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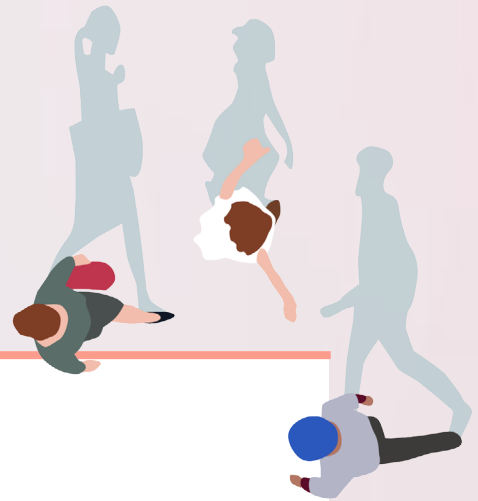
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What Works Centre for Children & Families

DESIGNATED SAFEGUARDING LEADS GROUP SUPERVISION IN SECONDARY SCHOOLS

April 2023

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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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This programme was independently evaluated by a team from the National Institute of Economic and Social Research (NIESR). NIESR is Britain's longest-established independent research institute, founded in 1938 by a group of major social and economic reformers including John Maynard Keynes and William Beveridge. Its aim is to improve the public's understanding of the ways through which economic and social forces impact on their lives, and the ways in which policy can bring about change. As an organisation it works in collaboration with leading academic institutions, as well as government departments, charitable foundations, international organisations and the private sector.

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EXECUTIVE SUMMARY

Introduction and background

This study aims to establish the impact of providing group 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 DSL 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.

Objectives

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

The primary research question assessed in the RCT is whether there is a difference in the number of contacts made by schools to children's social care 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 measure 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. 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 no further action; and contacts from all sources. We also consider whether there is evidence of greater impacts on contacts and referrals in the latter period of the intervention and whether there are differences in effectiveness between urban and rural areas. 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 308 state-funded secondary schools across 11 local authorities (LAs) in England. Both LA and academy schools participated. Within each LA, schools were randomly allocated to either the treatment group, receiving the supervision programme (154 schools) or the control group (154 schools), which did not receive the programme and continued with business as usual.

The IPE involved interviews and focus groups with a total of 91 DSLs, other school staff, supervising social workers (SSWs) (8 interviews) and LA managers (9 interviews) across all participating authorities. Data was also collected through a baseline and endline survey with control and treatment schools, achieving 326 responses in total (with around 44% of schools responding to the baseline survey and 27% responding to the endline survey). 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, to understand the costs of delivering the intervention, rather than undertaking a value for money or cost–benefit analysis.

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

Findings

The key findings can be summarised as follows:

- The impact evaluation found that the programme had no statistically significant impact on the primary outcome, which was the proportion of pupils for whom a contact resulted in no further action[1]

- A number of sensitivity analyses were conducted in relation to the primary outcome; but the main result remains robust to these additional analyses. In addition, the findings did not suggest evidence of an impact in the latter period of the intervention, and no differences in effectiveness were apparent between schools located in urban and rural areas

- Analysis of secondary outcomes relating to contacts and referrals also showed no statistically significant differences between schools allocated to receive the programme and those that were not. Thus we observed no impact of the programme on total contacts made by schools, new referrals originating from schools or referrals resulting in no further action (all measured as a proportion of pupils)

- 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

- Three-quarters of schools in the treatment group had at least one supervision session and a quarter did not have any sessions. The reasons for lack of take-up included: schools participating in other support programmes, lack of time and concerns that supervision was a way of monitoring schools. When supervisors managed to organise the first session to introduce the programme properly

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1   The estimated effect size was very small in magnitude, standing at -0.04, (95% confidence interval [-0.21; 0.12]. This is equivalent to a difference between treatment and control schools of fewer than 0.1 NFA contacts per school.

to schools, they most often maintained engagement throughout the programme

- Apart from the low take-up and slow start to delivery and recruitment, the IPE found that the programme (when taken up by schools) was delivered largely as intended and would not require any changes to be rolled out on a larger scale. DSLs expressed support for potential wider roll-out

- DSLs interviewed found the supervision sessions useful, including having the time for reflection and discussion with colleagues, 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, because 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 improving confidence in the role, their emotional wellbeing and the working together of the safeguarding teams, which they felt was likely to have resulted in sustainable changes

- The estimated cost to LAs of delivering the intervention was around £1900 per school per school year, although this estimate may not fully cover all costs involved in delivery. In addition, the scheduling of group supervision sessions meant that some participating schools incurred costs in finding cover for lessons, so that staff could make the same time slot.

Limitations, conclusions and implications

Overall, the findings from the impact evaluation do not provide evidence to suggest that the programme affected the outcome measures considered. However, lower than anticipated take-up, as well as challenges in outcome measurement and data collection, 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, collaborative working of school safeguarding teams and 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 responded to the surveys and interviews that form part of the IPE. Nevertheless, the findings indicate that these views were prevalent among the subset who 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.

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 DSL confidence, collaborative working within school safeguarding teams, and joint working between education and social care. These causal pathways remain untested and may be areas for exploration in future research.

INTRODUCTION

Background

This report presents findings from the evaluation of a programme providing a designated social worker to provide supervision to designated safeguarding leads (DSLs) in secondary schools. 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, 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 before 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 DSL role is often undertaken in addition to other duties – for example, alongside 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 group supervision was therefore used, with all such individuals encouraged to attend. Supervision sessions were intended to take place on an approximately monthly basis during the school year 2021/22.

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 impact

on the measured outcomes, it showed some signs of potential (Stokes et al., 2021) and was thus considered to warrant further research.

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 variant of the DSL supervision programme with a specific focus on addressing child sexual abuse (CSA), in both primary and secondary schools

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

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: Designated Safeguarding Lead group supervision in secondary schools.

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 highlighted in the findings of this evaluation, although 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

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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.

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 an activity that brings skilled supervisors and practitioners together (in this case, social workers and DSLs respectively) to reflect on 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 develop skills, knowledge and an increased understanding of the mechanisms of children's social care threshold limits and processes.

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

The group supervision approach used in this programme follows the reflective case discussion model (Ruch, 2007).

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.

It is these outcomes that form the focus of this evaluation. The logic model (presented below) also highlights other potential outcomes as improved outcomes for children and families and an increase in Early Help plans by schools. The manual for the programme (described below) also notes more general objectives for the supervision as identifying learning and development needs of DSLs; signposting DSLs to useful resources to support evidence-informed practice; and providing feedback to DSLs on their continuing professional development.

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

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

- Memorandum of understanding

- Supervision agreement

- Record of supervision

- First session sheet

- DSL session worksheet

- Record of ad hoc or unplanned supervision

- Reflection form.

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

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

Who: Each participating LA recruits a supervising social worker (SSW) to provide the supervision. This supervisor is also in charge of scheduling sessions and ensuring the programme moves forward as expected. The typical model is that there is one SSW per LA, although there may be more than one if the number of schools required this, or, for example, due to part-time working patterns.

The supervisors receive training in delivering group supervision, and ongoing support throughout the project, provided by a team at the University of Sussex. A community of practice for SSWs was also set up by WWCSC as part of the project, which was held on a termly basis. These sessions aimed to give SSWs the opportunity to share their experiences of delivering supervision as part of the programme (and involved SSWs from across the three different projects providing supervision for primary schools, secondary schools and the programme with a specific CSA focus).

Supervision is undertaken with school DSLs in a group supervision model. All DSLs within a school are invited to participate.

How: Supervision sessions follow the same format for each session. These sessions take the form of group supervision sessions for each school, which may take place either face-to-face or remotely. All sessions are logged and a written record kept. Where additional support or sessions are needed on

an ad hoc basis, these should be logged and recorded as well, specifying whether they took place by email, phone or in-person.

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

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

Where: The supervision sessions take place within the schools of the DSLs, or remotely, especially in the context of COVID-19. 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

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intervals (every four to six weeks), for a maximum of two hours at a time. Sessions were offered between September 2021 and July 2022.

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 DSLs' understanding 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, to help evidence and support a case), 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.

Figure 1. Logic model

Logic model: Supervision of Designated Safeguarding Leads in secondary schools
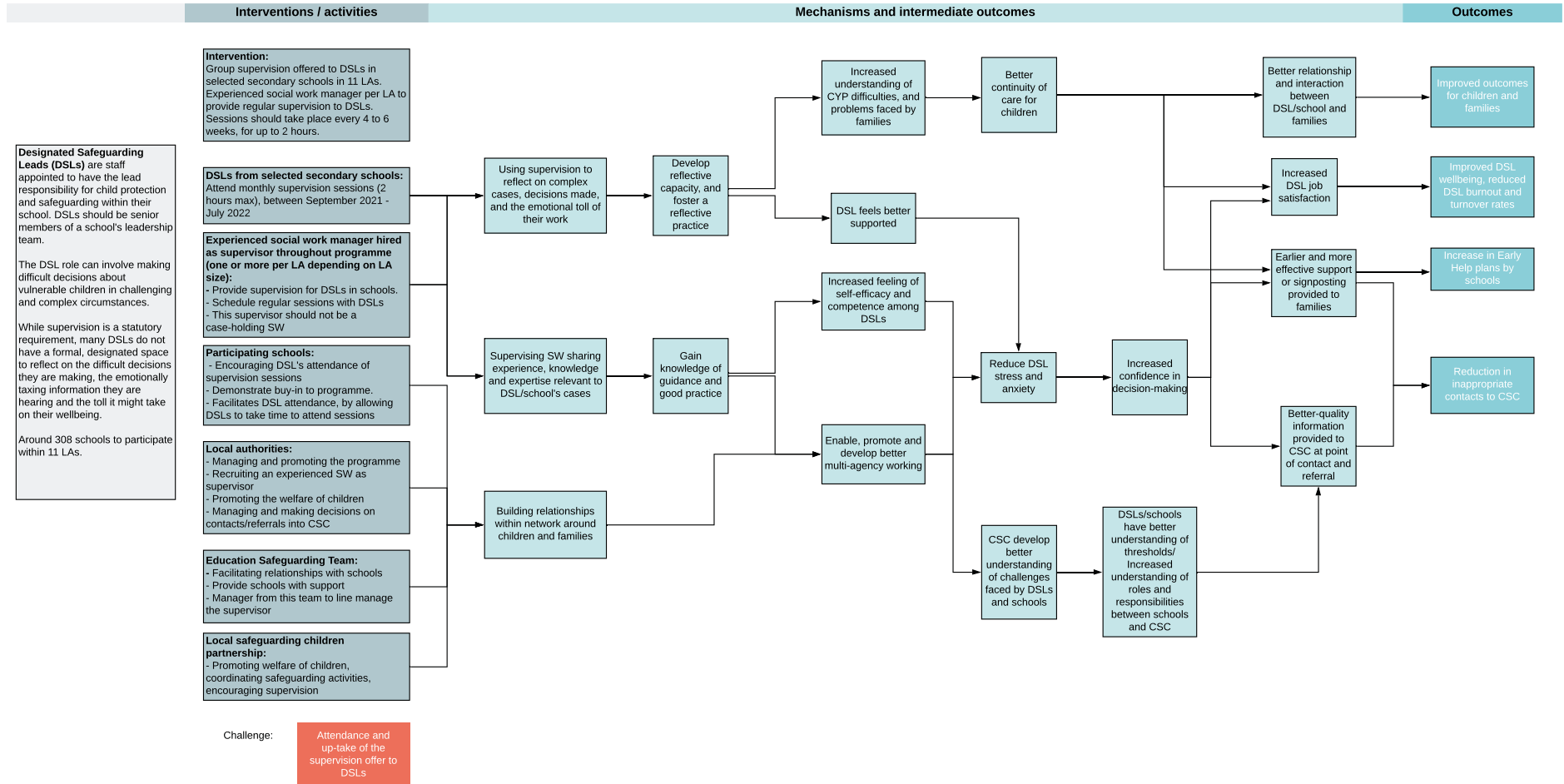
Evaluation objectives and research questions

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 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 the 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 them as appropriate where they lead to a referral (or, conversely, as "inappropriate" where they do not lead to 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 is far from a perfect measure, and it 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, although the main focus of our research questions is on contacts made by schools (RQ1–RQ4 below), we also explore, where data is available, whether there is any change in contacts made from all sources (RQ5). If, for example, contacts from schools fell, but contacts from all sources increased, this may provide some indication that some contacts 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, and 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.

Although we recognise 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 this evaluation is designed to answer is therefore:

1. What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom a contact is made by a school that 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:

2. What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom a **new contact is made by a school?**

3. What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom a **new referral** 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 does not lead to further action** (at referral or assessment stage)?

5. What is the effect of providing support to DSLs in secondary schools on the **number of contacts** (as a proportion of pupils) **from all sources** (comprising contacts from school and all other sources)?

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

7. Is there evidence of a difference in the timing of any effect on contacts and referrals – i.e. does the effect increase over time? More specifically, **is there evidence of a greater effect in the latter half of the intervention?**

8. Does the effectiveness of the programme differ according to the urban or rural context of the area in which it is operating?

As noted above, a key motivation for the programme was to reduce inappropriate contacts made. In practice, the data collected as part of the evaluation suggested that in many of the schools, there were low or indeed zero contacts resulting in no further action (with the latter able to occur both as a result of no contacts being made and because those that were made resulted in further action). At first sight this seems at odds with the desire to reduce contacts made. However, while an individual school may not generate a high number of contacts (although there is inevitably variation across schools), when considering the total number of contacts across all schools, this may still represent a figure that is stretching the resources of children's social care services.

The protocol noted that the ability to address the research questions above would depend on being able to access the necessary data. Ultimately we were able to address each of these research questions. However, data was not always available for all outcome measures in all participating LAs.

Implementation and process evaluation

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

Fidelity and adaptation

- Is the programme delivered as intended?

- How well is compliance/fidelity achieved?

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

Programme differentiation

(what does the service structure and practice look like before the introduction of the model, or in control conditions?)

- How does usual practice look before the intervention or compared with the control condition?

- To what extent do DSLs feel supported before the programme or compared with the control condition?

- How was the level of stress and anxiety experienced by the DSLs before the intervention or compared with 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 attending the sessions? If compliance is not achieved, what are the reasons? (Including contextual reasons, such as COVID-19)

- What's the experience of social workers delivering the programme? How is the intervention received by participants and by the school in general?

- What's the experience of key stakeholders in LAs delivering the programme? How does it fit into their wider support packages to schools?

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 compares with 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 benefits the school?

- Do participants feel the programme is worth their investment of time?

Ethics and data protection

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

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

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

Data-sharing agreements were set up between WWCSC, NIESR and the individual participating LAs. Limited personal data was 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/5v8h7.

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 were two trial arms: receiving the supervision (the intervention or treatment group) and not receiving the supervision (the control group). Randomisation took place at school level, with approximately half of schools being allocated to the treatment group (receiving the support of the designated SSW) and half to the control group (who would not receive this specific support and continue with business as usual).

Trial type and number of arms		2-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 that results in no further action (at the point of contact)
	Measure (instrument, scale)	LA administrative data
Secondary outcome(s)	**Variable(s)**	▪ Proportion of pupils for whom a new contact is made by a school ▪ Proportion of pupils for whom a new referral is made ▪ Proportion of pupils for whom a new referral leads to no further action ▪ Proportion of pupils for whom a new contact is made (all sources) ▪ DSL wellbeing
	Measure(s) (instrument, scale)	▪ Wellbeing: pre- and post-intervention surveys of DSLs ▪ All other outcomes: LA administrative data

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:

- New contacts made by a school (RQ2)

- New referrals to social care (RQ3)

- Referrals resulting in no further action (RQ4)

- Contacts made from all sources (RQ5)

- DSL wellbeing (RQ6).

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

As noted earlier, we explore two additional research questions:

- Whether there is evidence of a greater effect in the latter half of the intervention period (RQ7). We define this as the period from March to July inclusive (with the intervention as a whole running from September to July)

- Whether there are differences in effectiveness between urban and rural areas (RQ8).

Both RQ7 and RQ8 focus on impacts in terms of the primary outcome of contacts leading to no further action.

Randomisation

Schools were randomised within blocks defined on the basis of LA and the proportion of children eligible for free school meals (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 was used to reduce the risk of imbalance between the treatment and control groups when randomising schools. FSM eligibility was used for this purpose because this data is 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 their block by random number. The first school was then randomised to treatment or control, and each subsequent school was assigned to have the opposite allocation of the previous school.

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

Participants

Eleven LAs across England participated in the trial, with all mainstream state-funded secondary schools located within these LAs eligible to take part. A list of schools was identified by each participating LA; all were expected to participate in the trial unless the school declined. LAs were provided with a template letter by WWCSC to provide to schools, but also had flexibility over how to approach and inform schools about the project. 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 308 schools were involved in the trial at the point of randomisation.

Outcome measures

The primary outcome is the number of new contacts made (at school level) that 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.

Secondary outcomes are:

- New contacts to children's social care, made by a school (as a proportion of pupils)

- New referrals to children's social care (as a proportion of pupils)

- New referrals leading to no further action (as a proportion of pupils)

- New contacts from all sources (as a proportion of pupils)

- DSL wellbeing (job-related anxiety–contentment and job-related depression–enthusiasm).

