Costs are not available for the community of practice sessions, but we include the costs of GMCA and Bolton support in our estimates, to represent costs as incurred in the trial.

To calculate an average cost per school, total expenditure is summed across all nine LAs based on the totals from the financial reporting, and also including the costs incurred by GMCA in their coordination role, and by Bolton in providing additional support to the other LAs. This total cost is divided by the number of schools that were assigned to receive the intervention. On this basis, the cost per school per year is estimated at around £4,500 per school.

It should be noted that the cost per school varied by LA. If we focus on the costs incurred by LAs only (excluding GMCA and Bolton's costs in respect of providing support for delivery of the project), the cost per school per year varied from a minimum of just over £2,000 to a maximum of around £7,500 (an average of around £4,300 per school). This variation appeared to be primarily driven by variation in the number of schools in each LA: total costs were in a similar range for most of the LAs (with the exception of one LA where delivery stopped in October 2021, and thus costs were much lower).

It is important to note that while these were the costs funded as part of the project, they are likely to represent an overestimate of the actual cost of delivering the supervision. For this project, SSWs were typically appointed as a full-time position (with one SSW per LA), and during the trial, as it became evident that in some LAs, SSWs had spare capacity, they were also permitted to offer supervision to primary schools (outside of the evaluation). The number of secondary schools that SSWs could potentially support varied between 6 and 16 schools. [25] Many of the SSWs also delivered additional support outside of the supervision sessions, including activities such as arranging training and networking events. The average cost per school for the other trials forming part of the scale-up were lower. For these trials the approach to planning capacity and resourcing of SSWs was adjusted following a review of the approach for the GMCA trial. At the same time, as noted above, there may be some costs that are not accounted for, such as costs of hiring SSWs, although such costs are anticipated to be relatively small in relation to expenditure on the programme as a whole.

25 That is, this is the number of schools that were randomised to the treatment group (not necessarily the number that actually took up the offer of supervision).

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 future years as the programme became more embedded.

The above analysis was supplemented by specific cost-related questions during interviews with DSLs, SSWs and LAs. These did not suggest any significant additional costs. As discussed in the findings from the IPE, finding time for the sessions was sometimes a barrier for DSLs, but the majority of DSLs responding to the survey considered the programme to be a good or very good use of their time.

LIMITATIONS

The analysis does not show a statistically significant effect of the programme on the outcomes considered as part of the impact evaluation. In interpreting these findings, it is worth considering the following points.

In respect of the impact evaluation, the fact that administrative data is used to measure most outcomes generally offers the advantage of reducing the extent of missing data. In this study, however, attrition for the primary outcome stands at 13%. This is mainly driven by the withdrawal of one LA, in which it did not prove feasible to recruit a SSW. This may lessen our confidence in the results, although as randomisation took place within each LA, this should not have introduced attrition bias as a result.

More broadly, the use of administrative information means the analysis is limited to the measures that are available in the data. As noted earlier, the key aim of the intervention is to reduce inappropriate contacts to children's social care. Here we are assessing this by contacts leading to no further action, which may be a proxy, but is certainly far from a perfect measure. The fact that a contact does not lead to further action does not necessarily mean that the contact itself was inappropriate. Among those contacts classified as resulting in no further action, some form of assistance will often be given; this may be signposting to other sources of information and advice, or the initiation of an Early Help plan. It is possible that the incidence of contacts resulting in no further action could also be driven by other factors, such as increasing thresholds. A further limitation is that we do not have information on the nature of contacts made (so we cannot distinguish between contacts that a school is making with a view to a referral, as opposed to a contact that may simply be in relation to seeking advice, for example).

It is also important to acknowledge that in many schools, the number of contacts leading to no further action was low, or indeed zero. While there is variation across schools, in those schools where this number is already very low it may not be feasible to reduce this further (which raises concerns regarding floor effects). It is also worth noting that while the underlying assumption here is that a lower number of contacts is beneficial, a low figure may potentially mean a DSL or school is not identifying concerns and not making contacts to CSC when they are needed. In addition, while we do not see a statistically significant impact, the effect size we observe (-0.13) was below the minimum detectable effect size; the trial was not powered to detect an effect of this magnitude.

The report has already discussed the fact that 14% of schools did not take up supervision sessions (this is excluding the one LA that withdrew). This may have limited the ability to detect an impact, or for the programme to fulfil its potential. 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. Some schools did not take up the programme as they were already receiving supervision through other routes; it is reasonable to assume this would have been

the case among some control group schools as well, which may also have reduced the ability to detect an effect of the programme. Where schools were receiving other forms of support beyond the supervision, this also raises challenges in attributing findings to the supervision programme itself, or to other forms of support provided (and in determining exactly what activities would form part of any future programme).

It is also important to note that SSWs were often delivering activities far beyond those originally anticipated by the design of the intervention. Although we do not observe a statistically significant impact on the measured outcomes, this could make it difficult to say whether the same results would be replicated if the study was delivered in the way originally intended. On the other hand, the fact that partway through the programme, SSWs were also allowed to deliver supervision to primary schools (outside of the evaluation), may potentially have diverted some resources away from supporting secondary schools. Two of the LAs were participating in the concurrent SWIS trial, which also raises complications for the attribution of outcomes to the different programmes (although analysis aimed at addressing this does not suggest this led to significantly different results).

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). This has potential implications for 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). Furthermore, it was not possible for all LAs to provide data on all requested outcomes, due to the differing nature of data systems and as such these findings may be less robust.

At the same time, when using survey data to measure outcomes (DSL wellbeing), it is important to acknowledge that our results could be affected by non-response bias, especially if the likelihood of response is correlated with wellbeing. Furthermore, the overall sample size achieved was relatively small. We were also unable to say with certainty whether the same DSL answered the survey at both baseline and endline.

The main limitation of the IPE is the potential bias of the sample of DSLs that we interviewed and surveyed. 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 14% 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 ten LAs (with nine ultimately participating), and that these were located within one region of the country. Caution should therefore 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 secondary schools. 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 assessed in the impact evaluation is whether the programme has an impact on the number of pupils for whom a contact is made by a school that does not result in further action by CSC (measured as a proportion of pupils). This outcome is used as a proxy for whether there is an impact on the appropriateness of contacts made by schools to CSC, although as already discussed earlier in this report, it is important to acknowledge that this is an imperfect measure.

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 analysis points to a lower rate of contacts leading to no further action (NFA) among treatment schools, but not to a statistically significant extent. The magnitude of this effect is smaller than the trial was designed to detect, and so an effect of this size would not have been found statistically significant. The estimated effect, while statistically insignificant, is equivalent to a difference between treatment and control groups of about 0.5 NFA 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, referrals resulting in Child in Need assessments; referrals resulting in Child Protection enquiries or submissions of Early Help plans (all measured as a proportion of pupils). At the same time, no impact was found on contacts made from all sources, which does not suggest that there were knock-on effects to contacts made by non-school sources as a result of the programme (which is perhaps unsurprising given the absence of impact on contacts made by schools).

The IPE also explored perceived impacts on outcomes relating to contact and referrals, through interviews and surveys with DSLs and SSWs. Overall, the IPE showed that the programme was well received by DSLs who perceived there to be a positive impact on areas other than contacts and referrals. These included 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. As such, the perceived positive impacts in these areas meant most DSLs regarded the intervention

as a success. As examples of the positive experiences among DSLs, in the final survey, 93% of DSLs reported that supervision had a positive impact on them as a DSL; 76% found the supervision sessions very useful; 86% said it was a good use of their time; and 89% would recommend other schools/DSLs to sign up for potential future versions of the programme. At the same time, only 13% of DSLs in treatment schools stated that they felt their approach to safeguarding was "quite" or "very" different to the one they had prior to the start of 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. It is possible for example, that those responding to the survey may be those who felt more positively about the programme.

For contacts and referrals specifically, the IPE showed mixed results. On the one hand, at the end of the intervention, 75% of surveyed DSLs in treatment schools reported they now had a better understanding of thresholds requiring a referral to CSC, and 82% 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".

On the other hand, in interviews, many DSLs also said they were already knowledgeable and experienced in understanding thresholds prior to supervision, and felt they did not need additional support in this particular area. Many DSLs explained that the contacts coming from their school are rarely inappropriate and most of the time are accepted by CSC. Some DSLs also mentioned that they were able to get advice and guidance on thresholds through consultation phone lines. 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 the vast majority expressed confidence in performing their role as DSL, including specifically in relation to contacts and thresholds. For instance, prior to the intervention, 93% of DSLs expressed confidence in their understanding of thresholds for a referral to CSC, and 97% in providing high-quality information at the point of contact and referral. At the end of the programme, these numbers stood at 100% for both groups. The percentages were similar to the control group, both before and after the intervention.

Based on these observations in the IPE, it is perhaps not surprising that the impact evaluation did not find any impact on the primary and secondary outcomes measures. Most DSLs already had a high level of understanding and confidence in practices around contacts and referrals, and the interviews suggest the impact in relation to contacts and referrals may be most applicable for inexperienced DSLs. The types of change in practice that were observed also tended to be more subtle in nature, such as the information put forward when making a contact, and while this may represent an improvement in practice, it may not necessarily determine whether a contact results in further action or not.

The IPE identified some further reasons for why the supervision may, or may not, have led to a reduction in inappropriate contacts.

First, some DSLs said they used their SSW on an ad hoc basis to "test the waters" before contacting CSC. The SSWs would provide advice about whether they thought it reached threshold, and whether they should contact CSC or not, or alternatively what other support agencies were available. This sometimes led to fewer contacts, and likely fewer inappropriate ones, but at other times it led to more contacts, likely appropriate ones, when SSWs recommended a contact that DSLs would not necessarily have considered themselves.