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

In assessing whether new referrals lead to no further action, this is measured on the basis of observing this outcome within the lifetime of the delivery period (that is, by the end of July 2022).[5] 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 that we are observing in the data, but this applies equally across both treatment and control groups. If more than one contact/referral is made for the same child, they are counted as separate contacts/referrals.

There can be variations across LAs in both data systems and 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. For example, for our analysis it is key to be able to use school-level data; however, the ease with which LAs can identify schools within the data they hold on contacts and referrals is varied. Where this information exists, the name of the school has often been recorded as a free-text field, which can raise data quality issues (because errors in assigning contacts/referrals to schools can occur if school names are unclear or missing). In some LAs, it is possible to link children's social care data to education data systems (which can then identify a school) in order to improve the accuracy of data, but not in all. In some LAs, it is more feasible for school-level data to be provided for contacts that are made by schools, rather than for contacts that originated from non-school sources; two of the participating LAs were unable to provide data for non-school sources. Note that LAs can also have different contact-to-referral ratios, depending on the set-up of their "front door" – that is, they can have different processes for dealing with contacts as they enter the system.

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

Wellbeing of DSLs was 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).[6]

As these measures were collected via surveys, there was inevitably non-response, which may bias the estimates obtained. That is, those individuals who completed the surveys may not be representative of all individuals who were eligible to complete the survey. It is not clear a priori, however, the direction of any such effect. As with any survey, other forms of bias can also occur – for example, social desirability bias (if respondents feel that they ought to give a certain answer, rather than stating how they truly feel). The endline measures were collected towards the end of the programme in June–July 2022. At baseline, wellbeing measures were collected before the start of the intervention, but when schools were already aware of their allocation to treatment or control groups (due to the need for the intervention to start as early as possible, it was not feasible to conduct the survey in advance of randomisation). It is possible that this may have introduced bias as a result, although it is hard to judge to what extent experimental status may have affected how an individual responded to the actual question. It is arguably of more concern that this may partly have resulted in the fact that we observe higher rates of survey completion among the treatment group compared with the control group (see Appendix 1), which may have had greater potential to result in bias. It is important to bear this in mind in interpreting results. In addition, due to delays in having signed data-sharing agreements in place, the surveys were not able to be issued to schools directly by the evaluation team. Instead, LAs distributed the surveys to schools on behalf of the evaluation team. This meant that it was not possible to include a unique identifier for survey respondents when distributing the survey, which means that we cannot track with accuracy whether the same individual within a school responded at both time points.

Analysis approach

Primary analysis

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

The analysis is carried out using linear regression. The regression model used for the primary analysis includes controls for the previous year's proportion of pupils with no further action at contact, defined as per our primary outcome measure. The model also includes a dummy variable capturing treatment allocation and strata indicators reflecting randomisation blocks.[7]

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6   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."

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

The equation estimated is:

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

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.[8] As there is one primary outcome measure the analysis is not subject to multiple comparison adjustments.

In practice, three LAs were unable to provide baseline data for the primary outcome. To maintain the full sample for which outcome data was available, we imputed zero values and included a dummy variable where baseline data was missing. We checked the sensitivity of our results to running the analysis on the sample for which complete data is available.

While we undertook linear regression for the primary analysis, as specified in the protocol, given the distribution of the measures we also conducted two robustness checks. First exploring whether there was an impact on a binary measure, and second estimating the model using Poisson regression.

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 2020/21.

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

The same approach is adopted for analysis of DSL wellbeing; here, the models control for wellbeing as measured before the start of the intervention (October 2021).

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

Subgroup analysis

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

First, we explore whether results are sensitive to the time period over which outcomes are measured. The primary analysis uses outcomes measured over the full intervention

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

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.

Second, we explore whether there are differences in the effectiveness of the programme between schools located in urban and rural areas, to understand whether the context of the area may matter for the programme's impact. We do this through the inclusion of an interaction term with treatment status in the model (as well as a separate dummy variable capturing urban/rural location). This is with the aim of addressing RQ8 on differences between urban and rural areas to help inform whether there are differences in effectiveness according to the context in which schools and DSLs are operating. This could potentially happen if there are systematic differences in the types of issues DSLs are dealing with in urban and rural areas, or, for example, if schools in more remote areas may have fewer opportunities to build wider networks for support.

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 intervention). Note that excluding these schools invalidates the causal properties and is thus a nonexperimental analysis. It can still be informative, because if drop-out is random, the results reflect the effect of treatment itself rather than intention to treat. The randomness of drop-out 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 attended all intended sessions are scored 1 ("all sessions" is defined here as the maximum of 8 sessions that we observe in the data). If a school attended half the sessions, for example, they are scored 0.5. 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 main assumption underpinning this approach is that the treatment only has an effect via the number of sessions attended. This design of the intervention – specifically, that it is confined to supervision sessions rather than extending to any ancillary practice – is such that it is credible to believe it operates only via sessions. Since treatment status is randomly assigned and sessions are not available to the control group, treatment group indicator is the ideal instrument. However, estimating dose response in this way does constrain the relationship between number of sessions and the outcome to be

linear. Since there is no basis for believing this to be the case, we also conduct an analysis whereby the impact of attending any sessions is estimated (this latter analysis is additional to the planned analysis set out in the protocol).

Additional analysis

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

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

- The primary analysis is unweighted, giving equal weight to all schools, but in an additional specification, we run the same regression using frequency weights in order to relate the results to the number of pupils on which they are based

- A model that additionally controls for the proportion of pupils in the school eligible for FSM

- A model that also controls for other school characteristics, including Ofsted rating, size and measures of pupil composition

- 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 one year; one–two years; three–four years; five–six years; seven–nine years; ten or more years; we combine those for less than one year and one–two 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 smaller sample because it can only be estimated for those schools for which we have survey responses.

The protocol also stated that we would estimate a model additionally including LA fixed effects; however, in practice because our models include dummy variables for randomisation strata (relating to LAs) this is already taken into account.

We undertake a further additional analysis that was not set out in the protocol (and should therefore be considered exploratory). The programme is typically delivered by one SSW in each LA. However, in two LAs, supervision was delivered by two SSWs (who worked with different schools). Furthermore, in two additional cases, the SSW worked across more than one LA (with one working across two LAs and one working across three LAs). We therefore repeat our analysis for the primary outcome with the additional inclusion of SSW fixed effects.

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 308 schools would take part; this was the number of schools randomised. The minimum detectable effect size (MDES) was therefore determined by the maximum available sample (and assumed no attrition by the point of analysis).

At the point of preparing the protocol, the proportion of variance in the outcome explained by the covariates was assumed to be 0.2, in line with the estimate obtained in the original Bolton study for primary schools. Based on these figures, and the assumptions set out in Table 1 below, the MDES stood at 0.3 (in units of school-level standard deviation). Our power calculations focus on the primary outcome and, as we have one primary outcome, we do not make adjustments here for multiple comparisons.

At the point of analysis, data was available for 289 schools (mainly due to the withdrawal of one LA following randomisation, discussed below). The proportion of variance in the outcome explained by covariates was slightly higher than assumed at the point of preparing the protocol. Overall, these changes meant that the MDES remained relatively unchanged at the point of analysis, standing at 0.28.

For the primary outcome assessed in this trial, data was available on 289 schools, representing an attrition rate of around 6% (Table 2). One LA withdrew following randomisation, which accounted for the vast majority of the missing data (18 schools); in addition, data was missing for one school in one other LA.

Data was 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 for two of the secondary outcome measures,

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

		Randomisation	Analysis
MDES (proportion of a standard deviation)		0.29	0.28
Proportion of variance in outcome explained by covariates (R^2)	**School**	0.2	0.3
Intracluster correlations coefficient (ICCs)	**School**	-	-
Alpha		0.05	0.05
Power		0.8	0.8
One-sided or two-sided?		Two-sided	Two-sided
Level of intervention clustering		School	School
Average cluster size (if cluster-randomised)*		1083	1099
Sample size (schools)	**Intervention**	154	145
	Control	154	144
	Total	308	289

* This is the average number of pupils per school.

data was available for the same sample as for the primary outcome. For referrals leading to NFA, data was missing for two LAs. Two LAs were unable to provide data on contacts from all sources. 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), and where we also observe differential attrition across treatment and control groups (with the extent of missing data greater in the control group).

School and LA characteristics

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

In summary, treatment and control groups were typically fairly balanced in terms of the school characteristics considered (including school type, Ofsted rating, size and pupil composition). If we compare with national averages for schools in England, a slightly higher proportion of schools in the study were rated as outstanding for overall effectiveness at their most recent Ofsted inspection compared with the national average, and a smaller proportion rated as

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

		Intervention	Control	Total
Number of schools	**Randomised**	154	154	308
	Analysed	145	144	289
Attrition (from randomisation to analysis)	**Number**	9	10	19
	Percentage	5.8	6.5	6.2

Figure 2. Availability of outcome data

Randomised School n=308

Treatment School n=154

Primary outcome

Contacts leading to NFA. School n=145

Secondary outcomes

Contacts (school sources): school n=145
Referrals: school n=145
Referrals leading to NFA: school n=111
Contacts (all sources): school n=82

DSL wellbeing:
Endline: individual n=76

Control School n=154

Primary outcome

Contacts leading to NFA. School n=144

Secondary outcomes

Contacts (school sources): school n=144
Referrals: school n=144
Referrals leading to NFA: 112
Contacts (all sources): school n=83

DSL wellbeing:
Endline: individual n=41

good. We also see a higher proportion of academy converter schools in our sample compared with the national average, although there was balance by school type across treatment and control groups.

School composition was broadly similar across trial arms, with similar percentages of pupils eligible for FSM and pupils where English is not a first language across treatment and control schools. Performance at the end of Key Stage 4 (KS4) was also similar on average in both the intervention and control schools: 45% of pupils in the intervention schools achieved a 5+ grade in English and Maths, compared with 46.2% of pupils in control schools; this was higher than the national average.

If we consider children's social care outcomes based on the school year 2020/21, the year before the intervention started, average outcomes are generally similar across both treatment and control groups (for all outcome measures considered in this study – i.e. contacts to children's social care resulting in NFA; all contacts made (by schools and by all sources); referrals originating from schools; and referrals resulting in NFA). The measures of DSL wellbeing, as captured by the baseline survey, were also broadly similar across treatment and control groups at baseline (although it is important to bear in mind here that this can only be evaluated on the basis of those responding to the survey). We present the distribution of all outcomes measures at baseline by trial arm in Appendix 4.

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

Finally, we comment briefly on the characteristics of the participating LAs, with a view to providing further context about how applicable findings may be for other areas.

All but one of the participating LAs were classed as predominantly urban, while the remaining LA is classified as urban with significant rural (between 26% and 49% of the population reside in rural areas). The split of schools across urban versus rural locations across treatment and control arms appears balanced, with approximately one in ten schools located in a rural setting.

Seven of the participating LAs are located within more affluent regions of England. In these more affluent LAs the proportion of children living in low-income homes was below the national average of 19.1%, as indicated by the Department for Education's Local Authority Interactive Tool (LAIT).[9]

Based on the most recent inspection of local authority children's services as of 2021, three of the LAs were rated as "outstanding", six LAs were rated as "good" and two LAs were rated as "requires improvement to be good".

Six of the 11 participating LAs had a children in need rate (measured per 10,000) above the national average of 321.2. Four of the 11 participating authorities had a children looked after rate (measured per 10,000) above the national average of 67. In 5 of the participating LAs, the rate of referrals to children's social care services was above the national average of 494.3 per 10,000 children.

Overall, although the study does not (and is not intended to) provide a nationally representative sample, it does include LAs facing a range of different circumstances.

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

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 roll-out.

Methodology and data collection

The following data collection methods were used:

- Interviews and focus groups with 74 DSLs and other school staff from 47 different treatment schools, in April–July 2022. These comprised individual interviews with 54 participants and focus groups with 20 participants

- Interviews with 8 SSWs, in April–July 2022

- Interviews with 9 managers in LAs, in July–August 2022. This was typically the person who applied to take part in the programme and typically the individual with overall responsibility for the LA's involvement in the programme. They had regular contact with the SSW, often through being their line manager

- Baseline and endline surveys with DSLs in all schools (both treatment and control schools), in October 2021 and June–July 2022

- "Engagement" and "need" scores (used to inform sampling) as well as attendance data for each school receiving supervision, estimated by the SSWs for each LA.

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

Interviews and focus groups with SSWs, DSLs and LAs

The interviews and focus groups were carried out by telephone or online. They were semi-structured, using topic guides (see Appendix 7), and explored the experiences and perspectives of SSWs, DSLs and LAs, to assess how the intervention was delivered across LAs and the extent to which the intervention had led to changes in DSL practices. The interviews and focus groups were recorded, with permission of participants, transcribed verbatim and then analysed using a framework approach. The DSLs were contacted by email and sampled to include a mix of schools by LA, size, proportion of FSM pupils and different "need" and "engagement" scores given by the SSWs (see Appendix 2). 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. The sample of 45 schools represents 31% of the 145 schools in the treatment group; it disproportionately includes schools that engaged with the programme and does not include any control schools. We interviewed all SSWs involved in the programme, as well as a manager for each LA.

Baseline and endline survey

The baseline survey was distributed by email in October 2021, before the intervention started. The survey was mostly completed by lead DSLs, and in a few cases by other safeguarding staff such as deputy DSLs. We collected a total of 209 responses, 74 from control schools and 135 from treatment schools. The endline survey was distributed in June–July 2022, at the end of the intervention. We collected a total of 117 responses, 41 from control schools and 76 from treatment schools. Appendix 1 provides information

about the sample, by LA and by years of experience as a DSL. 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.

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 in the IPE section on findings.

Cost evaluation

Analysis of costs is based on data provided by WWCSC on the costs of delivering the intervention. This is based on actual spend by LAs over the life of the project (rather than the initially agreed budgets). This data was summarised for the evaluation team by WWCSC, based on the financial reporting templates completed by the participating LAs.

The analysis of costs is conducted purely as a financial analysis, to understand costs of delivery of the intervention, rather than undertaking a value for money or cost–benefit analysis. As anticipated in the protocol, monetising any benefits would have been challenging and would require a number of assumptions to be made.

For the purpose of estimating costs we focus on the ten LAs that continued to participate in the project following randomisation. Five of these LAs were involved in the secondary trial only, and thus all costs reported related to this project. The remaining five LAs were also involved in one of the concurrent trials, and for most of these authorities information was available on the share of the originally agreed budget that was to be allocated to the secondary trial. This proportion was applied to the eventual actual spend to allocate an amount to the secondary trial. Costs were converted to a cost per school on the basis of the number of schools allocated to the intervention group in each LA.

Costs were also explored during interviews with DSLs, SSWs and LAs, as part of the IPE, 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.

FINDINGS

Impact evaluation

Outcomes and analysis

Primary analysis

Table 3 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 that 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), at 0.008 in both treatment and control groups. That is, on average there were 8 contacts resulting in no further action per 1000 pupils.

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 no statistically significant impact of the intervention on the primary outcome – that is, there was no real difference in the primary outcome among schools that were allocated to receive the programme and schools that were not. There is a small negative sign on the regression coefficient, but the size of this effect is small (effect size of -0.04) and not statistically significant, with a confidence interval that crosses 0 (-0.21, 0.12). The underlying regression results are presented in Appendix 6

Table 3. Primary analysis

Outcome	Unadjusted means				Effect size (adjusted)			
	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)	145 (9)	0.008 (0.006, 0.009)	144 (10)	0.008 (0.006, 0.010)	289 (145; 144)	-0.044 (-0.206, 0.117)	-0.038 (-0.175, 0.100)	0.590

Figure 3. Contacts leading to NFA as proportion of pupils, 2021/22, by trial arm
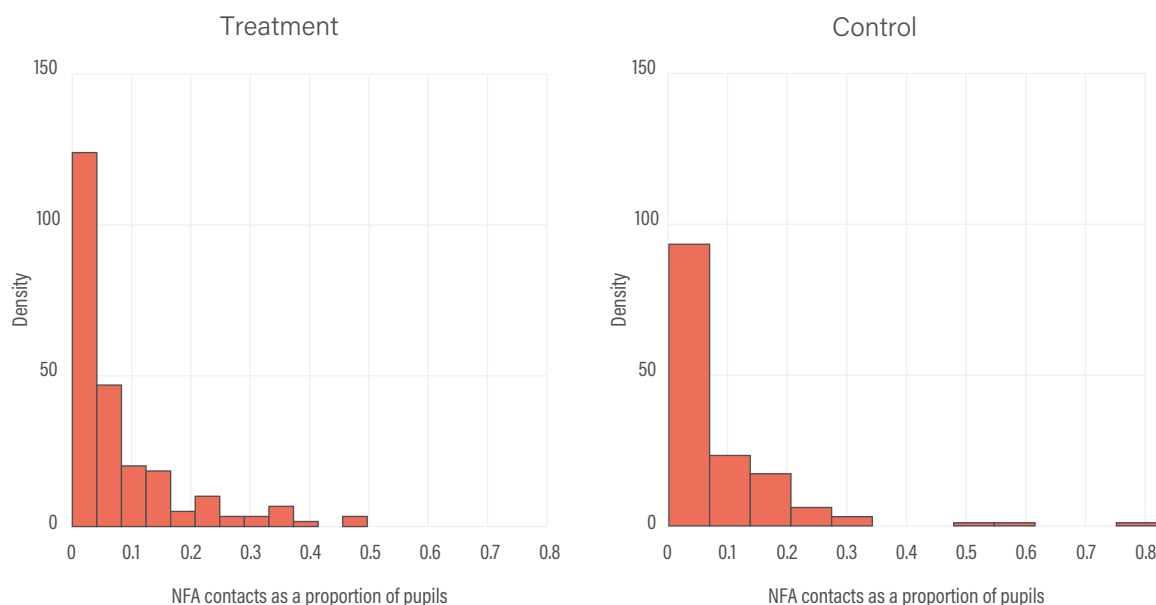
Figure 3 presents the distribution of the primary outcome, by treatment and control group. The distributions are similar for both groups. The protocol specified that we would undertake linear regression; given the distribution of the measures we also conducted two robustness checks. First considering whether there was an impact on a binary measure, and second estimating the model using Poisson 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, we include a dummy variable to capture this missingness, and set missing values on the baseline variable to zero, to maintain the full sample size for which outcome data is available. If we repeat the analysis on the sample for which we have complete baseline data (256 observations), we still observe no statistically significant impact (effect size=-0.07, p-value=0.335).