Second, prior to the programme, some DSLs said they sometimes contacted CSC even if they did not believe a case met social care thresholds. This practice was driven by frustrations about thresholds increasing over time, which led DSLs to log concerns about cases that may escalate in the future, including to protect themselves. The interviews showed that supervision sessions, in most cases, did not necessarily change those practices. There were some examples of DSLs feeling emboldened to become less reliant on social care services, helped by having the opportunity to discuss potential contacts with their SSW. However, this may not be sustained after the end of the programme when the SSW would no longer be a phone call away, and they may return to their former more cautious approach to contacts and referrals.

Finally, most DSLs simply did not see contacts and referrals as the main element of the programme, but they focused on perceived impacts such as wellbeing and confidence when they spoke about the effects of supervision. This is discussed below.

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 (50% in treatment schools and 53% 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 positive perceptions in the interviews 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; 86% of DSLs in treatment schools said they felt more confident in their role now, compared to 65% 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 considerable 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. DSLs felt the programme, in the longer term, had the potential to facilitate joined-up working and mutual understanding, through having the SSW as a middle person who understood their day-to-day challenges. DSLs hoped this would be used proactively to improve joint working and trust between schools and CSC. SSWs and DSLs reflected that this had not yet been fully realised, and the programme would likely need to be sustained for longer for this to come to fruition. 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.

How delivery and implementation affected the opportunities for the programme to achieve impact

There were some additional factors which should be considered when interpreting the findings, including the lack of impact observed on the primary and secondary outcome measures explored in the impact evaluation.

The impact of the pandemic and school disruptions was both a facilitator and barrier. On the one hand, the increase in workload and the rise in complex cases and safeguarding concerns made the programme extremely timely for many DSLs, and they often described the support from SSWs as crucial in navigating the consequences of the pandemic. On the other hand, DSLs faced many competing priorities due to the pandemic, such as getting children back to school, organising timetables, and managing isolations and infections.

The delivery of the programme faced some challenges, especially in the early stages when recruiting SSWs and schools. This led to delayed start dates and impacted the

number of sessions schools were able to complete, especially in some LAs. Overall, 86% of treatment schools received at least one supervision session (a higher figure than seen in the other DSL evaluations). The average number of sessions across all treatment schools was around 8.5 sessions per school. For context, a session every six weeks (per half term) would have amounted to ten sessions between January 2021 and July 2022, which means the average number of sessions delivered was close to this figure. There were substantial differences across LAs in terms of the number of delivered sessions per school; however, it should be noted that additional analysis did not suggest statistically significant impacts for those schools that did receive higher numbers of sessions.

For the schools that engaged in the programme, the IPE found that the support provided to schools often went far beyond what is outlined in the intervention description. SSWs often offered additional support, such as individual sessions to additional staff, group supervision sessions both within and between schools, drop-in sessions including by working from a school office one day per week, additional training on specific issues, and by attending and providing input during school safeguarding team meetings. This is an important consideration when considering the impact of the programme. Even if the impact evaluation had found positive impacts, these might not be replicated in any future rollout that stuck more rigidly to the intended treatment model.

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.

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. 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 (for example, in improving the quality of information provided), but rather that these do not impact on the outcomes that were measured here. Furthermore, if outcomes are to be considered specifically in terms of contacts resulting in no further action, it is also worth remembering that there may be limited scope to reduce this number further in many schools, at least based on the data provided for this evaluation.

The impact evaluation does also 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 most potential to influence wellbeing of DSLs, 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. Particular thought needs to be given to

how best to introduce programmes to schools, with the evaluation highlighting the importance of broader LA support in this process. Once initial engagement from schools is secured, scheduling is perhaps a 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 this final section we outline potential avenues and considerations for future research.

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, for example, but it 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 in more depth would be the extent to which the programme changes schools' practices in relation to taking 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.

While the current evaluation finds no impact on contacts resulting in no further action overall, future work could explore whether there may be impacts for different groups. This could include, for example, further exploration of whether there is an impact for DSLs who are newer to the role.

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 analysis exploring impact on wellbeing, 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 survey response, or use of 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 it 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
- 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	4 (13%)	3 (12%)	4 (13%)	1 (3%)
LA2	2 (6%)	1 (4%)	1 (3%)	6 (18%)
LA3	5 (16%)	7 (27%)	12 (39%)	4 (12%)
LA4	3 (9%)	0 (0%)	2 (6%)	4 (12%)
LA5	1 (3%)	4 (15%)	2 (6%)	5 (15%)
LA6	9 (28%)	0 (0%)	3 (10%)	3 (9%)
LA7	1 (3%)	3 (12%)	2 (6%)	4 (12%)
LA8	5 (16%)	5 (19%)	3 (10%)	5 (15%)
LA9	2 (6%)	3 (12%)	2 (6%)	1 (3%)
Total	**32**	**26**	**31**	**33**

Appendix 2: Qualitative interview responses

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

	Individual DSLs	Number of treatment schools	Percentage of treatment schools (%)	Total treatment schools
LA1	10	7	78%	9
LA2	4	4	67%	6
LA3	8	6	38%	16
LA4	9	6	86%	7
LA5	6	4	80%	5
LA6	5	4	57%	7
LA7	8	5	63%	8
LA8	8	7	88%	8
Total	**58**	**42**	**64%**	**66**

We conducted a total of 61 interviews, with 58 individual participants, as three participants were interviewed twice. There were 16 schools where more than one staff member was interviewed. We interviewed 42 of the 66 treatment schools (64%).

Table A2.2: Type of Establishment

	Number of treatment schools	Percentage (%)	Total treatment schools
Academy Convertor	14	54%	26
Academy Sponsor Led	9	64%	14
Community School	8	80%	10
Foundation School	0	0%	1
Free School	1	25%	4
Voluntary Aided School	9	82%	11
Voluntary Controlled School	0	n/a	0
Total	**42**	**64%**	**66**

Table A2.3: Percentage of Free School Meals

	Number of treatment schools	Percentage (%)	Total treatment schools
0–9%	5	71%	7
10–19%	16	70%	23
20–29%	9	60%	15
30–39%	5	56%	9
40–49%	3	43%	7
50–59%	0	0%	1
60–69%	0	n/a	0
70–79%	0	n/a	0
80–89%	0	n/a	0
90–99%	0	n/a	0
Total	**38**	**64%**	**62**

4 schools did not report PFSM (same for treatment and total treatment)

Table A2.4: Geographic Context (rural to urban)

	Number of treatment schools	Percentage (%)	Total treatment schools
Rural: hamlet and isolated dwellings	1	100%	1
Rural: village	0	n/a	0
Rural: village in a sparse setting	0	n/a	0
Rural town and fringe	0	n/a	0
Rural: town and fringe in a sparse setting	0	n/a	0
Urban: city and town setting	0	n/a	0
Urban: city and town in a sparse setting	0	n/a	0
Urban: major conurbation	41	63%	65
Total	**42**	**64%**	**66**

Table A2.5: Number of Pupils

	Number of treatment schools	Percentage (%)	Total treatment schools
0–299	0	n/a	0
300–499	2	50%	4
500–699	3	50%	6
700–899	6	50%	12
900–1,099	16	73%	22
1,100–1,299	4	67%	6
1,300–1,499	4	80%	5
1,500–1,699	3	75%	4
1,700–1,899	0	0%	2
1,900–2,099	0	0%	1
Total	**42**	**64%**	**66**

Appendix 3: School characteristics, by trial arm

Table A3a. Baseline characteristics of groups as randomised: categorical variables

School-level (categorical)	National -level mean	Intervention group		Control group	
		n/N (missing)	Count (%)	n/N (missing)	Count (%)
Ofsted rating					
Outstanding	14.08%	7/82 (7)	7 (8.54%)	16/83 (6)	16 (19.28%)
Good	50.71%	41/82 (7)	41 (50.00%)	42/83 (6)	42 (50.60%)
Requires improvement	13.35%	19/82 (7)	19 (23.17%)	8/83 (6)	8 (9.64%)
Special measures	0.67%	4/82 (7)	4 (4.88%)	7/83 (6)	7 (8.43%)
School type					
Academy converter	48.18%	32/82 (0)	32 (39.02%)	23/83 (0)	23 (27.71%)
Academy sponsor led	22.24%	17/82 (0)	17 (20.73%)	19/83 (0)	19 (22.89%)
Community school	9.75%	12/82 (0)	12 (14.63%)	12/83 (0)	12 (14.46%)
Community special school	0%	0/82 (0)	0 (0%)	2/83 (0)	2 (2.41%)
Foundation school	5.10%	2/82 (0)	2 (2.44%)	6/83 (0)	6 (7.23%)
Free schools	5.00%	6/82 (0)	6 (7.32%)	4/83 (0)	4 (4.82%)
Pupil referral unit	0%	0/82 (0)	0 (0%)	1/83 (0)	1 (1.20%)
Voluntary aided school	6.76%	13/82 (0)	13 (15.85%)	16/83 (0)	16 (19.28%)
Urban/rural location					
Urban major conurbation	35.76%	80/82 (0)	80 (97.56%)	78/83 (0)	78 (93.97%)
Urban city and town	46.62%	0/82 (0)	0 (0%)	2/83 (0)	2 (2.41%)
Rural town and fringe	10.61%	1/82 (0)	1 (1.22%)	1/83 (0)	1 (1.20%)
Rural village	1.91%	0/82 (0)	0 (0%)	1/83 (0)	1 (1.20%)
Rural hamlet and isolated dwellings	1.66%	1/82 (0)	1 (1.22%)	1/83 (0)	1 (1.20%)

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

Table A3b: Baseline characteristics of groups as randomised: continuous variables

School-level (continuous)[1]	National -level mean	Intervention group		Control group	
		n/N (missing)	Mean (SD)	n/N (missing)	Mean (SD)
Number of pupils on roll	972.81 (416.43)	82/82 (0)	993.27 (368.76)	82/83 (1)	961.94 (372.56)
% pupils where English is not first language	16.27 (19.42)	82/82 (0)	22.40 (23.65)	82/83 (1)	12.60 (19.19)
% eligible pupils with SEN support	11.56 (5.95)	82/82 (0)	11.54 (4.67)	82/83 (1)	12.22 (10.66)
% pupils ever eligible for FSM in past 6 years	28.59 (15.11)	82/82 (0)	35.30 (15.30)	82/83 (1)	35.35 (17.76)
Prior social care outcomes, 2019/2020[2]					
Number of contacts made by schools leading to no further action (NFA)	-	53	13.1 (15.0)	52	11.6 (17.7)
Contacts leading to NFA (as proportion of pupils in school)	-	53	0.015 (0.020)	52	0.015 (0.020)
Early Help plans (as proportion of pupils)	-	47	0.007 (0.007)	46	0.006 (0.007)
Contacts (as proportion of pupils in school)	-	53	0.034 (0.026)	52	0.034 (0.005)
Referrals (as proportion of pupils)	-	58	0.010 (0.008)	58	0.011 (0.018)
Referrals resulting in CIN (as proportion of pupils)	-	42	0.008 (0.001)	43	0.009 (0.003)
Referrals resulting in CP enquiry (as proportion of pupils)	-	42	0.001 (0.002)	43	0.002 (0.008)
Referrals, all sources (as proportion of pupils)	-	36	0.046 (0.020)	36	0.059 (0.073)
Wellbeing measures (baseline)					
Anxiety-contentment scale	-	31	0.71 (2.24)	32	0.94 (2.58)
Depression-enthusiasm scale	-	31	4.39 (1.76)	32	3.69 (2.52)

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

Appendix 4: Distribution of baseline measures

Figure A4.1: Contacts leading to NFA, as a proportion of pupils, by trial arm, 2019/20