Secondary analysis

Contact and referral outcomes

Table 4 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 a new contact is made by a school?

3. What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom a new referral 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 does not lead to further action (at referral or assessment stage)?

5. What is the effect of providing support to DSLs in secondary schools on the number of contacts (as a proportion of pupils) from all sources (comprising contacts from school and all other sources)?

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

Table 4. 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
Contacts (schools)	145 (9)	0.024 (0.019, 0.029)	144 (10)	0.025 (0.020, 0.030)	289 (145; 144)	-0.076 (-0.457, 0.305)	-0.026 (-0.156, 0.104)	0.695
Referrals (schools)	145 (9)	0.007 (0.006, 0.008)	144 (11)	0.007 (0.006, 0.008)	289 (145; 144)	-0.026 (-0.147, 0.094)	-0.034 (-0.187, 0.120)	0.667
Referrals leading to NFA (schools)	111 (43)	0.001 (0.000, 0.001)	112 (42)	0.001 (0.000, 0.001)	223 (111; 112)	0.001 (-0.051, 0.054)	0.004 (-0.178, 0.186)	0.965
Contacts (all sources)	82 (72)	0.128 (0.096, 0.160)	83 (71)	0.109 (0.084, 0.134)	165 (82; 83)	1.237 (-0.263, 2.737)	0.107 (-0.022, 0.236)	0.105

The sample size for analysis of contacts from all sources is notably smaller, because two LAs were not able to provide data on this outcome. If we repeat our primary analysis within this sample, to check whether the main results are different within this sample, we still see no statistically significant impact of the intervention on contacts leading to NFA from school sources only (effect size=0.031, p-value=0.554). Two LAs were also not able to provide data on referrals leading to no further action.

DSL wellbeing

Table 5 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 5 shows that at endline, average scores on the anxiety–contentment scale stood at 0.67 in the treatment group and 0.02 in the control group. Average scores on the depression–enthusiasm measure stood at 3.51 in the treatment group and 3.07 in the control group. These apparent differences (of around half a scale point on a 12-point scale) 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 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 31% among the treatment group and at 22% among the control group at endline, and 53% and 36% for treatment and control groups at baseline respectively). 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. We include a dummy variable to capture where this data is missing (and zero impute missing baseline values), to maintain the sample size for all those who completed the survey at endline. The total sample size available at endline stood at 117 responses (we do not know the total number of DSLs who could have potentially responded, because we do not have information on the number of DSLs in each school. However, in terms of number of schools, this represented an overall response rate of 27%). At baseline, 209 responses were received. Schools responding at baseline only are necessarily excluded from the analysis because no endline scores are available. Of those responding at endline, around 36% were missing baseline data.

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, this is not statistically significant in either case. Overall, the imbalance in response across treatment and control groups means we should be particularly cautious in drawing inferences based on these results.

Table 5. Secondary analysis, DSL wellbeing outcomes

| 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	76	0.67 (0.10, 1.24)	41	0.02 (-0.78, 0.83)	117 (76; 41)	0.351 (-0.127, 0.830)	0.154
Wellbeing: depression– enthusiasm scale	76	3.51 (3.03, 4.00)	41	3.07 (2.15, 4.00)	117 (76; 41)	0.063 (-0.293, 0.412)	0.731

Note the number of missing observations is not reported here because we do not know the maximum possible number of DSLs who could have responded.

We do not undertake a multiple comparisons adjustment as part of our secondary analysis because 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 6 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 small 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) and the effect size appears similar in magnitude in both periods.

Table 6. 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)	145 (9)	0.003 (0.002, 0.004)	144 (10)	0.003 (0.002, 0.004)	289 (145; 144)	-0.021 (-0.106, 0.064)	-0.041 (-0.205, 0.124)	0.629
First part of intervention period (September to February)	145 (9)	0.004 (0.003, 0.006)	144 (10)	0.005 (0.003, 0.006)	289 (145; 144)	-0.035 (-0.179, 0.109)	-0.041 (-0.210, 0.127)	0.632

Table 7. Regression results, interacting treatment and urban-rural status, primary outcome

	Contacts leading to NFA	
	Regression coefficient (robust standard error in parentheses)	P-value
Treatment	-0.0003 (0.002)	0.879
Urban area	0.0008 (0.002)	0.674
Treatment*Urban area	-0.0001 (0.002)	0.971
N	289	

Note: This table shows selected coefficients from a regression of the outcome on treatment arm, a dummy variable for urban location of school, treatment*urban location, NFA contacts as a proportion of pupils in the previous school year, and dummy variables indicating randomisation strata. Robust standard errors in parentheses. Statistical significance is indicated as *significant at 0.05, **significant at 0.01.

Table 7 summarises results exploring whether there is evidence of differences in impact between urban and rural areas presenting the coefficients for treatment status, a dummy variable for urban location and the interaction term between the two. We see no evidence of a differential impact according to urban or rural location of the school, with no statistically significant impact on the interaction term. Note that the vast majority (around 90%) of schools in the sample were located in urban areas.

Analysis in the presence of non-compliance

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

As noted 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.

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

	Number of schools	% of schools
No supervision sessions	35	24.1
1	7	4.8
2	14	9.7
3	16	11.0
4	17	11.7
5	23	15.9
6	13	9.0
7	10	6.9
8	10	6.9
Total	**145**	**100**

Note that we exclude here the LA that withdrew from participation following randomisation, such that these figures reflect sessions among those LAs in which at least some schools participated.

Table 8 summarises sessions attended (excluding the LA that withdrew following randomisation). These figures exclude introductory appointments. Around one-quarter (24%) of schools assigned to the treatment group did not receive any supervision sessions. The maximum number of supervision sessions delivered was eight; this applied for around 7% of schools. Around half (50%) of schools received four or more sessions over the course of the school year. These figures focus on the provision of the formal supervision sessions; some schools also received some additional support on an ad hoc basis (see IPE findings), but the provision of this was not systematically recorded.

We first present results from estimating a model excluding those schools allocated to the treatment group who received zero sessions (and who could therefore be considered to have "dropped out" of the intervention). If drop-out is random, the results reflect the effect of treatment itself rather than intention to treat. The randomness of drop-out 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)	110	0.008 (0.006, 0.010)	144 (10)	0.008 (0.006, 0.010)	254 (110; 144)	-0.043 (-0.215, 0.130)	-0.036 (-0.183, 0.110)	0.627

Tables 10 and 11 present results from estimating a simple dose response model, where the treatment variable in our main analytical model is replaced with a dosage variable, set to 0 for control group schools, and varying between 0 and 1 for the treatment group, where schools that had no sessions are scored 0 and those that attend all intended sessions are scored 1 ("all sessions" is defined here as the maximum of 8 sessions that we observe in the data). We use instrumental variable (two-stage least squares) regression to estimate this impact. Again an analysis of this type is not experimental, and so findings can only be interpreted causally under additional assumptions.

The results from the first stage – where dosage is regressed on treatment status and the baseline number of NFA contacts in 2020/21 – are reported in Table 10. As expected, we obtain a statistically significant association between treatment status and the dosage variable. The first row of Table 11 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 1 for receiving any sessions and 0 when receiving no sessions, instead of the dosage variable described above. This also showed no statistically significant impact (see Appendix 6 for results).

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

	Regression coefficient (robust standard error in parentheses)	P-value
Treatment	0.426** (0.027)	0.000
NFA contacts, 2020/21	3.600 (2.592)	0.166
N	289	

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 (21, 267)=17.77. Prob>F=0.000.

Table 11. Contacts leading to NFA, compliance analysis, IV (2SLS) results

	Regression coefficient (robust standard error in parentheses)	P-value
Dosage	-0.001 (0.002)	0.575
NFA contacts, 2020/21	0.917** (0.189)	0.000
N	289	

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.

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

Additional analysis and robustness checks

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

The first row of Table 12 shows results from replacing the baseline measure of contacts leading to NFA in 2020/21 with a measure based on data from 2019/20 instead. Use of this alternative baseline has no substantive impact on the main results.

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

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

We also conduct two additional analyses, not stated in the protocol. The first of these includes SSW fixed effects (reported in the fifth row of the table); again no statistically significant impact of the intervention is observed. Finally, we also drop the LA that participated in the Social Workers in Schools (SWIS) programme from the analysis; again, we observe no statistically significant impact (results shown in final row of table).

Table 12. 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, alternative baseline (2019/20)	145 (9)	0.008 (0.006, 0.009)	144 (10)	0.008 (0.006, 0.010)	289 (145; 144)	-0.021 (-0.205, 0.164)	-0.018 (-0.175, 0.139)	0.825
NFA contacts, pupil-weighted estimates	145 (9) Pupil-weighted: 156, 668	0.007 (0.007, 0.007)	144 (11) Pupil-weighted: 160, 925	0.007 (0.007, 0.007)	289 (145; 144) Pupil-weighted: 317, 593 (156, 668; 160, 925)	-0.033 (-0.154, 0.088)	-0.036 (-0.168, 0.096)	0.593
NFA contacts, also controlling for % FSM pupils in school	145 (9)	0.008 (0.006, 0.009)	144 (10)	0.008 (0.006, 0.010)	289 (145; 144)	-0.053 (-0.212, 0.106)	-0.045 (-0.181, 0.090)	0.511
NFA contacts, also controlling for other school characteristics*	145 (9)	0.008 (0.006, 0.009)	144 (10)	0.008 (0.006, 0.010)	289 (145; 144)	-0.101 (-0.260, 0.058)	-0.059 (-0.152, 0.034)	0.214
NFA contacts, with SSW fixed effects	145 (9)	0.008 (0.006, 0.009)	144 (10)	0.008 (0.006, 0.010)	289 (145; 144)	-0.137 (-0.433, 0.160)	-0.117 (-0.369, 0.135)	0.365
NFA contacts, excluding LA participating in SWIS	139 (15)	0.007 (0.005, 0.009)	138 (16)	0.008 (0.006, 0.010)	277 (139; 138)	-0.076 (-0.239, 0.088)	-0.064 (-0.202, 0.073)	0.362

* School characteristics included are: Ofsted rating; number of pupils; % FSM pupils; % pupils for whom English is an additional language (EAL); % special educational needs (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 13. 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 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=-0.049, p-value=0.667).

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

Table 13. 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		-0.002 (0.003)	0.446
Years of experience as DSL (reference category: less than 2 years)	**3–4 years**	-0.003 (0.002)	0.080
	5–6 years	-0.001 (0.001)	0.383
	7–9 years	-0.001 (0.002)	0.709
	More than 10 years	0.002 (0.003)	0.364
Treatment* years of experience	**1–2 years**	0.002 (0.003)	0.581
	3–4 years	0.001 (0.003)	0.760
	5–6 years	0.003 (0.004)	0.432
	7–9 years	0.001 (0.003)	0.782
N		151	

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 previous school year 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. Interviews with DSLs suggest that the programme was delivered largely as intended, with some flexibility around programme starting times, mode of delivery, the number of cases discussed per session and the extent to which SSWs were open to providing their own opinions or advice. Similarly, overall SSWs reported that they tended to stick to the model of supervision as specified by the programme. A few SSWs reported having made some minor additions to the programme model. For example, one SSW mentioned using specific points for discussion, such as discussing parenting styles. However, any such additions mentioned by SSWs did not constitute a significant departure from the intended programme structure.

"I was very strict on doing what the model said, because I thought it's a research project, I need to do exactly, so that we're all doing the same." SSW

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

Group vs one-to-one supervision

Although most DSLs only received group supervision sessions, in some schools DSLs reported that some of their sessions were one-to-one. Where this had happened, it was a result of scheduling challenges preventing the whole group from attending a session. In those cases, the lead DSL would usually take part in the one-to-one supervision. This was more common in schools with small safeguarding teams, where the whole team could not attend the session at the same time, because someone still needed to be available to respond to any safeguarding concerns.

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

	Number of respondents	Percentage of respondents
0 sessions	51	74%
1 session	3	4%
2 sessions	5	7%
Between 3 and 9 sessions	10	14%

Treatment: N=69 at endline.

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

	Number of respondents	Proportion of respondents
0 sessions	3	4%
1 session	1	1%
2 sessions	8	12%
3 sessions	7	10%
4 sessions	9	13%
5 sessions	14	20%
6 and above sessions	27	39%

Treatment: N=69 at endline.

The DSLs who had experience of receiving both group and one-to-one supervision were asked in the interviews whether they preferred a particular model of delivery. Some DSLs preferred one-to-one sessions, because they felt that this allowed them to get more tailored support from the SSW.

"I have had one or two sessions with the social worker just the two of us, and it's just so incredibly helpful, to be able to just run things by her, and get a different view." DSL

Some DSLs also felt that one-to-one support would be more beneficial for their wellbeing. Some DSLs who lead their safeguarding teams and line manage team members felt that they were not able to open up about their wellbeing during the group sessions. Lead DSLs described not feeling comfortable to show vulnerability in front of junior colleagues who rely on them for support.

Online vs face-to-face delivery

A majority of the DSLs reported that all supervision sessions they participated in were delivered face-to-face. Interviews suggest that face-to-face delivery tended to be offered as the default option, and the

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	41	59%
Most sessions have been face-to-face	10	14%
Around the same number of face-to-face and online sessions	0	0%
Most sessions have been online	2	3%
All sessions have been online	16	23%

Treatment: N=69 at endline.

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delivery model tended to be chosen based on school preferences.

In the interviews, DSLs tended to express a preference for the arrangements that they had. Those DSLs who had face-to-face sessions spoke of the advantages that meeting in-person had, in terms of having organic conversations, establishing a personal connection with the SSW and reading body language and facial expressions. DSLs also appreciated the fact that their SSW travelled to their school to meet them, which was seen as helpful for scheduling the sessions in a busy school timetable.

The DSLs who took part in online sessions reported that they had no issues with the online format, and that it made it easy to schedule the sessions. Some DSLs mentioned that during periods when their schools had high numbers of COVID-19 cases, holding sessions online was helpful because it allowed colleagues who were self-isolating and working from home to attend.

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

"My manager would probably say that I probably should have not travelled to and from the schools, but, for me, it's beneficial because I just wanted to have that face-to-face experience, and also it meant that it builds on the relationships I'm already building in my other role. So, that was a benefit to me and my other job as well." SSW

Ad hoc communication and support

Most DSLs reported not receiving any ad hoc support from their supervisor between the supervision sessions or in addition to the support they received during the supervision sessions. When asked about this in the interviews, many DSLs explained that they assumed ad hoc support was not a part of this programme. This was generally not seen as a disadvantage – many DSLs reported that they do not have enough time in their role for ad hoc communication, and that they are able to contact other sources for immediate advice (such as a multi-agency safeguarding hub (MASH) phone line).

Those DSLs who reported receiving ad hoc support mentioned some communication between the sessions, such as the SSW sending them their notes after the sessions or links to useful resources or guidance related to the issues that were discussed in the session. Where this was reported, this was initiated by the SSWs.

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

	Number of respondents	Percentage of respondents
Any support from supervisor	71	93%
One-to-one supervision	15	20%
Group supervision	60	79%
Ad hoc support via email and phone	8	11%

Treatment: N=76 at endline.

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

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

Treatment: N=69 at endline.

"Sometimes there may be information, further information that I'll go away and come back with to give to the DSL, and that in itself could be a significant piece of work. So, the after care, the after supervision as well as typing up the notes and sending out and there can be further kind of research, information and resources that you're sending to the school." SSW

Structure of the sessions

In interviews, DSLs described the usual structure of the sessions, which was in line with programme design. DSLs described the sessions starting with an icebreaker exercise to discuss the participants' mood and wellbeing, followed by anonymous cases being presented by DSLs and then discussed by the group.

"Each session one or two people will bring an anonymous case to the session and we discuss what's going on and what support is currently in place and as a team what could we maybe also look at moving forward." DSL

DSLs tended to describe session structure as including both case-focused and wellbeing-focused elements. However, most DSLs felt that the discussion of cases was the main element of the session structure. A minority of DSLs felt that sessions did not focus on wellbeing enough, with the initial check-in not being sufficient to offload or discuss serious wellbeing concerns.