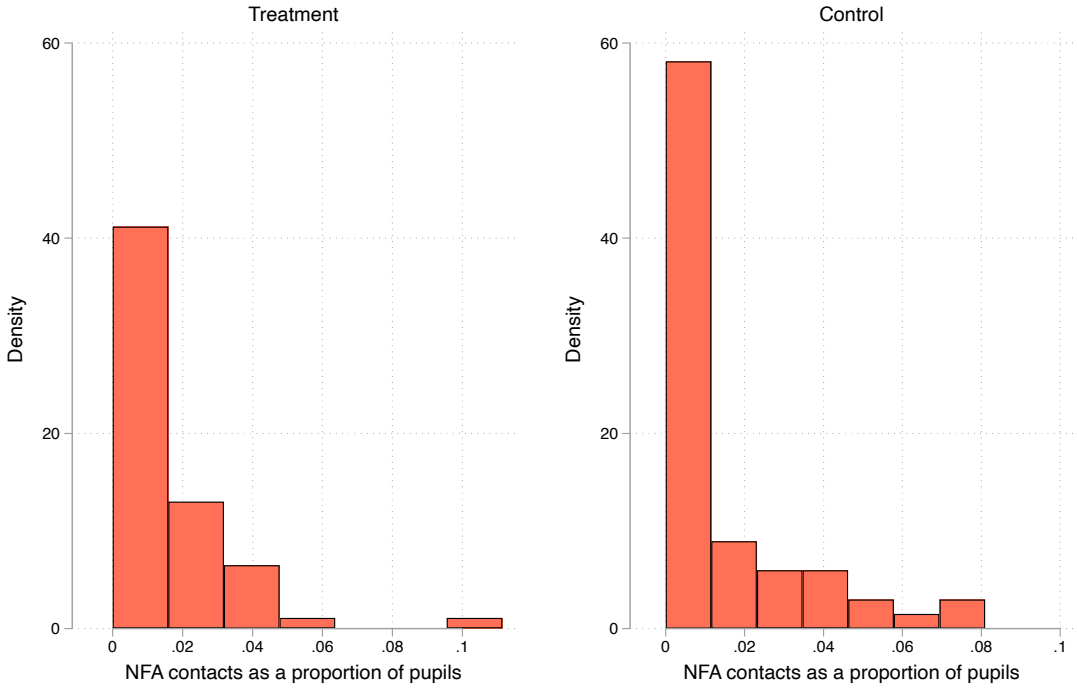


Figure A4.2: Contacts, as a proportion of pupils, by trial arm, 2019/20

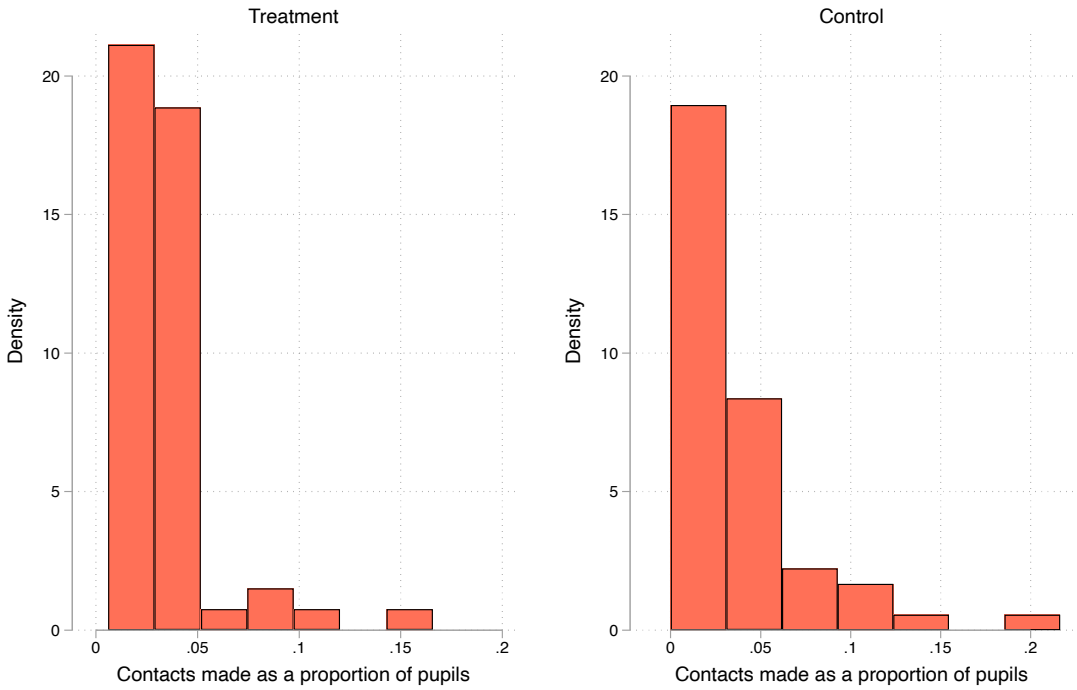


Figure A4.3: Early Help plans, as a proportion of pupils, by trial arm, 2021/22

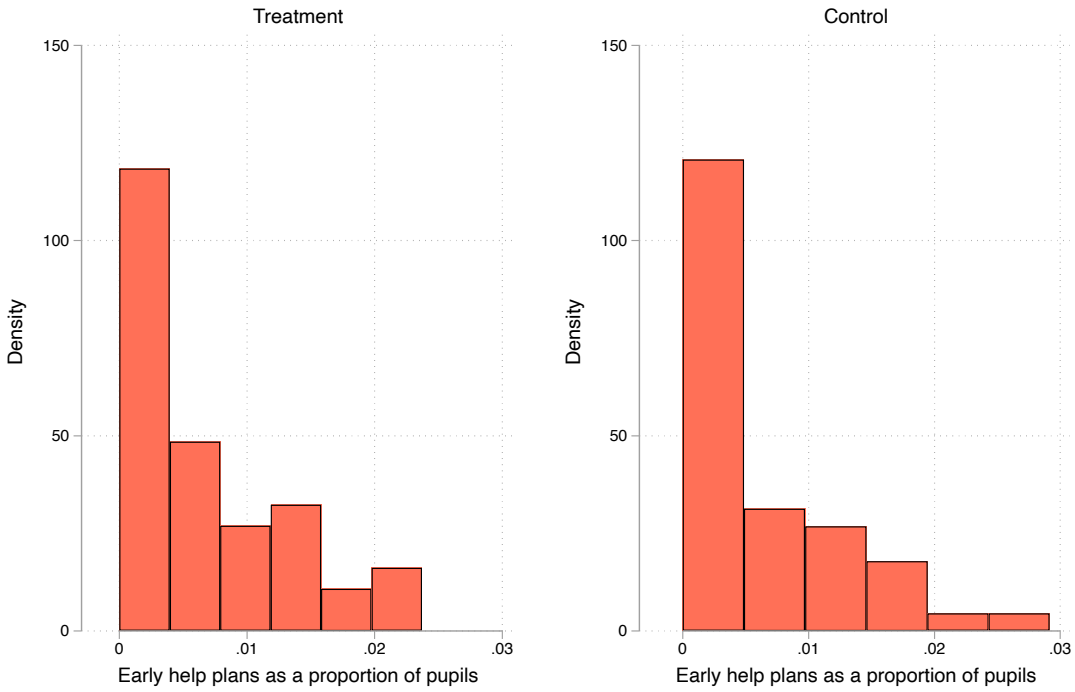


Figure A4.4: Referrals, as a proportion of pupils, by trial arm, 2019/20

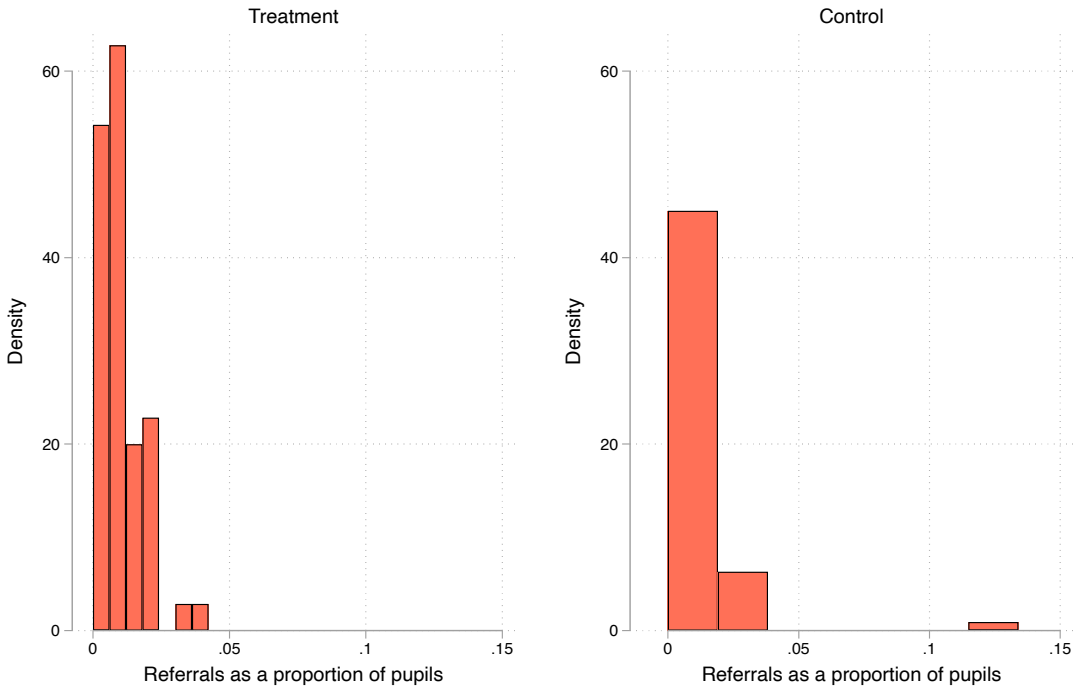


Figure A4.5: Referrals resulting in CIN assessment, as a proportion of pupils, by trial arm, 2021/22

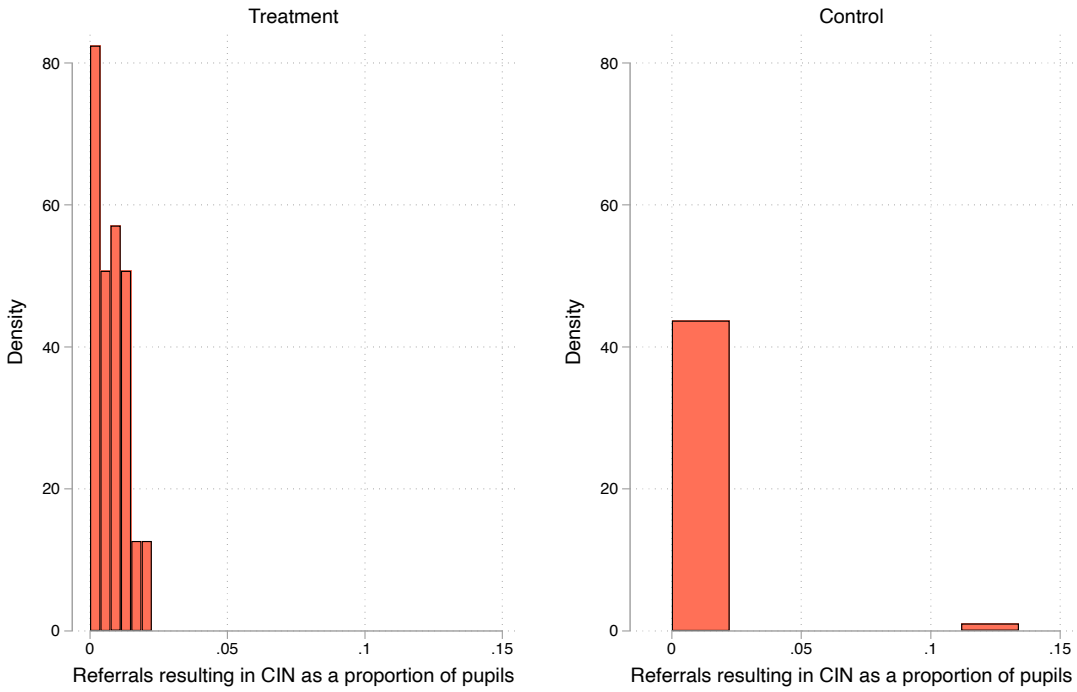


Figure A4.6: Referrals resulting in CP enquiry, as a proportion of pupils, by trial arm, 2021/22

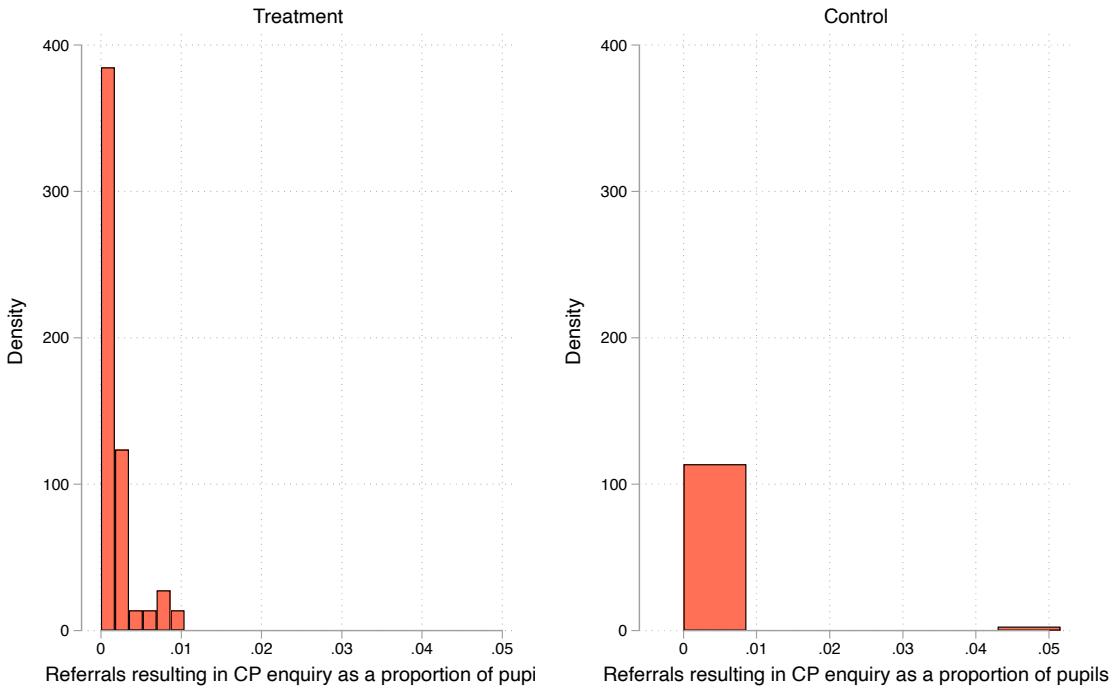


Figure A4.7: Referrals from all sources, as a proportion of pupils, by trial arm, 2021/22

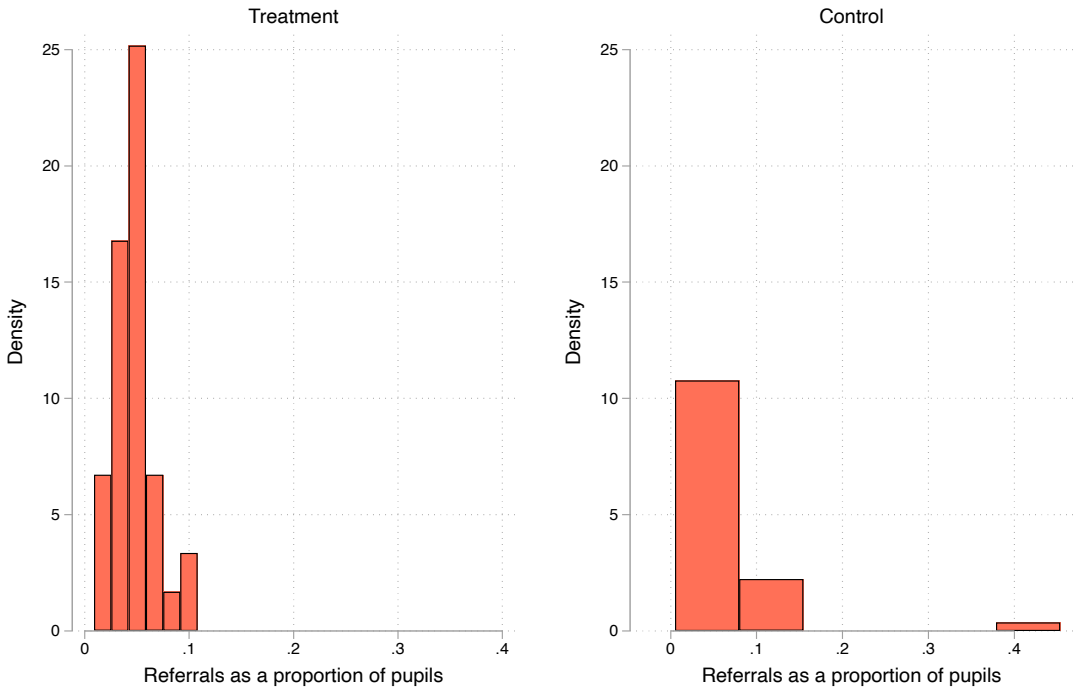


Figure A4.8: Anxiety-contentment scale at baseline

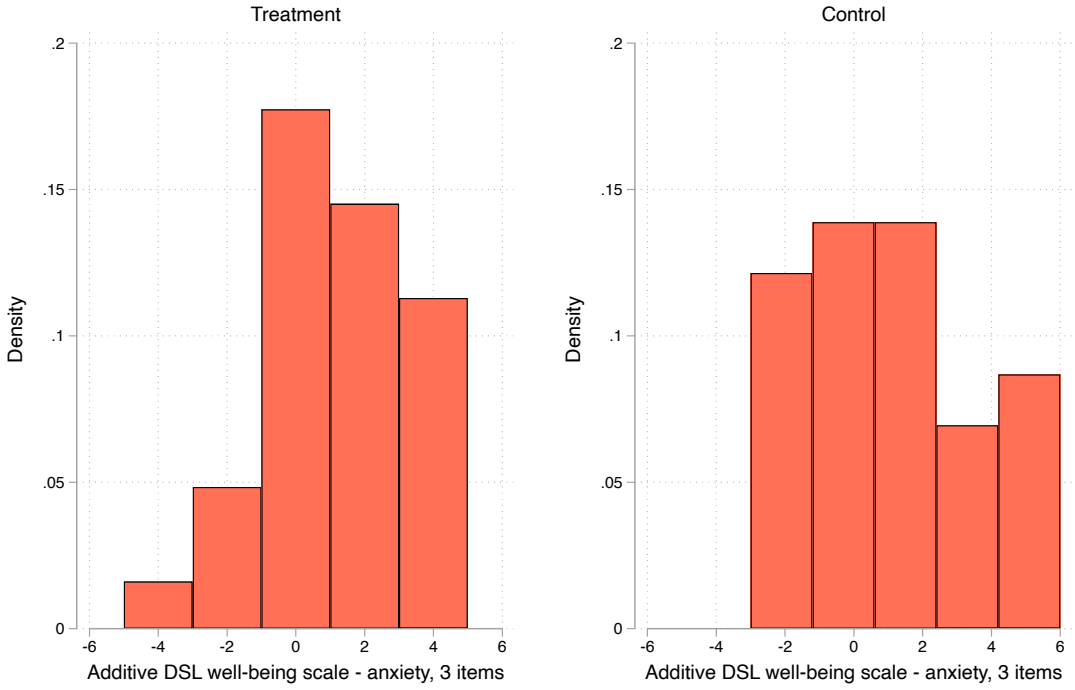
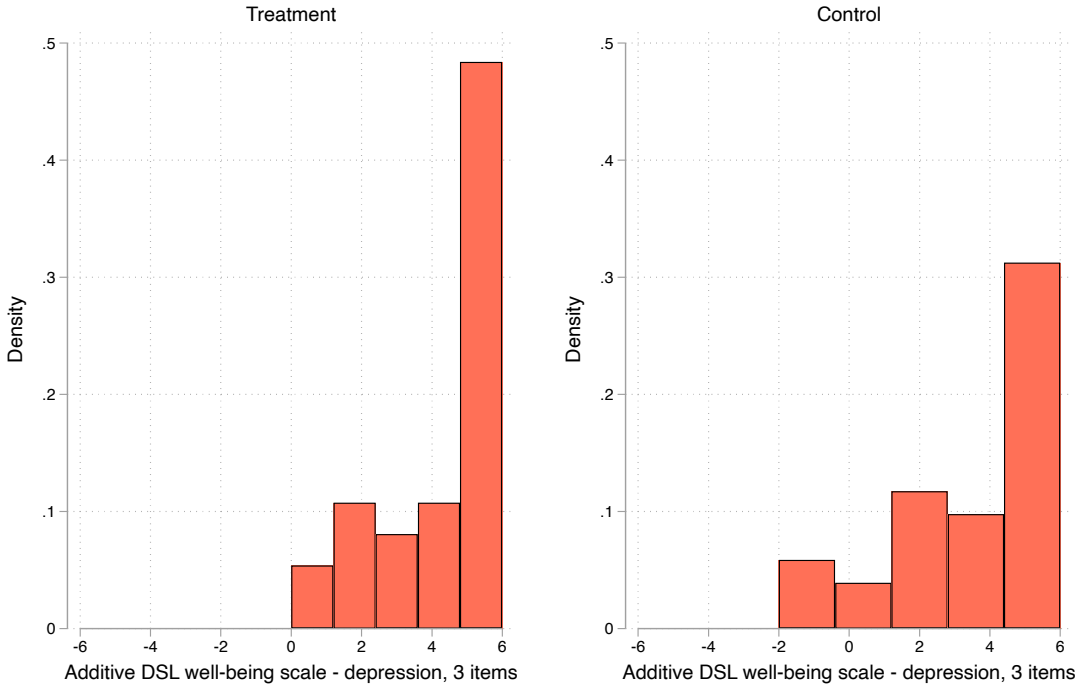


Figure A4.9: Depression-enthusiasm scale at baseline



Appendix 5: Secondary outcomes, distributions by trial arm

Figure A5.1: Early Help plans, as a proportion of pupils, by trial arm, 2021/22

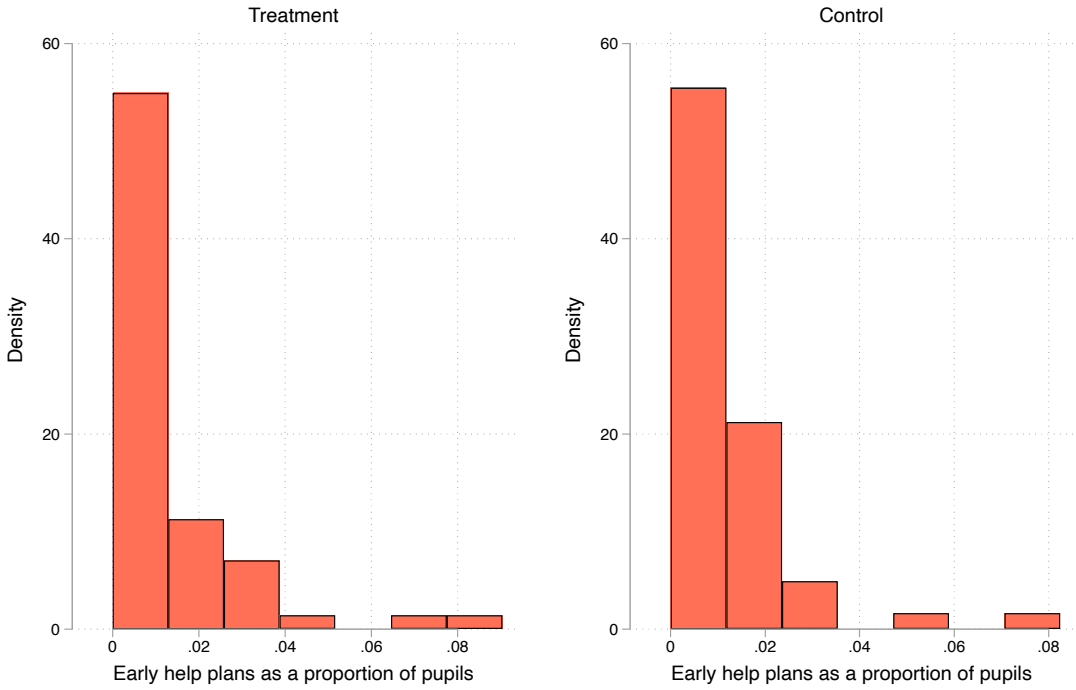


Figure A5.2: Contacts made by schools, as a proportion of pupils, by trial arm, 2021/22