Interviews suggested that DSLs would usually discuss one or two cases per session. Many DSLs explained that the session structure allocated more time to discuss an individual case with colleagues than they would usually take, which was helpful for encouraging in-depth reflections. At the same time, some DSLs felt that it would be useful to discuss more cases per session, giving each team member an opportunity to present one of their cases.

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

DSLs reported that they appreciated the structure of the sessions being clear and consistent, and having "very clear communication about what the nature, what

the point of the provision was and how it would progress".

Interview findings suggest that there was variation across LAs in terms of how formal the structure of the sessions was. In some cases, SSWs had a flexible approach to the structure and facilitation of the sessions (e.g. the time slots when different participants were allowed to speak). In other cases, SSWs upheld those rules, with some DSLs describing the structure as "formulaic", "a bit awkward" and "rigid". Some DSLs expressed that informal discussion is more useful than a session that "rigorously follows a set structure". Some DSLs who took part in the more flexible, informal sessions explained that this led to the sessions being responsive to their specific needs.

"It's been quite tailored to us and what our sort of worries are, as a school." DSL

DSLs did not report any significant changes in the session structure since the start of the programme. Some DSLs described experiencing changes in their engagement in the sessions over time, as they got more familiar with the session structure and with their SSW. Some DSLs felt that their group became more open over time and found the sessions more useful over time.

"For the first session we did struggle a little bit to adjust to it, what she wanted in the sense of she wasn't going to give us the answers, but we did manage to then obviously come round to that [structure of sessions]." DSL

Can the programme be rolled out on a larger scale, or would anything need to be adapted?[10]

The section on "Reach and acceptability" will discuss school buy-in separately, and provide learnings and recommendations about how to increase the number of schools engaging in the programme.

Apart from this, interviews for the IPE did not identify any changes that would need to be made to the programme model for it to be rolled out on a larger scale. Timescales for recruitment of SSWs would need to be considered for wider roll-out, because LA managers reported a few challenges in recruitment. It was harder to recruit for full-time positions than part-time positions, because more SSWs preferred part-time positions. Recruitment, particularly job evaluations, was time-consuming and it was challenging to fit it in the project timelines.

"Usually, the job evaluation process itself can take months to complete. So, it was a real strain initially trying to expedite and speed that process up, so that we could go out to advert as quickly as possible. Because obviously we wanted to have the people in role well in advance of start … of the schools getting back in September. We wanted to be able to try and give schools some information in the July before they broke up. And then obviously there was training in place for the supervising social workers in the August as well. So, it was … it was fine the process, but it was difficult keeping to those timescales." LA

The DSLs expressed support for potential wider programme roll-out. Over 80% of the DSLs surveyed stated that they would recommend other schools or DSLs to take part in potential future versions of this

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10   The aim of this section is not to say whether the programme should be rolled out, but rather to comment on whether it would be feasible to be rolled out on a larger scale and, if so, whether any changes would be required or recommended.

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

	Number of respondents	Percentage of respondents
Definitely yes	34	49%
Probably yes	25	36%
Not sure	7	10%
Probably not	3	4%
Definitely not	0	0%

Treatment: N=69 at endline.

programme. Similarly, in interviews most DSLs said they would recommend this programme to others.

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

> *"I think it's definitely useful for someone to have if they are a stand-alone DSL, or a smaller school and there's not a big team around them." DSL*

Other DSLs stated that they would particularly recommend the programme to new DSLs.

> *"I would [recommend the programme to others], I think especially if you are fairly new to post like me. I think I would strongly encourage them to do so." DSL*

Programme differentiation

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

How does usual practice look before the intervention or compared with the control condition?

Our findings suggest that before 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 care (CSC).

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

	Control: Number of respondents	Control: Percentage of respondents	Treatment: Number of respondents	Treatment: Percentage of respondents
Very confident	15	37% (46%)	30	39% (43%)
Fairly confident	23	56% (45%)	39	51% (51%)
Neither confident nor unconfident	2	5% (10%)	7	9% (5%)
Not very confident	1	2% (0%)	0	0% (1%)
Not at all confident	0	0% (0%)	0	0% (0%)

Endline: N=41 for control; N=76 for treatment. Baseline: N=74 for control; N=135 for treatment.

As seen in Table 21 below, of all aspects of the role, DSLs most frequently expressed being confident 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.

Usual practice in relation to referrals

Many DSLs explained that the majority of referrals from their school do get accepted by CSC. In some cases, DSLs disagree with CSC's decisions about whether cases "should" meet the threshold to be accepted. DSLs spoke of the thresholds increasing due to the limited capacity of CSC to respond to cases.

"In my opinion, meeting the threshold is a bigger issue than policies within school and approaches to safeguarding within school. I think it's more about when services are prepared or able to invest time and resources to cases and when

they have to prioritise something else. So, I don't personally feel that thresholds are always consistent; I think that something a year ago might've been accepted immediately, now is being firstly directed to a different service. So, I can't ignore the clear signs that mental health crisis is having on the services and on the acceptance of cases and thresholds." DSL

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 "err on the side of caution" and 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.

"Sometimes, as a school, we feel that we've got to do those referrals, and make sure that we have logged a concern." DSL

"[Even if the case may not meet the threshold], I would rather refer and it's in my system then." DSL

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	27	90% (92%)	68	89% (92%)
Providing high-quality information at point of contact and referral	35	85% (93%)	67	83% (91%)
Understanding Early Help processes and providing Early Help interventions	29	71% (78%)	52	68% (73%)
Understanding processes around Child Protection cases	32	78% (86%)	60	79% (82%)
Providing support to other staff	40	98% (97%)	68	89% (93%)
Communicating with and supporting families	37	90% (92%)	70	92% (96%)
Understanding school's help in providing Early Help interventions	32	78% (82%)	60	79% (81%)
Understanding CSC processes and issues	28	68% (69%)	51	67% (68%)
Keeping records of Early Help assessments, concerns and referrals	38	93% (91%)	62	83% (88%)

Endline: N=41 for control; N=76 for treatment. Baseline: N=74 for control; N=135 for treatment.

Usual practice in relation to support and training

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

Training

All DSLs receive the DSL training and complete refresher courses. In addition to that, some DSLs mention receiving other

one-off training from their LAs or from charities such as the NSPCC. One-off courses often cover specific topics such as mental health awareness or responding to domestic abuse cases. DSLs describe the training available as useful, although not sufficient.

Practical advice and support

DSLs describe different sources from where they can obtain practical advice on specific cases. Many DSLs, particularly deputy DSLs,

report 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. DSLs usually noted a source they could contact to obtain advice on specific cases – for example (depending on the set-up of individual LAs), an education lead at MASH via a consultation phone line or the Children's Hub at their LA. However, some DSLs report not having access to such consultation lines, because MASH lack capacity. Some multi-academy trusts also have safeguarding leads, who can also be contacted by DSLs for advice and guidance. DSLs describe such practical support as significantly different from this supervision programme, because consultation phone lines only allow a short slot of time to ask specific questions about a case. By contrast, the supervision programme created space for in-depth discussion and reflection.

> *"This supervision was different – it gave people a bit of time to talk about things."* DSL

> *"I don't think you can particularly compare them because what we got out of this programme was very different to the very practical, pragmatic information you get from the [Children's Hub]; I don't think you can compare the two."* DSL

Moreover, the structure of this supervision programme did not aim to provide concrete advice but rather offered the DSLs an opportunity to reflect on their own practice. By contrast, consultation lines offer specific actions for DSLs to take forward.

Some schools that took part in this programme were also part of the Social Workers in Schools (SWIS) programme, which provides practical support on cases from a social worker who regularly comes to the school and works directly with children and families. The DSLs whose schools took part in both this programme and the SWIS programme described the latter as useful for responding to cases and for improving the working relationships between schools and CSC. At the same time, those DSLs reported that after the end of the SWIS programme, when the social worker is no longer based in school, the positive impacts of the programme may not last. This supervision, on the other hand, was seen by the DSLs as having more sustainable long-term impacts on school practices, because it focused on DSLs reviewing their own practice and learning new techniques that could be replicated in the future.

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' head teachers, 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. The DSLs who received such supervision describe it as being different from this supervision programme, because the former focuses solely on wellbeing whereas this programme's key focus is seen as discussing cases.

Knowledge sharing

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

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: respondents	Treatment: Number of respondents	Treatment: Percentage of respondents
Very well prepared	12	16%	15	11%
Well prepared	41	55%	79	59%
Neutral	12	16%	36	27%
Not well prepared	8	11%	2	1%
Not prepared at all	1	1%	3	2%

Baseline: N=74 for control; N=135 for treatment.

DSLs as supervisors. One DSL who took part in such supervision described the value of that as being limited, because DSLs had varying levels of engagement with the programme.

To what extent do DSLs feel supported before the programme or compared with the control condition?

A majority of the DSLs reported feeling well prepared for their roles by the training and support they have received (see Table 22 above. 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.

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

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

Table 23. Overall, how satisfied or dissatisfied are you in your role as DSL? *(Baseline proportions in brackets)*

	Control: Number of respondents	Control: Percentage of respondents	Treatment: Number of respondents	Treatment: Percentage of respondents
Very satisfied	10	24% (22%)	14	19% (19%)
Satisfied	19	46% (62%)	38	50% (44%)
Neither satisfied nor dissatisfied	9	22% (11%)	19	25% (30%)
Dissatisfied	1	2% (2%)	2	3% (7%)
Very dissatisfied	2	5% (3%)	3	4% (1%)

Control: N=74 at baseline; N=41 at endline. Treatment: N=135 at baseline; N=76 at endline.

Table 24. Overall, how does your role as 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	5	12% (9%)	9	12% (16%)
The DSL role negatively affects my wellbeing	13	32% (27%)	31	41% (34%)
The DSL role makes me anxious or stressed	20	49% (51%)	36	47% (48%)
I find the DSL role to be rewarding and meaningful	36	88% (91%)	59	78% (85%)

Control: N=74 at baseline; N=41 at endline. Treatment: N=135 at baseline; N=76 at endline.

Interview findings mirror this divided picture. When asked about their experiences in the role before receiving supervision, DSLs described the role in the following terms:

Emotionally challenging

The role of a DSL was most commonly described as difficult, with DSLs using words such as tough, stressful, intense, overwhelming, exhausting, draining and "taking a toll" 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 about failing and letting children down.

"I've had periods of absolutely hating [the role], of dreading it, living in fear of … making a mistake and letting children down." DSL

At the same time, as one DSL put it, "it's not a role that has very many happy outcomes". Some DSLs described the role requiring them to get "desensitised" to the

issues they have to deal with, to manage their expectations on being able to resolve each issue and to set boundaries between themselves and their work.

Demanding

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

"There is no such thing as work–life balance in this [role]." DSL

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 "the fire-fighter response". DSLs said this leaves little time for in-depth discussion of cases as a team or for proactive, strategic thinking. This also means it is challenging to combine the DSL role with other responsibilities, particularly teaching, which fits into a defined timetable. However, a majority of DSLs interviewed have several other roles in addition to being DSLs. These commonly include being a head of year, assistant or vice principal, being responsible for attendance and behaviour, line managing staff, leading a department or a subject and teaching. Some DSLs explained that often they do not choose this role for themselves, but rather have to take it on as they progress to more senior roles in the school.

Isolating

Some DSLs described the role as "lonely", with a DSL having to "carry it all" by themselves. The role can require working independently and exercising their own judgement on cases with little scope to consult with colleagues. DSLs described having to "step out of their comfort zone" when it comes to independently handling new or unfamiliar cases. This is particularly the case for schools with small safeguarding teams, or schools where safeguarding responsibilities are allocated between DSLs by year group, meaning that each DSL has sole responsibility for the cases in their year group.

Frustrating

Many DSLs described facing frustrations in the role and feeling disempowered to change them. Some commonly mentioned frustrations include long waiting lists for services such as children 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 described the role as rewarding. DSLs value opportunities to help children and families, and to make a positive impact on the lives of young people. Many DSLs described being passionate about children's wellbeing, and therefore accepting the challenges of the role.

> "I've always really, really enjoyed my role – it's challenging but it's rewarding because you're working with children who are vulnerable and you are working to protect and keep young people safe, so that balances out I think against the difficulties and the challenge." DSL

Reach and acceptability

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

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

As secondary schools usually have multiple DSLs as well as members of the wider safeguarding team, there was some variation across schools in terms of how school staff were selected to participate in the sessions. In the interviews, DSLs reported that supervision was usually received by the whole or most of their school's safeguarding team. However, in most schools there was variation from session to session in who was able to attend. Many DSLs mentioned that the whole team was not able to attend each session, because at least one of the team members needed to stay on duty. DSLs reported that group supervision sessions were commonly attended by three to five

safeguarding team members at a time. These often included heads of years, inclusion managers, safeguarding officers, special educational needs coordinators (SENCOs), wellbeing officers and tutors.

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

SSWs generally described the schools as being engaged and enthusiastic about the programme.

"I would say it's been really positive, they've all engaged. So, all schools have engaged now … most of them are keen to come; one in particular, they're always there, all four of them, without fail, which is really lovely to see." SSW

SSWs mentioned some challenges to engagement; however, they tended to be able to overcome these. Some of the challenges

mentioned included sessions having to be rescheduled, staff being off sick, staff turnover and not all group members being available for sessions consistently.

Attendance data suggests that overall, just over 75% of schools engaged in any sessions. There was some variation across LAs, with some having all the allocated schools engage in the programme, and others having low engagement. In one LA, only two out of the six schools allocated took part in any sessions.

In some cases, DSLs were directly invited to take part in supervision, while in other cases head teachers made the decision on behalf of the school. In interviews, DSLs were asked about why they or their schools decided to accept this supervision programme. Some of the reasons mentioned by DSLs were their desire to build on their knowledge and skills (such as understanding of complex needs or safeguarding procedures), curiosity and trying new things, need for support to respond to

Table 25. Attendance data, collected from SSWs

	N schools allocated to intervention	Number of schools with no sessions	Number of schools with any sessions	Percentage of schools with no sessions	Percentage of schools with any sessions
LA 1	40	7	33	17.5%	82.5%
LA 2	5	1	4	20.0%	80.0%
LA 3	3	0	3	0.0%	100.0%
LA 4	40	9	31	22.5%	77.5%
LA 5	11	2	9	18.2%	81.8%
LA 6	6	4	2	66.7%	33.3%
LA 7	6	3	3	50.0%	50.0%
LA 8	23	6	17	26.1%	73.9%
LA 9	5	3	2	60.0%	40.0%
LA 10	6	0	6	0.0%	100.0%
Total	**145**	**35**	**110**	**24.1%**	**75.9%**

complex cases or rising numbers of cases and to improve communication between schools and CSC. Supervision being free and being linked to the LA was a motivating factor for some schools. Some DSLs accepted supervision because they see any additional support as useful, whereas others were specifically keen to try supervision.

Taking part in the programme was also seen as useful for demonstrating school commitment to learning and development by some interviewees.

"It's been good for us to collate evidence that we've participated in this so that if we have an inspection we can say look, this is how safeguarding has moved forward and this is what we've put in place." DSL

Interviews with a number of DSLs who did not participate in the programme provide some insights into what the barriers to engagement are. Some of them reported that they did not think the programme would be valuable since they have taken part in supervision in the past, or were currently taking part in another supervision programme or in SWIS.

"The trust already pays for supervision for me. So, that's why we didn't [take part in this programme]. So, it wasn't because I didn't want to have supervision; it was simply because I already had it through the trust that my school is part of." DSL

One DSL who did not take part in the programme explained that "the routine, scheduled nature of supervision didn't appeal to me". This DSL felt that "just talking" about cases would not make a difference, if, for instance, the DSL is aware that this case would not meet the threshold for referral to

CSC: "unless it's going to alter the fact, why bother [with supervision]?"

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

The staff who participated in supervision sessions were not expected to engage other school staff in the programme or feed back any learning from the programme to any members of staff whose roles do not directly involve safeguarding.

However, there is some limited evidence of the programme having an impact on wider school staff. Some DSLs described cascading information to wider school staff – for example, through weekly meetings of the wider pastoral team or through communications about specific cases where wider staff may be able to offer support.

"We've taken the advice from the supervision and then we've cascaded it to the rest of the team and then somebody's gone on to either look into something or action something for us to just support us with our work in that sense." DSL

One school also spoke of improving communication with their local primary schools as a result of taking part in this programme. By prompting reflection on the wider context around cases, supervision encouraged DSLs to request relevant information from primary schools, particularly relating to cases where multiple siblings are impacted.

"One theme that came out of quite a few of the meetings is going back to primary schools when we feel something has arisen and getting that further information." DSL

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

When asked about barriers to implementation, scheduling was discussed by most DSLs as the main, and often only, barrier. Around half of the DSLs (51%) found fitting the sessions into their usual working schedule "quite difficult" or "very difficult".

DSLs explained that the role involves urgent meetings, frequently scheduled without notice. As a result, many DSLs reported having to cancel or reschedule their supervision sessions, due to clashes with other meetings, such as Child Protection or Child in Need meetings. SSWs also referred to frequent cancellations by some schools as a challenge.

Finding a time slot that is suitable for the whole group was a common challenge. As most DSLs have other roles and responsibilities, including teaching, schools often found it difficult to find a slot that would be suitable for group supervision. Moreover, when scheduling sessions during or just after school hours, safeguarding teams had to consider that some staff have to be available to respond to any safeguarding concerns.