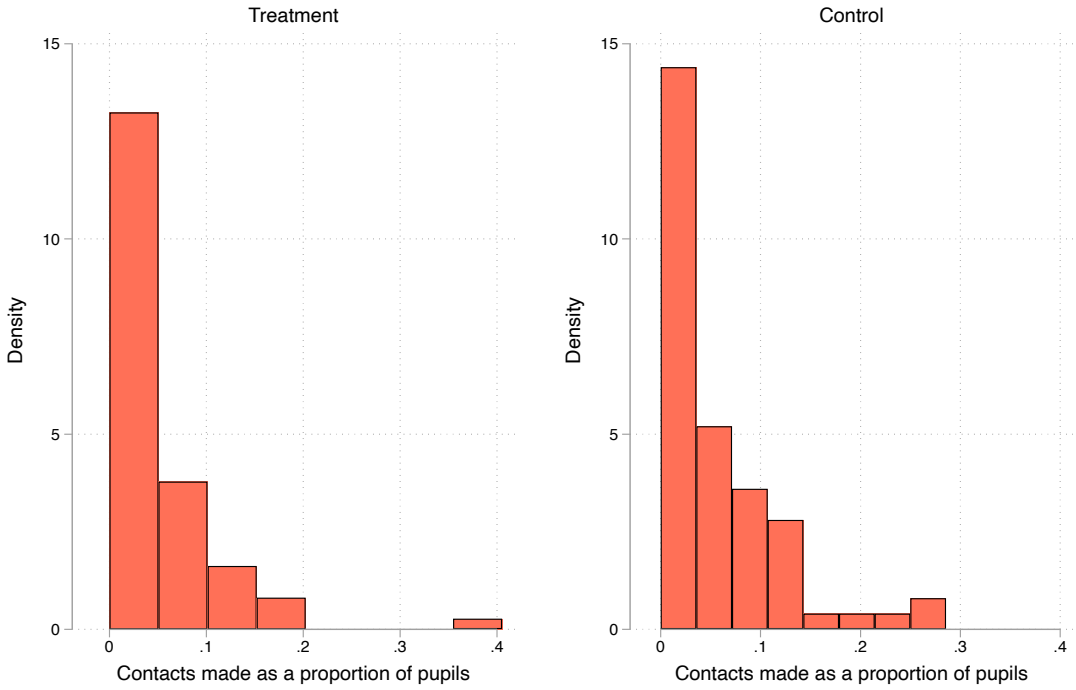


Figure A5.3: Referrals, as a proportion of pupils, by trial arm, 2021/22

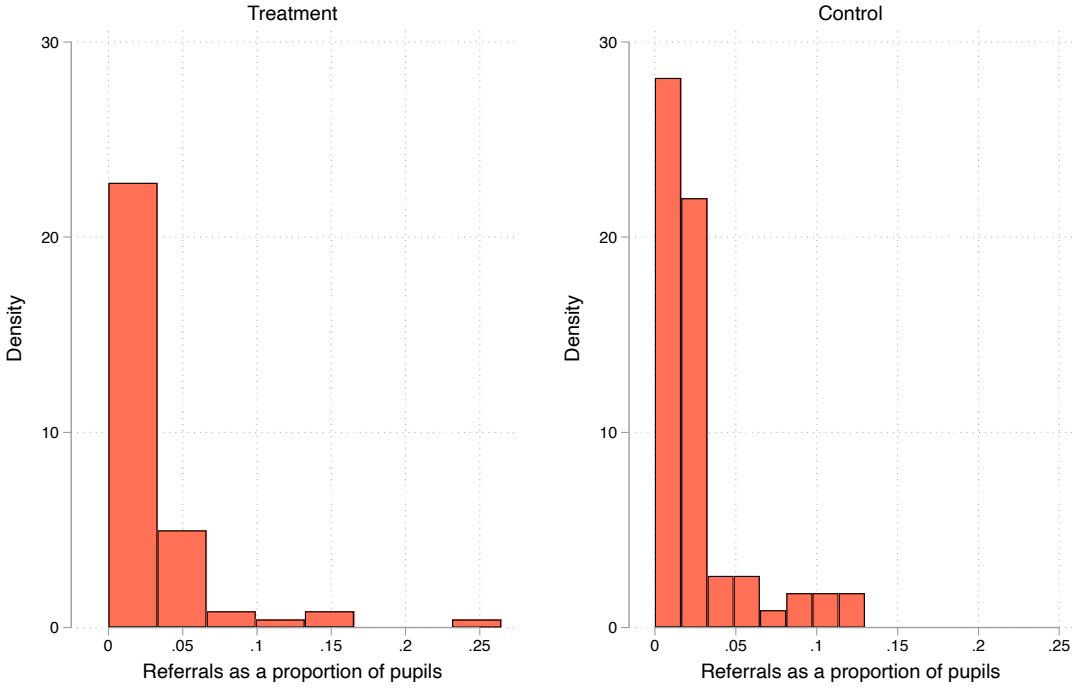


Figure A5.4: Referrals resulting in CIN assessment, as a proportion of pupils, by trial arm, 2021/22

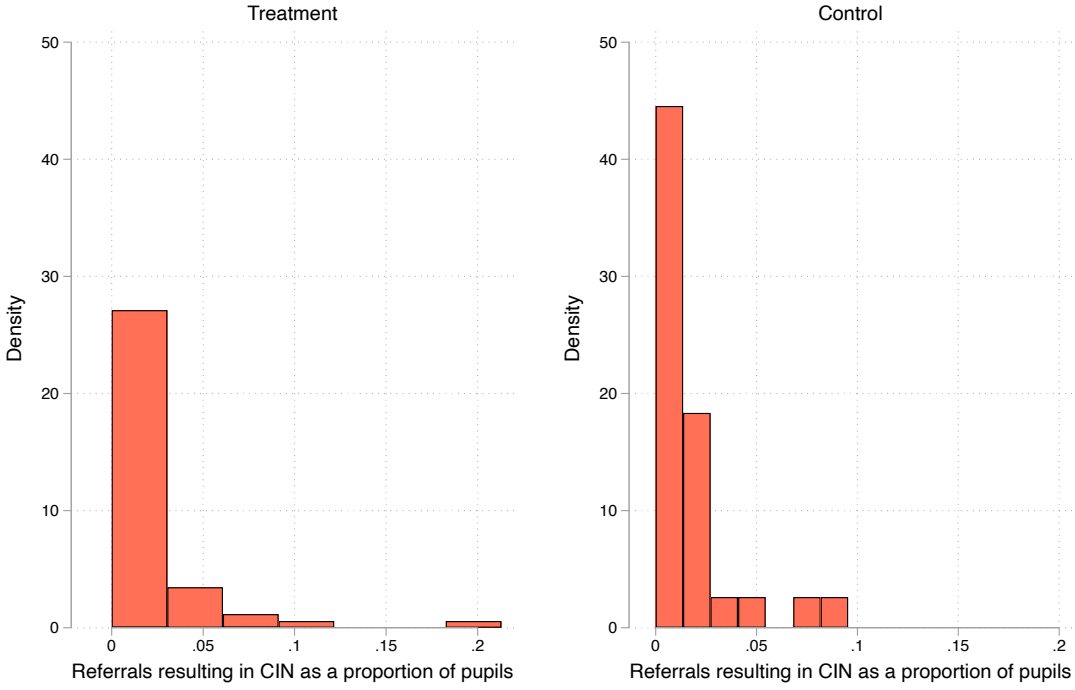


Figure A5.5: Referrals resulting in CP enquiry, as a proportion of pupils, by trial arm, 2021/22

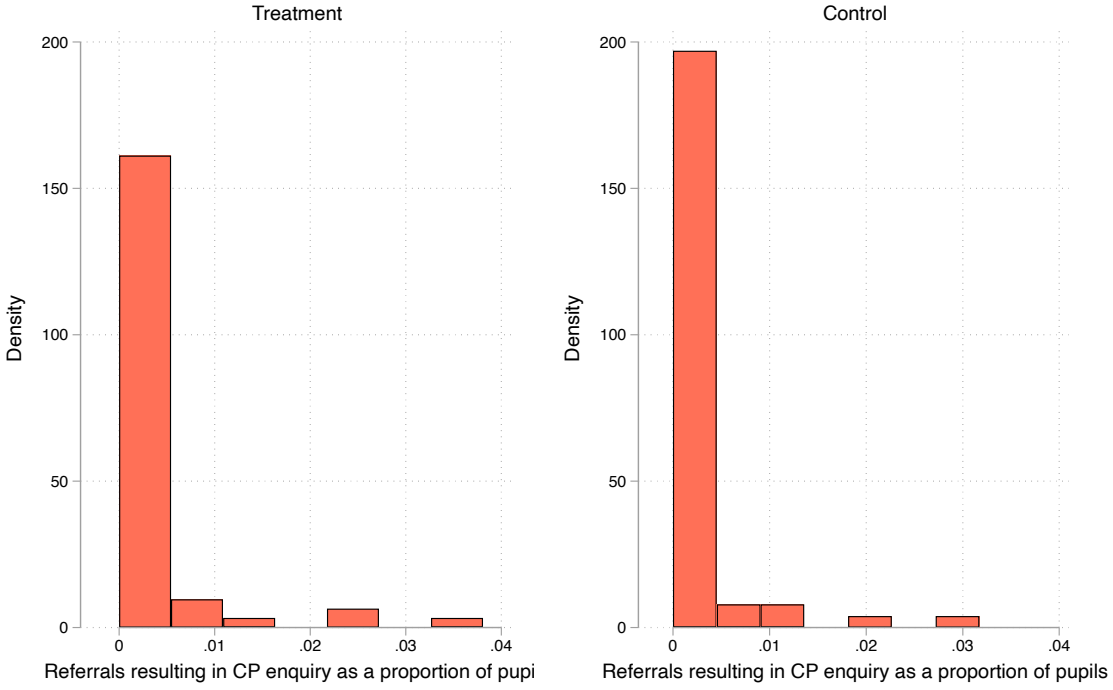


Figure A5.6: Referrals from all sources, as a proportion of pupils, by trial arm, 2021/22