"If I'm honest, it's so pressured in a school and trying to get the four of us in a room for an hour is actually really, really hard. We're all supposed to be somewhere else." DSL

As a result, many schools ended up having variation in who was able to attend each supervision session. This meant that not all participating DSLs were able to benefit from taking part in regular sessions and having a consistent group.

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

Schools had different approaches to scheduling the sessions. Some schools scheduled the sessions during school hours, while some had the sessions after school hours. SSWs reported that they tried to accommodate school preferences on scheduling; however, this was not always possible, particularly for SSWs who worked part-time. Both approaches introduced their

Table 26. 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	8	12%
Quite easy	17	25%
Neither easy nor difficult	9	13%
Quite difficult	26	38%
Very difficult	9	13%

Treatment: N=69 at endline.

own challenges. As discussed, scheduling during school hours introduced issues of taking the DSLs away from their day-to-day jobs. At the same time, scheduling after school hours was perceived by some DSLs as "something that was additional for staff to do" or "eating into" the time they had to finish their working day. One DSL said that if their sessions were scheduled during school hours, they would "feel that [supervision] was valued a little bit more [by the school]".

Some DSLs mentioned that what worked well in terms of scheduling was arranging supervision during a slot that already existed in their timetable. Examples included supervision being scheduled during normal team meetings or on INSET days attached to school holiday and half-term dates, when staff usually have training.

"[This slot is] already diarised at the beginning of September for all the staff anyway, so, we diarise that meeting in the year, so, everybody is there, so, there's no excuse." DSL

What's the experience of 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.

"I didn't really realise, I think, as much, until I did this role, how pressurised the DSLs are, how many hats they have to put on. They are mental health workers, they are teachers, they are parents, they

are disciplinarians, you know, they are social workers, they have so many roles to play." SSW

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

"To be honest, I felt a bit like a salesman, which was difficult, I felt like I was having to kind of really persuade them, and sell it to them." SSW

SSWs recognised that limited capacity in schools was a challenge for finding the time to arrange the sessions.

"I think high schools were more resistant and worried about what it meant. I think they thought that it was extra work for them, rather than kind of a break, a break from their norm of task-centred approaches and stuff." SSW

Some SSWs spoke about the benefits of already knowing a school before the programme for arranging the sessions.

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

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

"I feel very supported internally by [the LA], so I receive regular supervision, and they are very invested in what I'm doing. My manager from [the LA] actually came to all the training sessions that we were offered back at the beginning of the project." SSW

However, some SSWs also described challenges in getting support from WWCSC, such as unclear communication and occasional lack of response to emails. Some SSWs also missed out on some of the LA training, due to being recruited late into their roles.

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

Survey results show that a majority of the DSLs found the supervision sessions useful, with 48% of the respondents reporting that the sessions were "very useful" and 39% describing the sessions as "quite useful".

Similarly, in interviews a majority of the DSLs spoke about finding the sessions useful. Some DSLs said:

"It's the best thing that could have ever happened." DSL

"When we did it, we loved it. It was a great hour and we really enjoyed it." DSL

"I found all the sessions useful, because you're talking about young people and trying to find solutions, so, all of it was very useful." DSL

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

"It's been good having a set time to sit down with all the different year teams and just being able to catch up and discuss issues, which in a busy school day-to-day it's not always possible." DSL

"Probably the best thing about it is just having that second opinion from somebody who's relatively expert." DSL

Table 27. Overall, how useful did you find the supervision sessions?

	Number of respondents	Percentage of respondents
Very useful	33	48%
Quite useful	27	39%
Neutral	7	10%
Not very useful	2	3%
Not at all useful	0	0%

Treatment: N=69 at endline.

"We find having the time in a room together helpful, because we very rarely get together as one big team, where we're not just reviewing cases, to review one case, and spend 45 minutes on reviewing one case, is unheard of really." DSL

What's the experience of key stakeholders in LAs delivering the programme? How does it fit into their wider support packages to schools?

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

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

Some LA stakeholders spoke of their prior knowledge of the benefits of supervision for the staff in schools and social services. One interviewee stated that they are aware of positive experiences of supervision from other LAs, while another stakeholder mentioned that social workers themselves benefit from supervision. Another LA stakeholder was recommended to provide supervision in schools in their serious case reviews.

"We had a couple of serious case reviews back in 2017. And one of the recommendations that arose from that was the need to have supervision within schools. … So, when we saw the possible funding for this, we just felt like it was an ideal opportunity to be part of the trial and trial it out, so that we could also understand the benefits of having that in place." LA stakeholder

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

"We felt that this project would really help us to kind of even more nurture our relationships and to help us with talking to schools about things that they were worried about, I think to strengthen our relationship really, and it would also be helpful to schools for us to be involved so they understand more the kind of safeguarding principle." LA stakeholder

LA stakeholders were also interested to learn from this programme, to establish whether this type of supervision works well and its provision could be expanded.

"I think it was always in the back of our minds, if we can start something off this way and it's good and it works, and we think it's been effective, then we'll seek to develop it further." LA stakeholder

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

"I definitely think the schools within the local authority have really benefited. We have had lots of really good praise back from the schools about the support that they have got from [the SSW], and how it's helped them with referrals. So, I think the referrals going to Children's Social Care have been a lot more detailed. … They have kind of got that really one-to-one direct advice from [the SSW] and being able to talk it through. And

sort of being signposted to other avenues of support within the local authority, which is really helpful, because that's one thing the local authority are really trying to push, is the multi-agency working, and making sure that is better communication, close working together and people are not just doing things on their own that they are coming together." LA stakeholder

Mechanism and outcomes

What are the perceived impacts of the intervention?

The survey results provide a mixed picture of the impact of the programme.

Overall, 93% of survey respondents reported that taking part in the programme had a positive impact for them as a DSL. The largest shares of respondents reported supervision having a small positive impact (38%) and quite a large positive impact (36%). Only 7% of survey respondents perceived supervision as having no impact on them as a DSL.

At the same time, only 8% of the DSLs in treatment schools, after having completed the programme, felt their approach to safeguarding was "quite" or "very" different compared with before September 2021. This figure is lower for treatment schools than it is for control schools. Similarly, more respondents in the control group than in the treatment group reported that their approach is "very similar" to what it was before the programme (13% compared with 37% of the control group).

Table 28. 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	19%
Quite a large positive impact	25	36%
Small positive impact	26	38%
No impact/change	5	7%
Negative impact	0	0%

Treatment: N=69 at endline.

Table 29. To what extent is your approach to safeguarding similar/different to the one you had before September 2021?

	Control: Number of respondents	Control: Percentage of respondents	Treatment: Number of respondents	Treatment: Percentage of respondents
Very similar	15	37%	13	13%
Quite similar	18	44%	50	72%
Quite different	6	15%	5	7%
Very different	2	5%	1	1%

Control: N=41 at endline. Treatment: N=69 at endline.

Around half of the respondents (52%) felt their overall performance had become "better" or "much better" due to the programme. The outcomes with the highest self-reported changes were "understanding CSC processes and issues" (54% of the DSLs reported "better" or "much better" performance), "providing support to other staff" (51% of the DSLs) and "understanding thresholds requiring a referral to Social Care" (49% of the DSLs).

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

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

Table 30. Self-reported change in outcomes. "Reflecting on your experiences of taking part in the programme so far, please indicate to what extent you think it has changed your performance in your role as DSL, on the following indicators?" ("Much better" and "better")

	Number of respondents	Percentage of respondents
Overall performance	36	52%
Understanding thresholds requiring a referral to Social Care	34	49%
Providing information at point of contact/referral	31	45%
Understanding EH processes and providing EH interventions	27	39%
Understanding processes around child protection cases	18	26%
Providing support to other staff	35	51%
Communicating with and supporting families	30	43%
Understanding school's role in providing EH interventions	27	39%
Understanding CSC processes and issues	37	54%
Keeping records of EH assessments, concerns and referrals	25	36%

Treatment: N=69 at endline.

Referrals and understanding of thresholds

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

A few DSLs described their referral practices changing as a result of supervision. One DSL reported their team had a reduction in referrals to CSC or Early Help, with referrals to other interventions instead. A few DSLs said that supervision gave them better awareness of other options for support that they could use before escalating a case to CSC.

"[Supervision] empowered the team, it's definitely been an empowering process, insofar as, I think, there was almost the temptation beforehand, to want to make that referral through to MASH, or through to the Early Help desk, as a, 'let's just check to make sure that we're doing the right thing'. Whereas now, I think the supervision meetings have made us realise that actually there are lots of different things that we can do as a team, and lots of avenues that we can explore, before we necessarily have to go 'right, I'm just going to, just in case, I'm just going to make that MASH referral.'" DSL

However, most DSLs feel that they already were knowledgeable and experienced in understanding thresholds before supervision and did not need additional support in this area. Many DSLs explained that the referrals coming from their school are rarely inappropriate and most of the time are accepted by CSC. Some DSLs also mentioned that they were also already able to get advice and guidance on thresholds in any specific challenging case through consultation phone lines.

Therefore, many DSLs reported that instead of changing practices around referrals, supervision confirmed to them that their practice was correct.

"[Supervision] reinforced that we were doing the right actions and giving the right information [at the point of referral]." DSL

"The feedback that I'm getting there suggests that we're hitting the right levels, the right threshold." DSL

"I don't think [supervision] changed my understanding of thresholds. It gave me a couple of pointers of things we could do before referring, but it didn't make me change my mind about what would make MASH and what wouldn't." DSL

Moreover, some DSLs reported that their SSW advised them to refer cases.

"A lot of the guidance [from the SSW] was keep at it, keep going, keep reporting the things and keep everybody in the loop." DSL

In some cases, such advice from the SSW was contrary to the CSC judgement on cases. One DSL described instances when their SSW assessed that a past case should have been referred to CSC, even though that case had been rejected.

"There was a couple of times when we talked cases through and [the SSW] were like, 'oh that really should be a MASH referral' and we [had] made the MASH referral to social care and it was rejected." DSL

As discussed in the section on DSLs' experiences of the role before the programme, some DSLs choose to refer cases to CSC even if they do not think the case would be accepted. This was recognised by some SSWs, too, who spoke about their approaches to address this.

"What some people have shared is that, to be on the safe side, [they would] make a referral to Children's Social Care, and when we've discussed that further ... it's then me saying, but if [CSC] take no further action, you're still managing that worry, you've still got that, it's not going anywhere, and actually, what you've probably got is a more difficult situation, because parents are now really annoyed with you, because you made a referral to Children's Social Care." SSW

Some DSLs described that taking part in this programme helped them to gain a better understanding of how to refer cases to ensure they do meet the threshold. Some DSLs explained that supervision encouraged them to collect more evidence on cases, thus improving the quality of information they provide at the point of referral.

"We've used that discussion [in supervision] to ensure that we have demonstrated that there is a significant concern and Early Help isn't enough for that child and that family." DSL

"We've got a student at the moment, who is showing repeating harmful sexual behaviours, where Social Care have said, he hasn't met threshold, and I disagree, and I tried to escalate that and they still disagree, and so, I want to discuss that with [the SSW], because I've got an external person then, to actually look at it with me and understand why, from a Social Care perspective, it doesn't meet threshold, when I'm looking at repeat behaviours. ... So, how do I evidence his level of need?" DSL

Regardless of supervision, many DSLs see thresholds as a "moving thing", increasing over time due to limited capacity of CSC.

Impact on safeguarding teams

Interview findings suggest that improved working together of the safeguarding teams is an area where this programme had the strongest positive impact and is likely to have resulted in sustainable changes.

The intervention made safeguarding teams take time for reflection and brainstorming. Many DSLs noted that they would not normally have opportunities for such in-depth group discussions, due to day-to-day work being busy and focusing on responding to immediate concerns. Since supervision highlighted the value of such group discussions to the DSLs, many schools introduced designated supervision time slots for group reflection into their timetables for the next academic year.

"Having that designated time to [review cases in-depth as a group], is definitely something we're going to take forward. ... I've spoken to the head about next year; they're going to try and timetable so that all the DSL team have got one period where we're all off at the same time. So, even if this pilot doesn't continue, we will continue to try and have this best practice slot." DSL

"Once the supervision has finished, I certainly think one thing we are going to continue as a team is to have that hour every couple of weeks just to sit round the table and have those conversations about key students and key cases." DSL

Introducing such protected time for group reflection may be a long-term sustainable outcome of this programme for many schools. Some DSLs noted they would use such time to discuss particularly challenging cases, while others said they would use it to "check in" on their colleagues and support team wellbeing. One DSL said that "learning of the

need to share" as a team has been the most useful outcome of the supervision.

> *"The importance of professional dialogue has been stressed through these sessions and that's definitely going to improve my practice by me putting that higher on my priority list." DSL*

In schools where safeguarding teams already had regular group meetings, this programme has had a similar impact by introducing new tools and practices that DSLs can use in such meetings. Some DSLs noted that the structure of group supervision, and tools such as temperature check-in, were helpful because DSLs can use it when conducting weekly safeguarding group meetings, particularly to look at complex cases.

DSLs also described the positive impacts of taking part in the programme on working together as a team. DSLs said supervision encouraged them to discuss cases as a team more, rather than addressing them individually, which was the normal practice before supervision. Lead DSLs particularly noted the positive impacts on professional development of deputy DSLs.

> *"For me as the DSL seeing members of my team really think about cases, seeing them progress in their skills I think was the thing that I most enjoyed about it." DSL*

> *"[Supervision has] been invaluable for the younger members, the less experienced members of the team." DSL*

DSLs described that supervision has had positive impacts on the knowledge, experience and confidence of deputy DSLs and other safeguarding team members.

Through supervision, they have had a chance to learn about support options that are available before referral to CSC. Supervision also encouraged them to think independently, to express opinions about cases and to challenge the decision-making of others.

> *"This process has allowed all the members of the team to have equal voice in that conversation, and to begin to say to their colleagues, well, have you tried this agency? Or have you thought about doing this? Or what do you know about this family member? And for them to have the opportunity to take on roles, that I guess would more traditionally be mine, and for me to see the interaction between the team, I think has been really interesting." DSL*

As a result, some lead DSLs stated they delegate cases to others more since taking part in the programme. One DSL described how in a recent case, because of supervision, the DSL was able to take a "broader strategic, overarching view" of the case and to delegate work to other colleagues. Hence, taking part in the programme may have improved the confidence of some lead DSLs in their teams. At the same time, one DSL mentioned that getting reassurance in their practice has helped the team to gain more confidence in the DSL's leadership.

Supporting children and families

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

Some DSLs described how increased awareness of wider support services and referral options has had a positive impact on supporting children and families. One DSL suggested that, as a result of taking part in this programme, they are better able

to support children and families by not just relying on CSC and Early Help but thinking more widely about other options for referrals. Another DSL said that their SSW signposted them to resources for parents, which they weren't previously aware of. As a result, the team was able to provide better help and support to the parents of the children who are struggling with mental health problems.

> *"[Supervision has] given us more specific or targeted interventions or support to offer; it's offered more ideas, of being able to either seek more information, include the primary school for example, or refer to a particular service, get the parent onboard. It's put more tools in our box." DSL*

Some DSLs highlighted that particularly when it comes to serious cases and new types of cases, their ability to support children and families improved through supervision. One DSL felt that supervision could help to prevent serious cases from going wrong, by supporting DSLs to evaluate how they respond to the case.

> *"[Supervision has] been helpful for some really high-profile or high-need situations where there were things we hadn't experienced before." DSL*

Another DSL suggested that supervision made them more confident to communicate with children and families about difficult decisions, which they used to find challenging before the programme.

Bridging the gap between schools and social care

Many interviewees identified a gap in communication and in understanding between schools and CSC as a significant issue for safeguarding in schools. In

that context, any positive impact of this programme on bridging this gap is valuable.

Although 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.

> *"We've found out the thought process behind a social worker, and what avenues would she be looking at." DSL*

> *"[Supervision] helped us understand some of the ways that social care worked, and how some of those teams worked together that was quite insightful." DSL*

One DSL noted that their SSW was able to provide them with advice on "who to go to, and what questions to ask" when dealing with social care. As a result, their communication with CSC improved:

> *"We have found that we get a better response from social workers as a result." DSL*

Some DSLs said they believe the programme also improved the understanding in their LA and CSC of the school context and the specific challenges that schools face. DSLs value such impacts.

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.

> *"[Supervision improved our] understanding of the restrictions on services, to know that it's not just schools, it's other services, wider services that are feeling the impact as well, just for the amount of cases that come through." DSL*

Some SSWs also believe that the DSLs improved their communications with CSC through participating in the programme – for instance, by following up on cases more and providing better-quality information to CSC.

> *"I think they're more willing to challenge, they're not so frightened of children's services, they're not so scared to push and say 'actually, where is this case, what's happened with this case, what's the progress?' I think they are more willing to put more information in as well." SSW*

Impact on DSLs' confidence and mental wellbeing

Survey results demonstrate some differences in confidence levels between the treatment and control groups of DSLs. The DSLs in the treatment group were more likely to report feeling slightly or much more confident (74%) in the role compared with September 2021 than the DSLs in the control group (51%).

At the same time, broadly similar proportions of DSLs in the treatment and control groups reported feeling a range of negative feelings as a result of their job. The proportions are also broadly similar between endline and baseline surveys. Exceptions to that are feeling "depressed" and "miserable", which significantly increased between baseline and endline for both treatment and control groups. This may suggest that those feelings relate more to the time of the year when the survey is taken rather than they do to participation in the intervention.