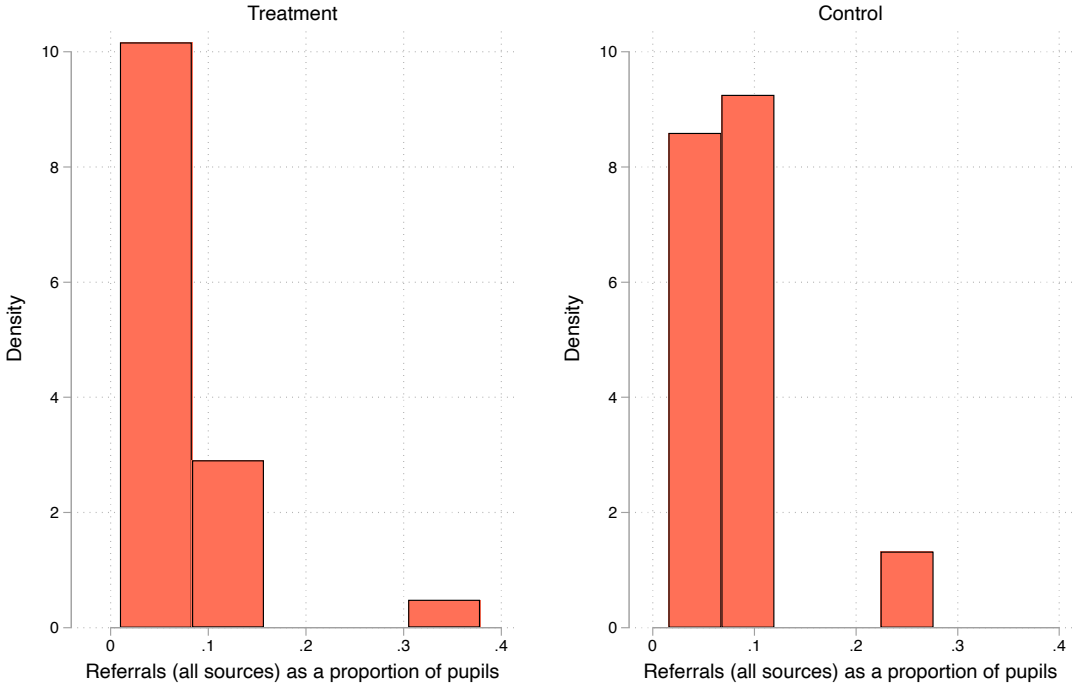


Figure A5.7: Anxiety-contentment scale at endline

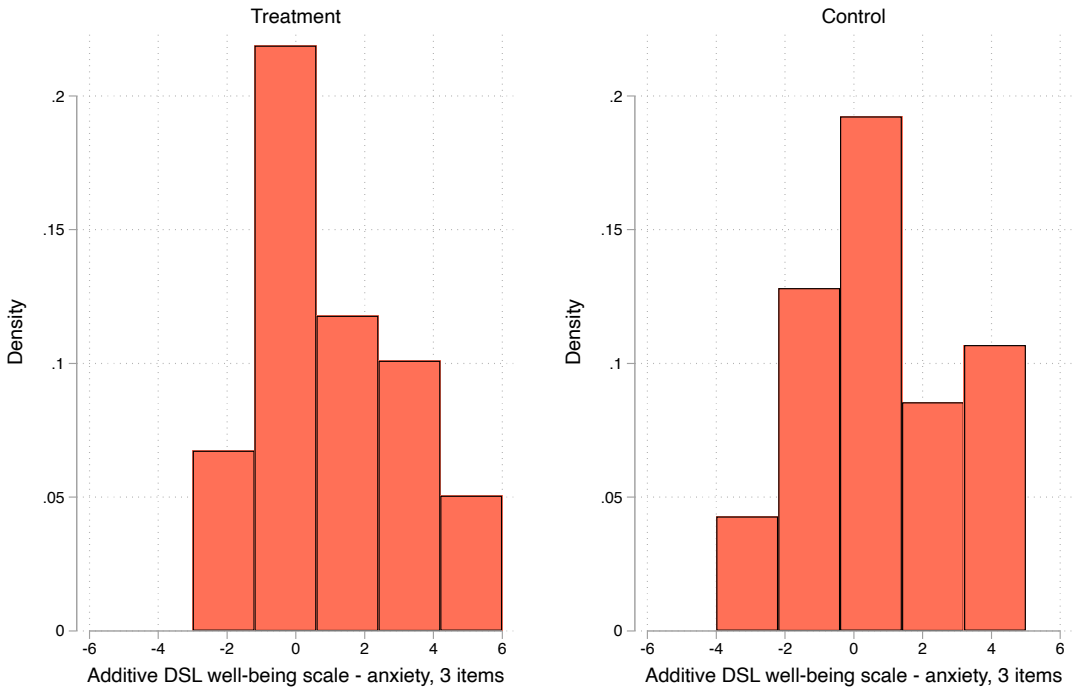
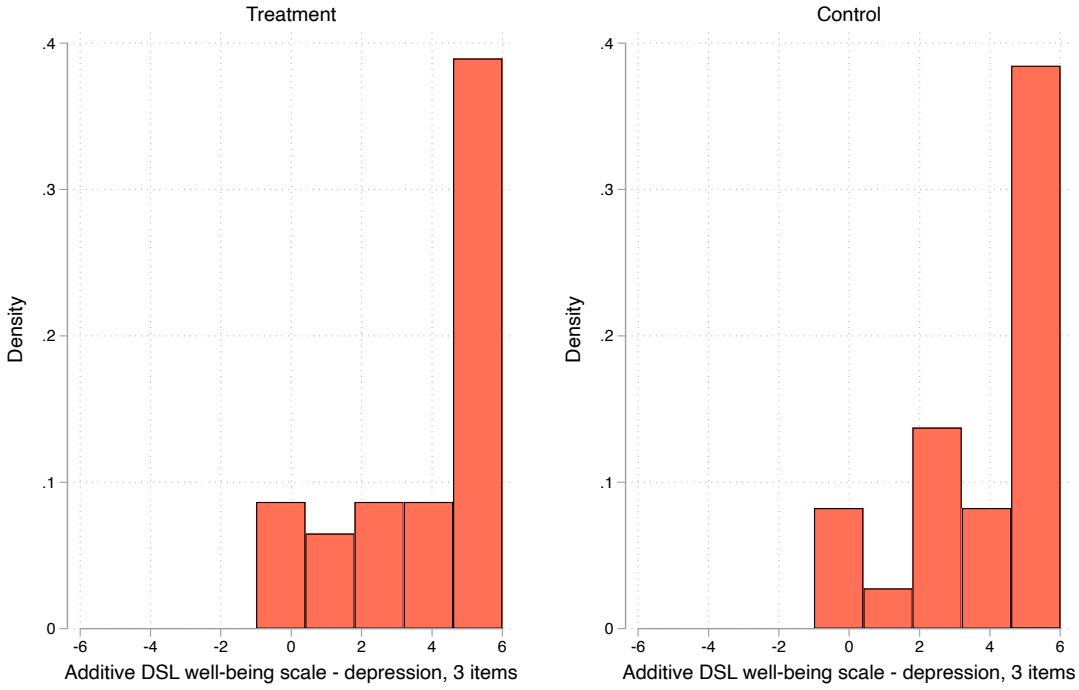


Figure A5.8: Depression-enthusiasm scale at endline



Appendix 6: Regression results, primary outcome

Table A6.1: Regression results, primary analysis, OLS: contacts leading to NFA

Variables	Regression coefficient (robust standard error)
Treated	-0.00334
	(0.00258)
NFA contacts, 2019/20	0.851**
	(0.330)
Missing 2019/20 baseline dummy	0.0126**
	(0.00517)
block = 2	0.000418
	(0.00117)
block = 3	-0.00738
	(0.00721)
block = 4	0.00662
	(0.00828)
block = 5	0.0106*
	(0.00619)
block = 6	0.0283**
	(0.0140)
block = 7	-0.00701
	(0.00516)
block = 8	-0.000569
	(0.00612)
block = 9	0.00741***
	(0.00179)
block = 10	0.0154***
	(0.00294)
block = 11	0.00776**
	(0.00385)

block = 12	0.00255**
	(0.00105)
block = 13	-0.00706
	(0.00522)
block = 17	0.00442***
	(0.00168)
block = 18	0.0109***
	(0.00350)
block = 19	0.00228
	(0.00237)
block = 20	0.00450
	(0.00991)
Constant	-0.000193
	(0.00163)
Observations	143
R-squared	0.638

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

Table A6.2: Regression results, primary analysis, Poisson: contacts leading to NFA

Variables	Regression coefficient (robust standard error)
Treated	-0.197
	(0.178)
NFA contacts, 2019/20	18.87***
	(5.237)
Missing 2019/20 baseline dummy	14.43***
	(0.552)
block = 2	11.58***
	(0.464)
block = 3	13.43***
	(0.478)
block = 4	14.76***
	(0.430)
block = 5	14.85***
	(0.400)
block = 6	15.40***
	(0.422)
block = 7	-0.994**
	(0.465)
block = 8	-0.0688
	(0.547)
block = 9	13.78***
	(0.407)
block = 10	14.67***
	(0.385)
block = 11	13.98***
	(0.663)
block = 12	12.70***
	(0.397)

block = 13	-1.057*
	(0.548)
block = 17	13.08***
	(0.474)
block = 18	14.26***
	(0.477)
block = 19	13.67***
	(0.559)
block = 20	14.75***
	(0.448)
Constant	-18.88***
	(0.340)
Observations	143

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

Table A6.3: Regression results, secondary analysis, Poisson: Early Help plans

Variables	Regression coefficient (robust standard error)
Treated	0.0118
	(0.205)
EH plans, 2019/20	47.81***
	(11.31)
Missing baseline data	0.529
	(0.831)
block = 2	0.0756
	(0.296)
block = 5	-0.145
	(0.348)
block = 6	-0.367
	(0.281)
block = 11	-0.485
	(0.388)
block = 12	0.426
	(0.347)
block = 13	-1.948**
	(0.835)
block = 17	0.226
	(0.277)
block = 18	1.523***
	(0.348)
block = 19	-1.619***
	(0.336)
block = 20	-1.320***
	(0.336)
Constant	-4.768***
	(0.250)
Observations	107

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

Table A6.4: Regression results, secondary analysis, Poisson: Contacts (schools)

Variables	Regression coefficient (robust standard error)
Treated	-0.0618
	(0.133)
Contacts 2019/20	6.885***
	(1.972)
Missing baseline data	1.216**
	(0.520)
block = 2	0.831***
	(0.142)
block = 3	0.203
	(0.229)
block = 4	1.538***
	(0.278)
block = 5	1.300***
	(0.230)
block = 6	1.597***
	(0.189)
block = 7	-0.563
	(0.544)
block = 8	0.379
	(0.611)
block = 9	1.302***
	(0.173)
block = 10	1.772***
	(0.187)
block = 11	1.768***
	(0.410)
block = 12	1.563***
	(0.135)

block = 13	-1.191**
	(0.522)
block = 17	1.078***
	(0.160)
block = 18	2.110***
	(0.391)
block = 19	-0.199
	(0.391)
block = 20	0.796***
	(0.267)
Constant	-4.407***
	(0.117)
Observations	143

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

Table A6.5: Regression results, secondary analysis, Poisson: Referrals (schools)

Variables	Regression coefficient (robust standard error)
Treated	0.0357
	(0.144)
Referrals, 2019/20	8.329**
	(3.323)
data2021_schl	2.429***
	(0.225)
block = 2	0.806***
	(0.159)
block = 3	-0.00161
	(0.201)
block = 4	1.336***
	(0.280)
block = 5	0.274
	(0.270)
block = 6	0.515***
	(0.192)
block = 7	-2.096***
	(0.297)
block = 8	-1.089**
	(0.462)
block = 9	-0.610***
	(0.214)
block = 10	0.370**
	(0.186)
block = 11	0.687
	(0.494)
block = 12	0.355*
	(0.209)

block = 13	-0.798***
	(0.222)
block = 17	0.0564
	(0.194)
block = 18	1.215***
	(0.413)
block = 19	-1.555***
	(0.380)
block = 20	-0.403
	(0.288)
Constant	-4.546***
	(0.132)
Observations	143

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

Table A6.6: Regression results, secondary analysis, Poisson: CIN

Variables	Regression coefficient (robust standard error)
Treated	0.0514
	(0.145)
CIN, 2019/20	62.14***
	(12.59)
Missing baseline dummy	3.216***
	(0.217)
block = 2	0.745***
	(0.158)
block = 3	0.481**
	(0.241)
block = 4	1.860***
	(0.229)
block = 7	-3.235***
	(0.262)
block = 8	-2.413***
	(0.434)
block = 9	0.0213
	(0.253)
block = 10	0.773***
	(0.249)
block = 11	0.770**
	(0.368)
block = 12	0.596***
	(0.185)
block = 13	-0.738***
	(0.207)
block = 17	-14.44***
	(0.411)

block = 18	-18.89***
	(1.924)
block = 19	-1.636***
	(0.427)
block = 20	-0.210
	(0.312)
Constant	-5.546***
	(0.142)
Observations	113

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

Table A6.7: Regression results, secondary analysis, Poisson: CP

Variables	Regression coefficient (robust standard error)
Treated	0.186
	(0.294)
CP, 2019/20	81.57*
	(45.45)
Missing baseline dummy	4.807***
	(0.650)
block = 2	0.932
	(0.783)
block = 3	1.771**
	(0.856)
block = 4	4.114***
	(0.796)
block = 7	-16.14***
	(0.446)
block = 8	-3.755***
	(0.938)
block = 9	2.313***
	(0.713)
block = 10	3.519***
	(0.668)
block = 11	0.896
	(1.106)
block = 12	2.183***
	(0.700)
block = 13	-1.726***
	(0.380)
block = 17	-11.51***
	(0.725)

block = 18	-12.63***
	(2.313)
block = 19	-11.36***
	(0.704)
block = 20	0.510
	(1.151)
Constant	-8.971***
	(0.622)
Observations	**113**

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

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

	Regression coefficient (robust standard error in parentheses)	**P-value**
Treatment	0.860** (0.040)	0.000
NFA contacts, 2019/20	3.792** (1.521)	0.014
N	143	

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 (19, 123)=91.76. Prob>F=0.000.

Table A6.8b: Contacts leading to NFA, compliance analysis, IV (2SLS) results

	Regression coefficient (robust standard error in parentheses)	**P-value**
Treatment	-0.004 (0.003)	0.163
NFA contacts, 2019/20	0.866** (0.304)	0.004
N	143	

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

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 secondary schools in Greater Manchester, 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 40 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. How were you selected to be the DSL receiving supervision? Are you the only one receiving the programme? (how many DSLs are there in the school?)
3. Prior to the project, how did you experience the DSL role? [probe around what the role usually involves]
4. Were you happy to be DSL? Did you like this part of your job?
5. Prior to this project, had you received other support to help think about your role as DSL? Who provided this support? How helpful was it?
6. Prior to the project, how would you describe your "need" for a programme like this? To what extent did you feel you needed additional support to perform your role as DSL? [what were your initial views of the project?]

Support

7. What types of support have you received from your supervisor so far? [ask details about each type of support mentioned]

Sessions

8. Regarding the one-to-one sessions, how many sessions have you had so far? How regular have they been?
9. How long have the sessions been?
10. Before the one-to-one sessions do you need to prepare? [explore admin/time implications if any]
11. Have the sessions been face-to-face or online? [if mixed explore differences]
12. Have there been any operational/logistical barriers?
13. How would you describe the sessions? What is the focus and structure of the sessions?
14. How do you find the one-to-one sessions? Are there any parts that you particularly enjoyed? Why? What aspects of the one-to-one sessions have been particularly useful/not useful?
15. How do you find the approach of the supervisor? [i.e. friendly, helpful, etc.]
16. (Salford schools]: Your supervisor changed during the programme. How did you find that transition? How did it affect the effectiveness of the supervision?

Broader support

17. [if more support than one-to-one sessions]: In addition to the one-to-one sessions, how useful do you find the other support that is given to you or your school by the supervisor? [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?]
18. Did you receive or use any materials as part of the project? To what extent was this useful, or not?

Changes over time

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

Outcomes and impact

20. 20. To what extent have you changed, or do you plan to change, your practices as a DSL as a result of the supervision sessions and the other support you have received so far from your supervisor?

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

21. 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 CSC? 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' social care services?

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

    a. Do you feel better able to support children and families more effectively?

    b. Have you increased (or changed) your support to children and families, or the school's interaction with families? In what ways?

    c. Do you have a better understanding of roles and responsibilities between school and children's social care services?

    d. Have you increased your use of Early Help plans? (note, not all LAs call them Early Help)

    e. Anything else?

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

24. 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]

25. How much of your time has the programme required from you? Outside the one-to-one sessions, how much time have you spent on this project? i.e. other support, preparation for sessions, putting into practice]

    a. Do you feel it has been a good use of your time?

26. 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 has other staff members been involved in support sessions?

27. I want to ask you a few questions about how the pupils and your role as DSL have been affected by COVID-19 and school disruptions.

    a. First, how has COVID-19 and school disruptions affected pupils, in terms of safeguarding, child protection, mental health, etc.?

    b. To what extent has it changed the number of cases and concerns, and what types?

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

    d. How have you been supported during COVID-19? What could have been done better to support you? What could be done in the future?

    e. Anything else on how the pandemic and school disruptions have changed your role as DSL or impacted the pupils?

28. The supervision started in Autumn 2020, during the pandemic. Is the supervision more or less useful than it might have been as a result of the pandemic and school disruptions? [probe for both practical implication and change of needs and support requested]

Future

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

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

31. Anything else?

Interviews with Supervising Social Workers (SSWs)

Thank you so much for participating in this interview, and for completing the spreadsheet in advance. 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 secondary schools in Greater Manchester, on behalf of the WWCSC. As part of the independent evaluation, we are interviewing each of the DSL supervisors twice, we already interviewed you earlier on in the delivery of the programme. 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 30 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 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?

[Researcher: skim previous transcript beforehand, to see if any issues need following up, explored how it progressed since last time we interviewed them]. [also connection to SWIS and experiencing line-managing social worker]

About you

1. To what extent do you feel supported to perform the role as DSL supervisor? [prompt for]:

- Time to perform the role
- Multiple sources of support i.e from LA, CoP, peer support group, etc. time to perform the role; training; 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 outside the programmes? Have these changed since the programme began?

Support

2. Can you describe what type of support you are giving and offering to the schools? [check if all sessions have been face-to-face/remote]

- Is this your preferred method of supervision? [face-to-face or online] How much time does it take out of your day to travel to DSLs in schools?

- Who is typically receiving supervision, and who do you think is best suited to receive supervision? [DDSL, DSLs, pastoral team, SLT...?]

3. How would you describe the one-to-one sessions and what's the main purpose? How have you generally structured the sessions and what has been the main focus? [probe for any preparatory work that needs to be done by DSLs, how much they are been contacted outside the arranged supervision sessions] [does this outside contact limit your ability to carry out your other responsibilities?]

4. 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 connected DSLs from within the local authority? [probe: how did these arise, benefits, limitations]

   c. How did you make this decision [to work more/less hours, to split supervision between different DSLs/DDSLs?

5. Is there anything that so far has been particularly beneficial for schools in terms of support? Or not beneficial?

6. How do you feel this programme fits alongside any other existing programmes/school-based initiatives provided?

7. 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 need and engagement

8. 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?

9. Are there any particular parts of the support DSLs are engaging more with than others?

- How did you find interacting with DSLs? Did you have to build a relationship or win their trust? [probe on identifying "bad practices" within schools and how do they express their concerns to DSLs?]

10. 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? [give examples of specific schools]

- [probe on if they have lost any schools, and why]

11. How do you think COVID-19 is affecting the programme? [probe for both practical implications and change of needs and support requested]

Outcomes and impact

12. 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:]

    a. How has this evolved over the time that the programme has been delivered?

    b. Better understanding of roles and responsibilities between schools and CSC?

    c. Better understanding of multi-agency working??

    d. Increase in Early Help plans?

    e. Better understanding of difficulties faced by children and families?

    f. Better relationships and interaction between schools and families, and earlier and more effective support provided to families?

    g. Greater confidence among DSLs?

    h. Any improvements in mental wellbeing? Decreasing stress, anxiety, burnout?

13. What are the barriers and facilitators for DSLs to change and improve their approaches?

14. To what extent are those improvements seen for other DSLs in the school? Why/why not? [probe more generally on how this is working with others in the school]

- Your development as social worker and benefit for CSC

15. 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]

16. To what extent do you think CSC will be able to use these insights to improve the support and relations with schools in the future?

17. Has your LA made any plans or considered continuing the programme in the future? Please explain.

Future

18. 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?

19. How do you think the programme could be improved in the future? Why/why not?

- Is there anything you cannot provide DSLs, which could need another programme/training/support? [probe: students from other boroughs]

20. Would you personally like to continue in this role in the future? Why/why not?

    a. During the programme, have you ever had any considerations about leaving the role? Why/why not?

21. Anything else?

Thank you!

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CONTACT

info@wweicsc.org.uk
@whatworksCSC
whatworks-csc-org.uk