Table 31. Do you feel more/less confident in your role as DSL now, compared with September 2021?

	Control: Number of respondents	Control: Percentage of respondents	Treatment: Number of respondents	Treatment: Percentage of respondents
Much more confident	9	22%	12	17%
Slightly more confident	12	29%	39	57%
No difference	14	34%	17	25%
Slightly less confident	6	15%	1	1%
Much less confident	0	0%	0	0%

N=41 for control; N=69 for treatment.

Table 32. Thinking of the past few weeks, how much of the time has your job made you feel each of the following? ("All of the time" or "most of the time"). (*Baseline proportions in brackets*)

	Control: Number of respondents	Control: Percentage of respondents	Treatment: Number of respondents	Treatment: Percentage of respondents
Tense	17	41% (32%)	24	34% (31%)
Depressed	3	7% (0%)	11	15% (4%)
Worried	13	32% (24%)	18	25% (25%)
Gloomy	5	12% (11%)	4	6% (9%)
Uneasy	11	27% (16%)	11	15% (16%)
Miserable	4	10% (5%)	3	4% (9%)

Endline: N=41 for control; N=71 for treatment. Baseline: N=74 for control; N=135 for treatment.

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, because it encouraged them to assess their practice. As discussed above, supervision also improved confidence of safeguarding teams in working together.

Some SSWs reported seeing improvements in confidence among the DSLs they supervised, particularly in relation to referrals to Early Help or other interventions.

However, some DSLs also noted that it is challenging to establish whether changes in their confidence levels relate directly to supervision:

> "I do feel [more] confident. I don't know whether that's a knock-on effect from the supervision, or just as I'm progressing through the job, and becoming more confident in myself, and challenging services and things. But I am more confident." DSL

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

Some DSLs described the reassurance they got from taking part in the programme as being opposite to changing practices:

> "If anything, [the programme is] just confirming that what we're doing is the right thing to do, as opposed to bringing any new ideas." DSL

Other DSLs valued reassurance as a way to address their fears and improve confidence. DSLs describe a sense of worry about whether they make the right decision to support children and families as having significant drawbacks for their emotional wellbeing.

"It's sometimes helpful when you are not sure, did you do the right thing or not? To be told actually, you have handled it correctly." DSL

"It's probably made me more confident that I've made the right decision, which is nice because that's one thing I used to always really, really worry about." DSL

Some DSLs also reported that the programme helped their mental health by helping them to switch off from challenging cases rather than "take it home with you". Supervision highlighted to the DSLs the importance of "safeguarding themselves" and having "measures in place to make sure that we look after ourselves". Some DSLs admitted that hearing other team members speak about their wellbeing challenges was helpful, in acknowledging that the role can have an emotional impact. This was particularly useful since in their day-to-day roles DSLs tend to focus on children's wellbeing and overlook their own wellbeing.

"We've definitely felt the benefits of being able to effectively let off a bit of steam, and you talk about how it's affected us or me, as DSL. I don't think I … I always talk about supporting others, I've never reflected back on how I'm feeling. And it has been nice, to come together with those trusted members of staff and be a little bit more vulnerable how I feel and how they feel." DSL

While many DSLs mentioned the positive impacts of the programme on their mental wellbeing, some felt that wellbeing was not a key focus of supervision. Rather, some DSLs perceived the main focus of the programme to be on discussing cases.

"It was more like a professional's conversation rather than a support of wellbeing." DSL

One DSL suggested that having more individual time, checking in or one-to-one supervision, instead of focusing on case studies, would have been useful for supporting staff wellbeing.

"Mental wellbeing is not affected whatsoever, and that's the bit that I think is missing, the mental wellbeing of my staff, who suffer some days, and go home with all these cases. There is no outlet to express what they wanted to express, and that's what we desperately need in school." DSL

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.

"I can't say yes it specifically had an impact on that culture and that wellbeing because I think it's fair to say we already have quite a good culture with regards to that here." DSL

Facilitators to improvement

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 improvement of practice through the programme.

Designated supervision time: DSLs spoke extensively about the value of supervision creating time for in-depth discussion. Formal scheduling of time slots for group sessions 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 or to have in-depth discussions as a team.

> "When you all sit together, you are coming up with different suggestions, but because the school day is busy and everybody's jobs are that busy, you don't necessarily get a chance to do that. So, [the SSW] coming in, made us have that time to do it." DSL

An external supervisor: Having an external facilitator for the supervision sessions provided DSLs with "fresh eyes" and "another perspective".

> "I think the lady who delivered the sessions was good to talk to, because she didn't know what we've already done, she didn't know anything about the family or about the student we were discussing or about any of our issues. She was coming at it, on like a completely new angle." DSL

DSLs also explained that the SSW being external was the reason they particularly valued their views about the DSLs' and school practices.

> "Because this was something external it felt genuinely objective." DSL

An external facilitator also helped to create a safe space for the sessions for some of the DSLs. One DSL described the value of having an external supervisor to their confidentiality and openness.

> "I think it's nicer to have someone there leading the session who wasn't from our school, was that impartial voice, they could offer some advice and things like

that. And, you know it wouldn't then go back to the head here saying, 'he said this' or 'she said that' and everything else. So, it's that safe space we could then have discussions." DSL

At the same time, one DSL highlighted that it was valuable to have consistency in who facilitated supervision, having the same SSW throughout the programme. The DSL noted that in CSC there is often high staff turnover, so having such consistency in this programme was a contrast to the DSL's usual experience with CSC. The DSL highlighted the value of not having to explain the school context and repeat things in each session.

Supervisor being a social worker: DSLs felt that having a social worker as a supervisor was helpful for learning about decision-making processes at CSC. DSLs highlighted the value of "learning about a social worker's thought process" as well as tapping into SSWs' experience of similar cases in their practice. DSLs described SSWs as having breadth of experience and being knowledgeable about CSC and other support services. As a result, supervision highlighted other available options for intervention before referral to CSC.

> "It's just been really nice to have somebody who has got a really good understanding of the services we can access and the services we haven't heard of, and that's the bit that has been invaluable about it." DSL

Session structure: DSLs described supervision sessions as prompts to reflect on practice. As a result, discussing a particular case in supervision generates new ideas for improvement in those types of cases. Some DSLs said that supervision encouraged them to think proactively about cases,

which was particularly valuable since the role is frequently described as reactive. The meeting structure was helpful to ensure that sessions stayed focused. "The fact that there was an expectation for everybody to feed into the discussion" was seen to help staff professional development. DSLs described staff putting together details about a case through group discussions, so generating better information about a case. Safeguarding teams learning the structure of supervision sessions and the techniques used was helpful because they can be replicated in the future, creating sustainable outcomes.

Particular value to new staff: Some DSLs said that being "fairly new to the post" was a factor that contributed to them finding supervision useful. One DSL who started supervision around the same time as starting the DSL role said that this "has been really helpful".

> *"It's given me more confidence, in what I'm doing, as DSL, especially, because I'm new."* DSL

Supervision was particularly helpful for the DSLs who were relatively new to the role, because 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 referral to CSC, which was particularly useful to them.

> *"[Supervision] helped some of the less experienced staff to talk things through, so, it was beneficial having a group."* DSL

Barriers to improvement

Time and capacity constraints: Finding the time for the sessions and getting the whole group together was a major challenge for schools. Tight schedules make it challenging for schools to get the whole team to be in the session at the same time, and to dedicate a full hour or more to supervision. One DSL said it was "impossible" to get the group of staff together, so they dropped out of the programme. Recruiting schools earlier would allow them to make the necessary adjustments to next year's timetable, though this may still not be possible. Some DSLs explained that supervision requiring them to spend extra time was an additional stress factor to their role.

> *"The big barrier to the value for supervision like this is that it is just another thing that [DSLs] have got to add to their day. What makes their job stressful is time management. So, to have something else, which is a significant length of time, to put into their diary, might potentially only exacerbate the problem rather than help it."* DSL

Some DSLs mentioned that due to the reactive nature of the role, they felt they did not have the time or capacity to engage in this programme, or to change their practice through the programme.

Structural barriers between schools and CSC: Although there is some evidence that the programme has had some positive impacts on communication between schools and CSC, many of the issues raised by DSLs and SSWs are more structural and could not be addressed by this intervention. Some DSLs explain that, despite having taken part in the programme, they still have their frustrations with CSC. Many DSLs feel that the safeguarding demands on schools are

increasing and may not necessarily be best addressed within schools.

Similarly, SSWs agree that some DSLs holding negative views about CSC is a barrier to improvement through the programme.

> *"I think stuck in their ways and I think being frustrated with Children's Services. One school I was mentioning, they really struggled to … they are very much of the view that they are education services and why is it all being put upon them, and why is Children's Services just dumping everything on them." SSW*

Unequal benefit for different team members: Since it was common for team members to alternate between supervision sessions, due to capacity constraints, many DSLs did not have the full benefit of the programme because they were not able to attend the regular sessions consistently. DSLs said that the programme had little impact for those members of staff who only attended a few sessions. Some more experienced DSLs were also more sceptical about the impact of the programme for them, particularly in areas such as understanding thresholds for referrals to CSC or knowledge of the CSC processes.

> *"I think it's difficult for me operationally to find [supervision] as useful as others did, because I know about the processes, I know about the thresholds, I live, eat and breathe them every single day." DSL*

Moreover, some DSLs felt that having around four participants in group supervision was too many, because not everyone was able to bring up a case in each session, so was not benefiting as much as those who were able to discuss their own case.

Restrictions on which cases DSLs were able to discuss: Not being able to discuss the cases that have already been referred to CSC during supervision was seen as a major barrier by DSLs. This resulted in DSLs not being able to discuss high-level cases, including the ones that "cause staff the most stress and anxiety".

> *"The biggest barrier has been the children that we would probably need to discuss the most, we're not allowed to because of the requirements of the course." DSL*

One DSL mentioned that these rules led to confusion. In one instance, the DSL brought up a case that had been open to CSC, which they then had to stop discussing.

Similarly, some DSLs mentioned that SSWs not being able to give them advice and guidance on ongoing cases was a barrier to improvement through the programme. Some DSLs expressed that they would have preferred more focus on receiving advice from social workers through supervision.

> *"There was a little bit of red tape around [the sessions] I think, because [the SSWs] weren't allowed to … they weren't allowed to tell you what to do with a child or anything like that because of how this [programme] is set up." DSL*

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

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

Some participants feeling unable to discuss wellbeing within group settings: Some DSLs did not feel open to discuss their wellbeing concerns in front of other team members. This applied to both junior and senior members of staff. Some junior DSLs did not feel able to discuss wellbeing during group sessions with the head teacher present. Another DSL, as head teacher, also felt unable to discuss mental wellbeing in group session:

"In a group [supervision] wouldn't help [with mental wellbeing], because you're not going to tell in a group … As head teacher, I've got to stay strong, I've got to be positive, I can't say, 'oh I'm feeling really drained by this', I just drag everybody else down." DSL

This issue was also raised by some SSWs:

"I think with the group supervision the dynamics are complicated because sometimes the DSL can be the line manager of the other people that are in the room, which creates some kind of or maybe like a lack of openness sometimes." SSW

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

Similarly, SSWs felt that the programme was not as useful for the schools that already had good practice in place:

"I wouldn't say that this service has had a massive impact on those schools already doing a good job of keeping children safe in education." SSW

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

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

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	28	41%
Good use of my time	29	42%
Neutral	8	12%
Poor use of my time	4	6%
Very poor use of my time	0	0%

Treatment: N=69 at endline.

In schools where DSLs already had regular team meetings, some DSLs reported that the sessions may not have been a good use of their time.

> *"There's a big element of us thinking 'It's a lot of time, it's a lot of people' and I'm not quite sure what we're gaining from it." DSL*

> *"I think the rest of the sessions are ... it's very interesting, and I think if we had lots of time in school it would be useful. But we don't have, we just don't have the time for it." DSL*

However, in most cases, supervision was seen as a good use of time, even if DSLs were initially sceptical.

> *"At the beginning I very much thought is this really going to be a good use of an hour of my life that I am never going to get back again? Or, am I taking an hour that I could be doing other work that needs to be done and losing it? Now, while it may be an hour that has to be blocked off, I see it as a productive use of an hour. And it's something that I generally look forward to." DSL*

Cost evaluation

Data on the costs of delivery was 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.

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.

For the purpose of estimating costs we focus on the ten LAs that continued to participate in the project following randomisation. Five of these LAs were involved in the secondary trial only, and thus all costs reported related to this project. The remaining five LAs were also involved in one of the concurrent trials and, for most of these authorities, information was available on the share of the originally agreed budget that was to be allocated to the secondary trial. This proportion was applied to the eventual actual spend to allocate an amount to the secondary trial; in one LA actual expenditure relating to the secondary trial was available and this information was used instead.

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

The costs above relate to LA expenditure. The project also involved training and support sessions for the SSWs delivered by external experts; the total cost of these sessions came to just over £13,000 (included in the cost per school estimates reported below). It is important to note that there were other costs relating to delivery for which it was not possible to obtain a cost estimate. These are:

- The cost of developing and providing the manual for SSWs (led by WWCSC)

- The cost of providing the initial training and induction session organised by WWCSC.

In addition, there were costs involved in running the community of practice sessions. For the purposes of the trial these were run by WWCSC, and it is unclear whether these would form a part of any future potential roll-out, but if so they would also incur additional cost. Actual costs would vary depending on the format of such sessions, with in-person sessions potentially involving venue and catering costs, as well as travel expenses for attendees. Regardless of whether sessions take place virtually or in-person, there is a cost in terms of time required to organise such events.

To calculate an average cost per school, total expenditure is summed across all ten LAs based on the totals from the financial reporting, and also including the costs of the ongoing training and support sessions for SSWs delivered by external experts. This total is divided by the number of schools that were assigned to receive the intervention. On this basis, the cost per school per year (the period of the intervention) is estimated at around £1900. Note that if we instead calculate cost per school per LA, and take a simple average across LAs, this would be equivalent to a cost of around £2500 per school. For the reasons described above, these estimates are unlikely to fully cover all costs involved in delivery.

It should be noted that costs varied by LA. If we focus on the costs incurred by LAs only (excluding the support/training for SSWs because this could be considered the same across all LAs, because it was delivered centrally as part of the programme), cost per school varied from a minimum of around £1200 to a maximum of more than £5000. Those LAs with the highest costs were typically based in or near London, and so may in part reflect higher staff costs in these areas.

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

The above analysis was supplemented by specific cost-related questions during interviews with DSLs, SSWs and LAs. LAs did not report any additional costs; however, in some schools interviewed it was noted that in order to schedule group supervision sessions, it had been necessary to arrange cover for teaching lessons that they missed, and thus this could pose a potential additional cost for schools. It is important to bear in mind, therefore, that depending on how schools arrange for staff to attend supervision, the programme may involve costs for schools in paying for cover for this time.

LIMITATIONS

The impact evaluation does not find that the programme had a statistically significant effect on the outcomes considered in the study. 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. We do observe some attrition in this trial; this is almost exclusively due to the withdrawal of one LA, representing an attrition rate of around 6% when considered in terms of the number of schools. While this may have some bearing on our results, the fact that we have data on the primary outcome for almost 95% of schools, and that randomisation was conducted within each LA, means this is unlikely to have a substantive effect on the findings.

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 (thus we may have some concerns regarding floor effects).

The report has already discussed the fact that one-quarter of schools did not take up supervision sessions and, among those that did, many had fewer sessions than had originally been intended. This may have limited the ability to detect an impact, or for the programme to fulfil its full 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 because 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. One LA was also participating in the concurrent SWIS trial, which raises complications in attributing effects to different

programmes; however, exclusion of this LA from the analysis does not have a substantive effect on the 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). Thus we may have some concerns around data quality and the consistency of data across LAs. For example, this may mean that not all contacts were assigned to schools (or to the correct schools), if the information on schools was not accurately recorded. It is possible this may have resulted in some under-reporting of contacts. In some cases, contacts were assigned to schools on the basis of the school attended, rather than the school making the contact; while this can often be the same, there may be instances where a school makes a contact about a child attending another school (for example, in the case of a sibling). Furthermore, while we were able to explore all of the intended outcomes set out in the protocol, it was not possible for all LAs to provide data on all requested outcomes, due to the differing nature of data systems, which means that some outcomes are based on smaller samples, 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, 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. The interview sample of 47 schools represents 32% of the 145 schools in the treatment group, but 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 24% 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 although 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 programme took place within ten LAs, and thus caution should be taken in extrapolating the findings more widely.

DISCUSSION

This study set out to establish the impact of providing a designated social worker to supervise DSLs in 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 estimated effect size was very small (-0.04), which would be equivalent to a difference of fewer than 0.1 contacts resulting in NFA between treatment and control schools.

Analysis of other outcomes relating to contacts and referrals also showed no statistically significant differences between schools allocated to receive the programme and those that were not. Thus we observe no impact on total contacts made by schools,

new referrals originating from schools or referrals resulting in no further action (all measured as a proportion of pupils). 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 programme participants in schools and LAs. 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 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; 87% found the supervision sessions useful; 83% said it was a good use of their time; and 86% would recommend other

schools/DSLs to sign up for potential future versions of the programme. At the same time, only 8% of DSLs in treatment schools stated that they felt their approach to safeguarding was "quite" or "very" different from the one they had before September 2021 (i.e. before the programme commenced). As discussed in the "Limitations" section, it is important to bear in mind that these percentages are necessarily based only on DSLs who 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, 49% of surveyed DSLs in treatment schools reported they now had a better understanding of thresholds requiring a referral to CSC, and 45% 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 learned 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 before 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 before the programme, where the vast majority expressed confidence in performing their role as DSL, including specifically in relation to contacts and thresholds. For instance, before the intervention, 92% of DSLs expressed confidence in their understanding of thresholds for a referral to CSC and 91% in providing high-quality information at the point of contact and referral. At the end of the programme, these numbers stood at 89% and 83% respectively. The percentages were similar to the control group, both before and after the intervention, with control schools also seeing a slight reduction in confidence.

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, although this may represent an improvement in practice, it may not necessarily determine whether a contact results in further action.

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 alternatively what other support agencies were available. This sometimes led to fewer contacts, and probably fewer inappropriate ones, but at other times it led to more contacts, probably appropriate ones, when SSWs recommended a contact that DSLs would not necessarily have considered themselves.

Second, before 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 these 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 focused on perceived impacts such as wellbeing, confidence and collaborative team working when they spoke about the effects of supervision. This is discussed below.

Impacts on contacts and referrals made by schools to CSC

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 observed data on wellbeing for a relatively small proportion of DSLs and, in particular, that we see a difference in response rates in treatment and control groups, cast doubt on the reliability of these results.

Findings from the IPE indicate that before the intervention, almost half of DSLs surveyed (48% in treatment schools and 51% 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, 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. However, some DSLs also noted that they felt less comfortable discussing wellbeing concerns in the group supervision setting.

The positive perceptions in the interviews in relation to wellbeing contrast with the results of the impact evaluation, which find 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.

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 with baseline. Seventy-four per cent of DSLs in treatment schools said they felt more confident in their role now, compared with 51% 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 with the control group.

The IPE also suggested that improved working together of the safeguarding teams is an area where the programme had the strongest perceived positive impacts and is likely to have resulted in sustainable changes. Since supervision highlighted the value of group discussions and reflection to DSLs, many schools planned to introduce a designated supervision time slot for group reflection into their timetables for the next academic year. In schools where safeguarding teams already had regular group meetings, the programme introduced new tools and practices to use in such meetings.

Finally, 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 probably 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.

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

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

The delivery of the programme faced some challenges, especially in the early stages when recruiting SSWs and schools. Overall, 24% of treatment schools never received a supervision session. The average number of sessions across all treatment schools was 3.4 sessions per school. For context, a session every six weeks (per half term) would have amounted to six sessions over the school year. The lower than anticipated take-up may have limited the ability to detect an impact or for the intervention to fulfil its potential. However, it should be noted that additional analysis did not suggest statistically significant impacts for those schools that did receive higher numbers of sessions.

A key question is whether low take-up is a fundamental weakness of the intervention, which would also be seen in any potential future implementation. For instance, maybe some schools and DSLs are simply not interested in receiving supervision from a social worker, because they already feel they receive sufficient support, or they do not have time. The IPE did find some evidence of this, but it also found that the low take-up was, at least partly, driven by suboptimal delivery, including a delayed start to the programme in some LAs and late recruitment of SSWs, which had knock-on-effects on recruitment of schools. There also seemed to be substantial differences in how much LAs supported the SSWs in recruitment of schools, which was identified as an important facilitator to achieving school buy-in. Miscommunication was another barrier, with DSLs sometimes

reporting initial concern about the concept of "supervision" and fearing they were going to be monitored or told off by CSC, suggesting that the programme could have been branded differently.

Once the first session was organised and the SSW had the opportunity to introduce the purpose of supervision properly to individuals DSLs, most schools maintained engagement throughout the rest of the intervention, and most often at a high level. For the schools that did engage in the programme, the IPE found that there was a high level of fidelity in implementation. The main issue was around scheduling sessions, with many schools finding it difficult to find a time slot for the whole supervision group. As such, many schools ended up having large variation in who was able to attend each session, which meant that not all participating DSLs and safeguarding staff were able to benefit from taking part in regular sessions and having a consistent group. If schools were recruited much earlier, they would be able to timetable sessions for the next academic year. In terms of the structure of supervision sessions and the support provided by SSWs, the interviews did not identify any fundamental changes that would need to be made to the programme model for it to be rolled out more widely. The IPE identified a number of potential improvements to delivery, such as making the support even more flexible and targeted to the needs of individual schools and DSLs, or allowing discussions about cases that were already open to CSC, but these changes would not be essential to implement a programme that would still be very well received by DSLs in schools. The restriction on discussing open cases was implemented to avoid supervision conversations potentially duplicating or contradicting those of a case-holding social worker, and to avoid any potential issues with information-sharing (for example, if a DSL disclosed information to

the SSW rather than the case-holding social worker). In practice, therefore, it appears unlikely that this restriction could be changed.

Much of the above implicitly assumes that increasing take-up would increase effectiveness. However, the findings of the current evaluation suggest that the current design of the programme may not substantially impact the appropriateness of contacts and referrals to CSC, even if take-up was higher, but rather the key focus would be on improving confidence and wellbeing of DSLs, collaborative team working and joint working between education and social care.

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, but rather that these do not impact 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 also does not find evidence that the programme had an impact on DSL wellbeing; however, for the reasons discussed earlier in this report, greater caution should be applied in interpreting these results. The findings of the IPE highlight that the programme may have 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, and in enhancing collaborative team working within school safeguarding teams.

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 about how this time can be resourced.

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 practical to collect. A bespoke data collection exercise may allow for more accurate capturing of types of contacts made by schools, for example, but is also more likely to result in missing data (especially among a control group), as well as being more resource-intensive. One area that may also be valuable to explore would be the extent to which the programme changes schools' practices in relation to early help measures (or other forms of 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.

Although 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 outcomes highlighted by the current evaluation are helping to bridge the gap between schools and CSC, and increasing collaborative working within school safeguarding teams. Increasing understanding of the programme's effectiveness in these regards would be valuable, but both outcomes are 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, because 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 responses

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

Local Authority	Control: Baseline	Control: Endline	Treatment: Baseline	Treatment: Endline
LA 1	11 (15%)	15 (37%)	25 (19%)	13 (17%)
LA 2	1 (1%)	0 (0%)	5 (4%)	2 (3%)
LA 3	28 (38%)	1 (2%)	3 (2%)	8 (11%)
LA 4	14 (19%)	14 (34%)	42 (31%)	10 (13%)
LA 5	1 (1%)	8 (20%)	13 (10%)	5 (7%)
LA 6	2 (3%)	0 (0%)	5 (4%)	1 (1%)
LA 7	1 (1%)	0 (0%)	7 (5%)	3 (4%)
LA 8	11 (15%)	0 (0%)	28 (21%)	24 (32%)
LA 9	2 (3%)	1 (2%)	5 (4%)	10 (13%)
LA 10	3 (4%)	2 (5%)	2 (2%)	0 (0%)
Total	**74 (100%)**	**41 (100%)**	**135 (100%)**	**76 (100%)**

Table A1.2. How long have you been a designated safeguarding lead (DSL) (overall)? Number of responses in baseline and endline surveys

Role	Control: Baseline	Control: Endline	Treatment: Baseline	Treatment: Endline
Less than a year	8 (11%)	5 (12%)	12 (9%)	12 (16%)
1–2 years	14 (19%)	7 (17%)	27 (20%)	18 (24%)
3–4 years	20 (27%)	10 (24%)	41 (30%)	18 (24%)
5–6 years	15 (20%)	10 (24%)	16 (12%)	10 (13%)
7–9 years	10 (14%)	7 (17%)	17 (13%)	7 (9%)
10 years or more	7 (9%)	2 (5%)	22 (16%)	11 (14%)
Total	**74 (100%)**	**41 (100%)**	**135 (100%)**	**76 (100%)**

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
LA 1	4	4	10%	40
LA 2	2	2	40%	5
LA 3	12	7	78%	9
LA 4	19	11	28%	40
LA 5	1	1	9%	11
LA 6	8	6	55%	11
LA 7	3	3	50%	6
LA 8	26	11	48%	23
Total	**75**	**45**	**31%**	**145**

Table A2.2. Type of establishment

	Number of treatment schools	Percentage of treatment schools	Total treatment schools
Academy convertor	28	31%	91
Academy sponsor-led	9	26%	34
Community school	0	0%	2
Foundation school	1	33%	3
Free school	5	45%	11
Voluntary aided school	2	50%	4
Total	**45**	**31%**	**145**

Table A2.3. Percentage of free school meals

	Number of treatment schools	Percentage of treatment schools	Total treatment schools
0–9%	14	37%	38
10–19%	15	25%	59
20–29%	8	31%	26
30–39%	4	40%	10
40–49%	2	29%	7
50–59%	2	67%	3
Unknown	0	0%	2
Total	**45**	**31%**	**145**

Table A2.4. Geographic context (rural to urban)

	Number of treatment schools	Percentage (%)	Total treatment schools
Rural: hamlet and isolated dwellings	1	50%	2
Rural: village	1	100%	1
Rural town and fringe	6	46%	13
Urban: city and town setting	21	28%	75
Urban minor conurbation	3	38%	8
Urban: major conurbation	13	28%	46
Total	**45**	**31%**	**145**

Table A2.5. Number of pupils

	Number of treatment schools	Percentage (%)	Total treatment schools
0–299	0	0%	3
300–499	4	57%	7
500–699	7	41%	17
700–899	6	25%	24
900–1,099	11	42%	26
1,100–1,299	5	22%	23
1,300–1,499	5	21%	24
1,500–1,699	4	44%	9
1,700–1,899	2	40%	5
1,900–2,000	1	20%	5
Unknown	0	0%	2
Total	**45**	**31%**	**145**

Appendix 3. School characteristics, by trial arm

Table A3.1. Baseline characteristics of groups as randomised

School-level (categorical)	National -level mean	Intervention group		Control group	
		n/N (missing)	Count (%)	n/N (missing)	Count (%)
Ofsted overall effectiveness[1]:					
Outstanding	17%	40/152 (2)	40 (26%)	37/149 (5)	37 (25%)
Good	65%	71/152 (2)	71 (47%)	80/149 (5)	80 (54%)
Requires improvement	16%	29/152 (2)	29 (19%)	23/149 (5)	23 (15%)
Special measures	1%	4/152 (2)	4 (3%)	7/149 (5)	7 (5%)
Serious weaknesses	1%	8/152 (2)	8 (5%)	2/149 (5)	2 (1%)
School type:					
Academy converter	49%	97/154 (0)	97 (63%)	90 (0)	90 (58%)
Academy sponsor-led	23%	35/154 (0)	35 (23%)	36 (0)	36 (23%)
Community school	9%	3/154 (0)	3 (2%)	1 (0)	1 (1%)
Foundation school	5%	3/154 (0)	3 (2%)	10 (0)	10 (6%)
Free school	6%	8/154 (0)	8 (5%)	8 (0)	8 (5%)
Studio school	1%	3/154 (0)	3 (2%)	0 (0)	0 (0%)
University technical college	2%	1/154 (0)	1 (1%)	5 (0)	5 (3%)
Voluntary aided school	6%	4/154 (0)	4 (3%)	4 (0)	4 (3%)
Voluntary controlled school	1%	0/154 (0)	0 (0%)	0/154	0 (0%)
Urban/rural location[2]:					
Rural town and fringe	14%	16/154 (0)	16 (10%)	12/154 (0)	12 (8%)
Urban city and town	47%	75/154 (0)	75 (49%)	69/154 (0)	69 (45%)
Urban major conurbation	39%	63/154 (0)	63 (41%)	73/154 (0)	73 (47%)

School-level (continuous)	National-level mean	n/N (missing)	Mean (SD)	n/N (missing)	Mean (SD)
Pupil composition[2,3]:					
% of pupils ever eligible for FSM in past 6 years	25.4	154/154 (0)	22.9 (14.2)	154/154 (0)	21.9 (13.4)
Number of pupils on roll	1010.3	154/154 (0)	1071.8 (419.1)	154/154 (0)	1102.4 (396.4)
% pupils where English is not first language	16.5	154/154 (0)	13.3 (15.0)	154/154 (0)	14.2 (14.4)
% eligible pupils with SEN support	12.3	154/154 (0)	11.3 (5.3)	154/154 (0)	11.5 (5.5)
KS4 performance 2019: % of pupils achieving grade 5+ in English and Maths	34.7	143/143 (11)	45.0 (18.3)	143/143 (11)	46.2 (17.7)
KS4 performance 2019: average attainment 8 score per pupil	40.1	143/143 (11)	48.3 (9.3)	143/143 (11)	48.7 (9.2)
KS4 performance 2019: Progress 8 measure after adjustment	-0.2	143/143 (11)	0.0 (0.5)	143/143 (11)	0.0 (0.5)
Prior social care outcomes (2020/21)[4]:					
Number of contacts made by schools leading to no further action (NFA)		129 (25)	5.4 (7.6)	127 (27)	5.7 (8.3)
Contacts leading to NFA (as proportion of pupils in school)		129 (25)	0.005 (0.008)	127 (27)	0.005 (0.008)
Contacts (as proportion of pupils in school)		129 (25)	0.017 (0.019)	127 (27)	0.016 (0.017)
Referrals (as proportion of pupils in school)		129 (25)	0.007 (0.008)	127 (27)	0.006 (0.008)
Referrals leading to NFA (as proportion of pupils in school)		106 (48)	0.001 (0.004)	106 (48)	0.001 (0.002)
Contacts from all sources (as proportion of pupils in school)		66 (88)	0.100 (0.125)	66 (88)	0.090 (0.102)

Wellbeing measures:	Intervention group		Control group	
	n (missing)	Mean (95% CI)	N (missing)	Mean (95% CI)
Anxiety–contentment scale	135	0.50 (0.05, 0.95)	74	0.55 (-0.04, 1.15)
Depression–enthusiasm scale	135	3.46 (3.03, 3.88)	74	3.68 (3.11, 4.24)

Notes and sources:

1. Ofsted inspection ratings as at 31 August 2021; based on most recent inspection.

2. Based on 2022 School Census (January 2022). National averages are those for state-funded secondary schools in England.

3. As reported in Department for Education school performance tables, 2019. National averages are those for state-funded secondary schools in England.

4. Based on data provided by participating LAs.

Appendix 4. Distribution of baseline measures

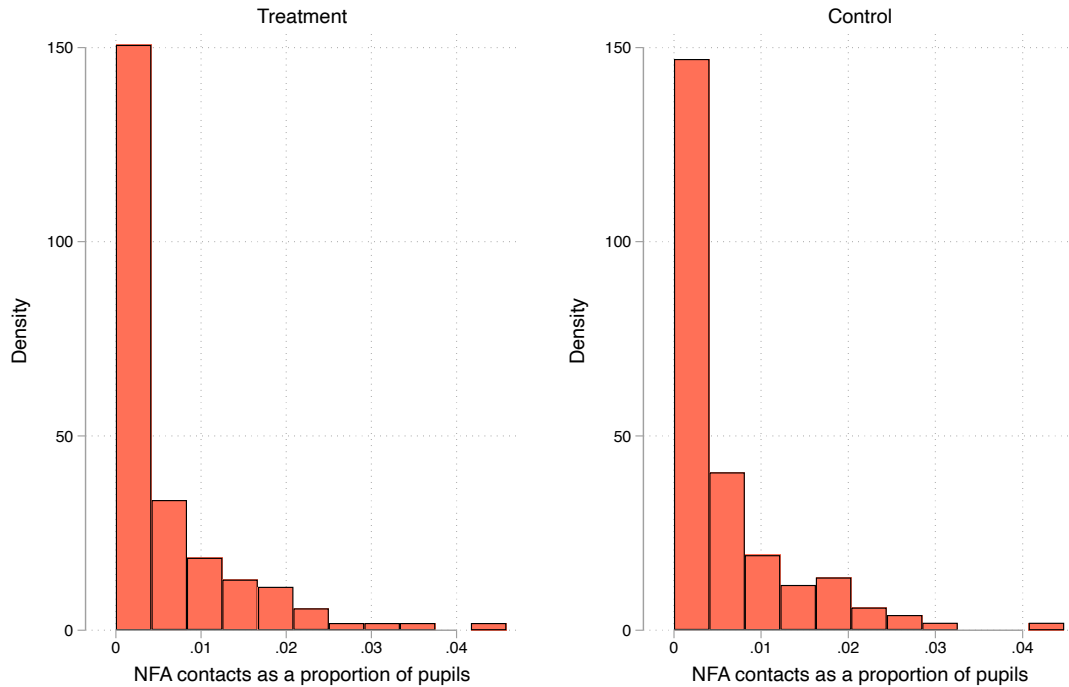## Figure A4.1. Contacts leading to NFA, as a proportion of pupils, by trial arm, 2020/21

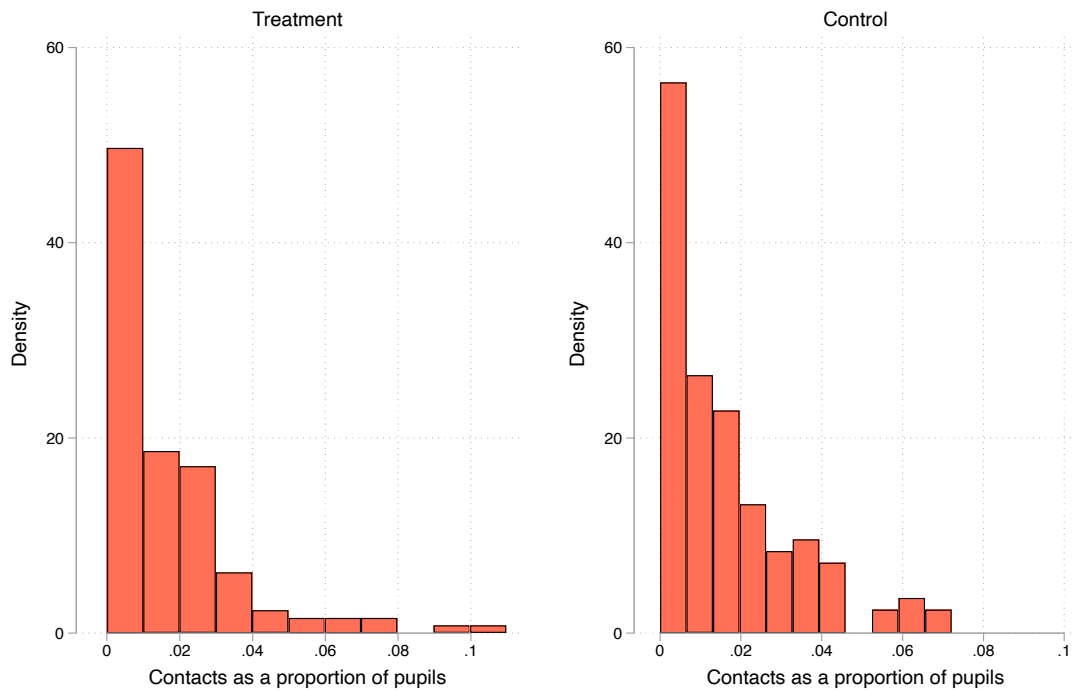## Figure A4.2. Contacts, as a proportion of pupils, by trial arm, 2020/21

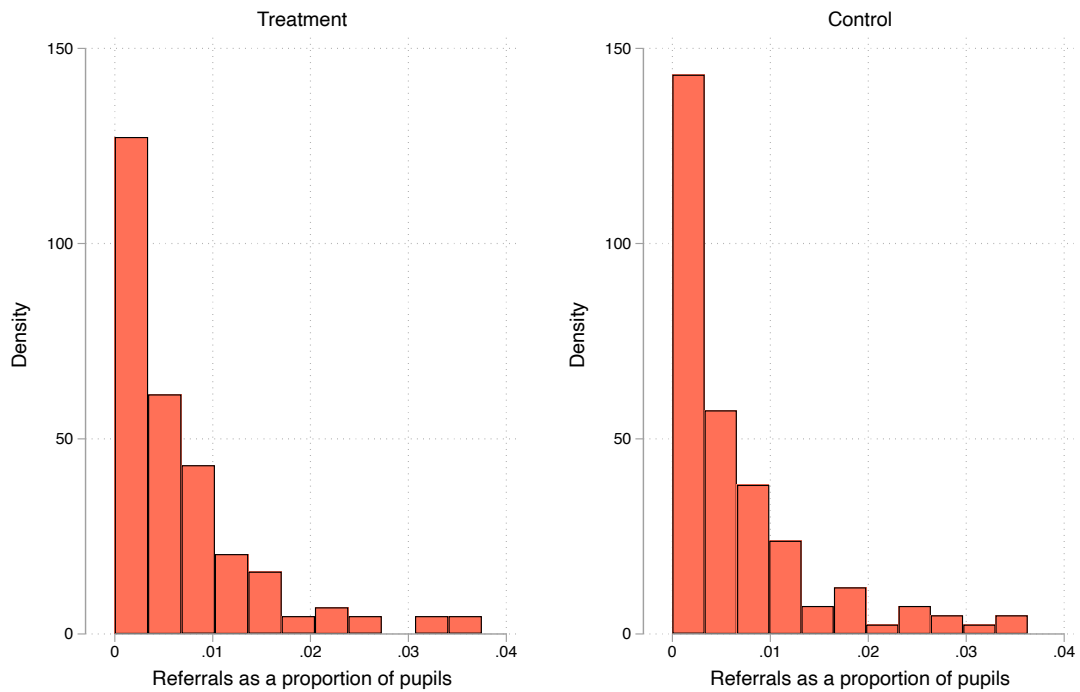**Figure A4.3. Referrals, as a proportion of pupils, by trial arm, 2020/21**

Figure A4.4. Referrals resulting in NFA, as a proportion of pupils, by trial arm, 2020/21
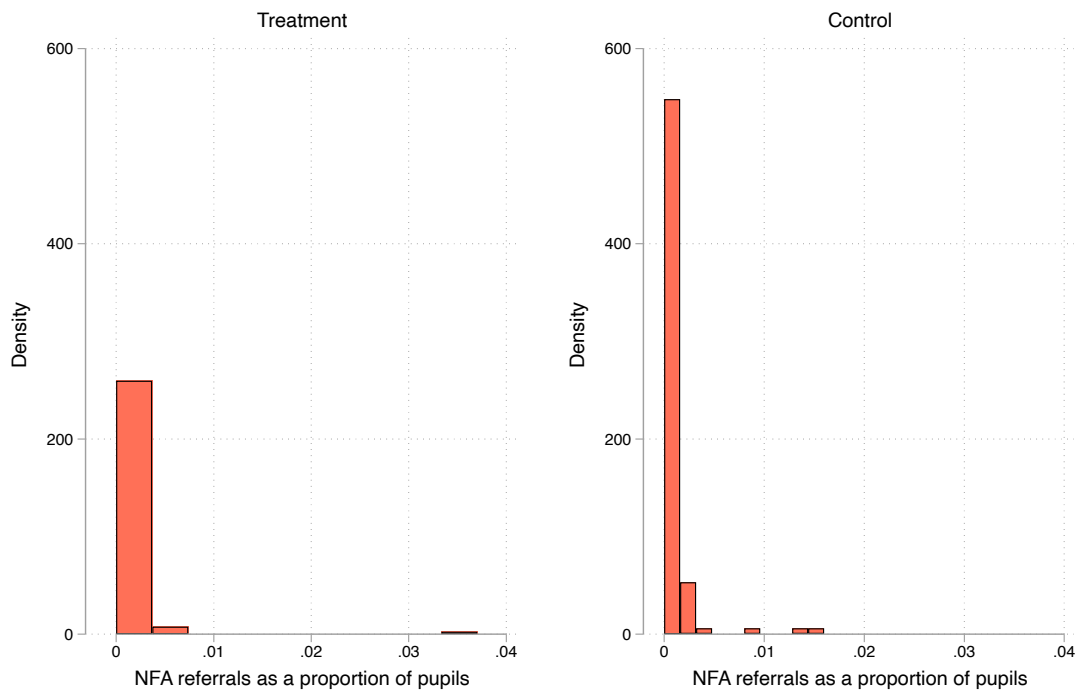
Figure A4.5. Contacts from all sources, as a proportion of pupils, by trial arm, 2020/21

Figure A4.6. Anxiety–contentment scale at baseline

Figure A4.7. Depression–enthusiasm scale at baseline

Appendix 5. Secondary outcomes, distributions by trial arm

Figure A5.1. Contacts made by schools, as a proportion of pupils, by trial arm, 2021/22

Figure A5.2. Referrals, as a proportion of pupils, by trial arm, 2021/22
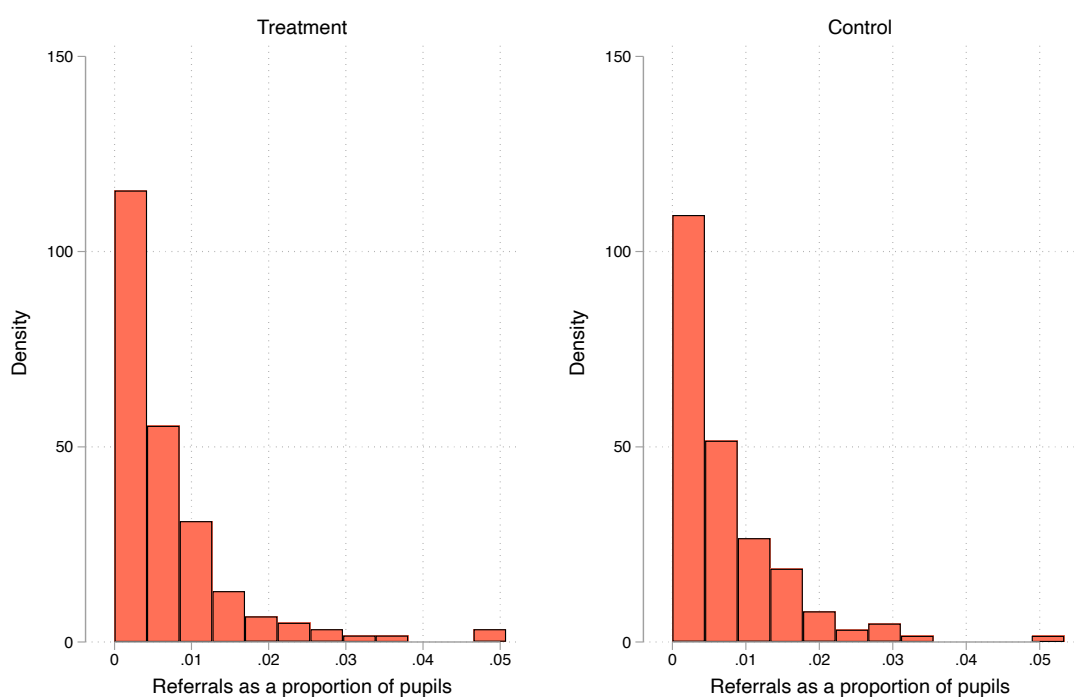
Figure A5.3. Referrals resulting in NFA, as a proportion of pupils, by trial arm, 2021/22
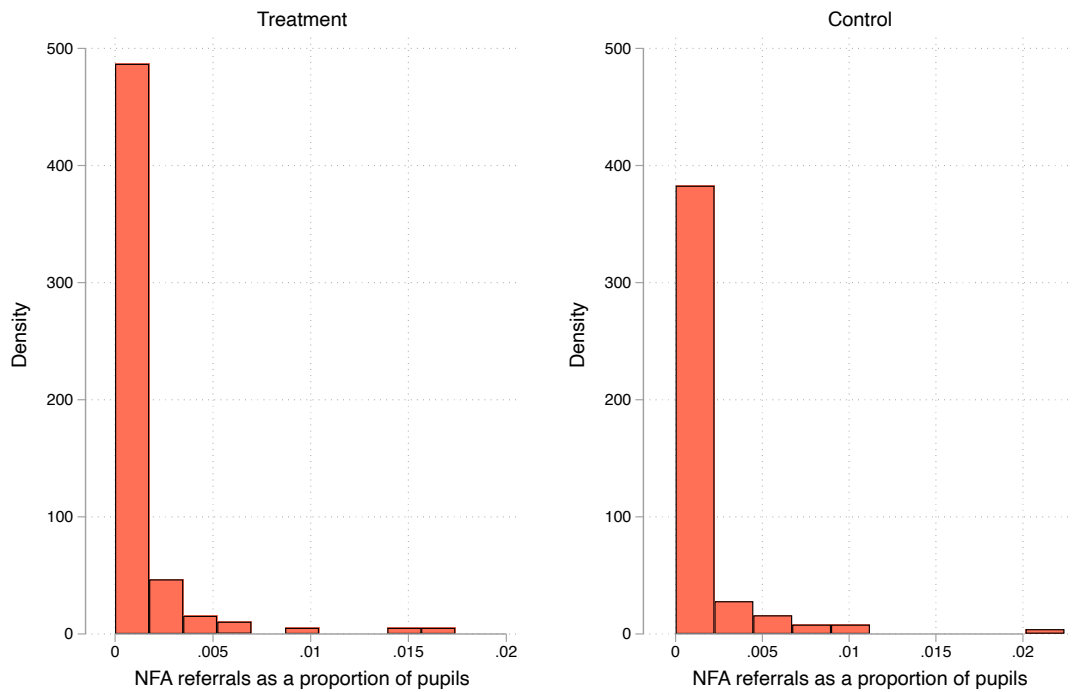
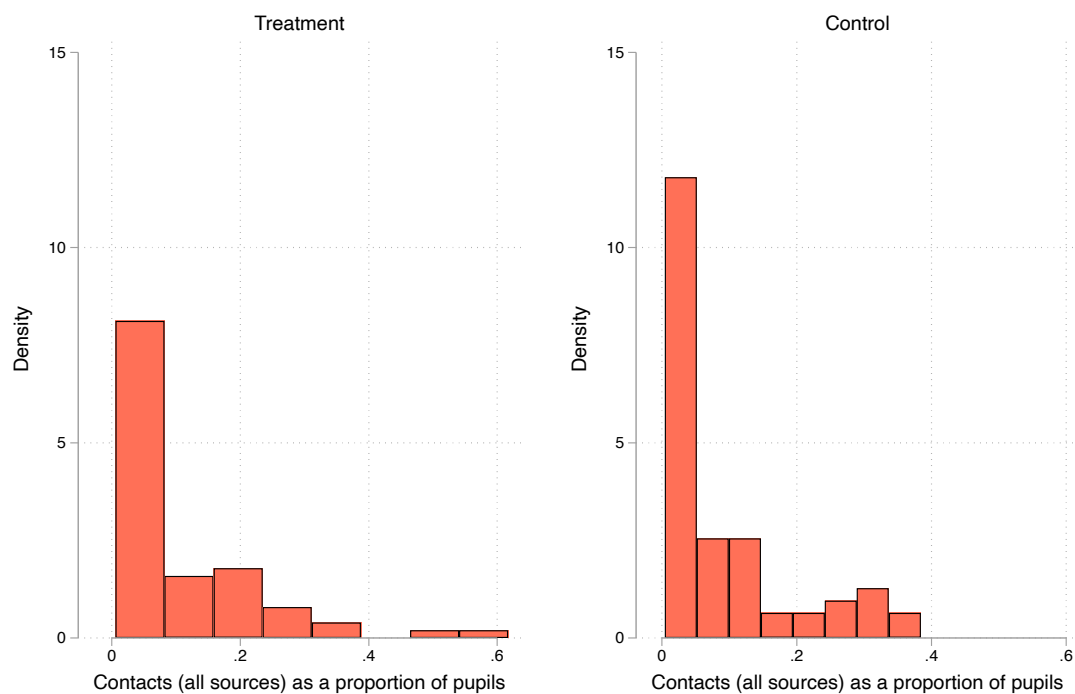**Figure A5.4. Contacts from all sources, as a proportion of pupils, by trial arm, 2021/22**

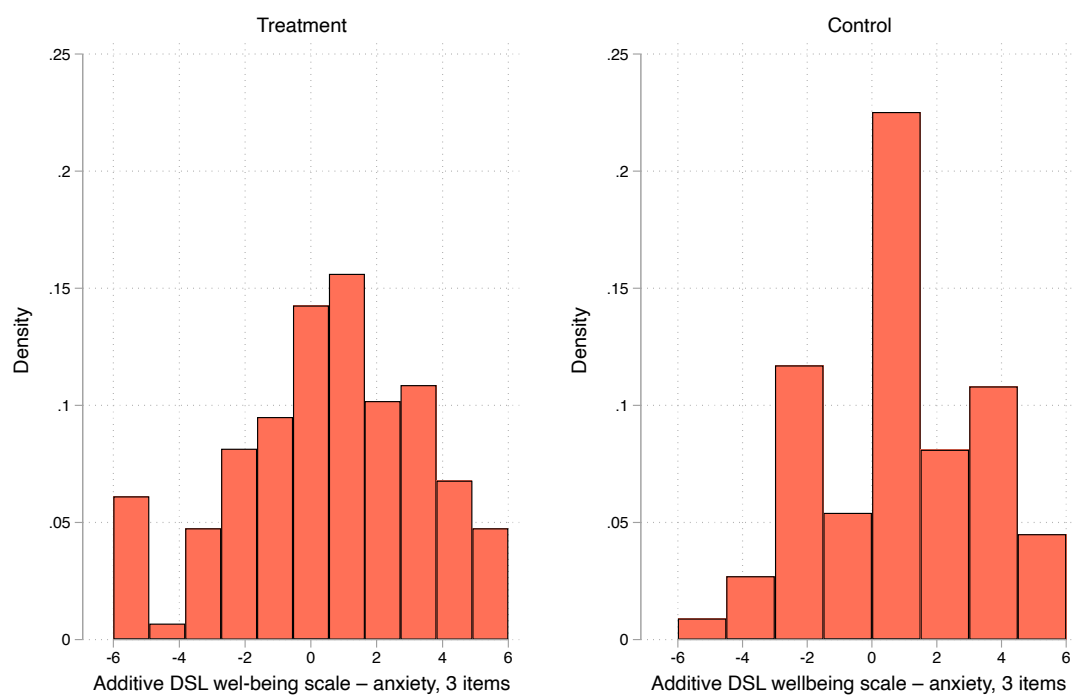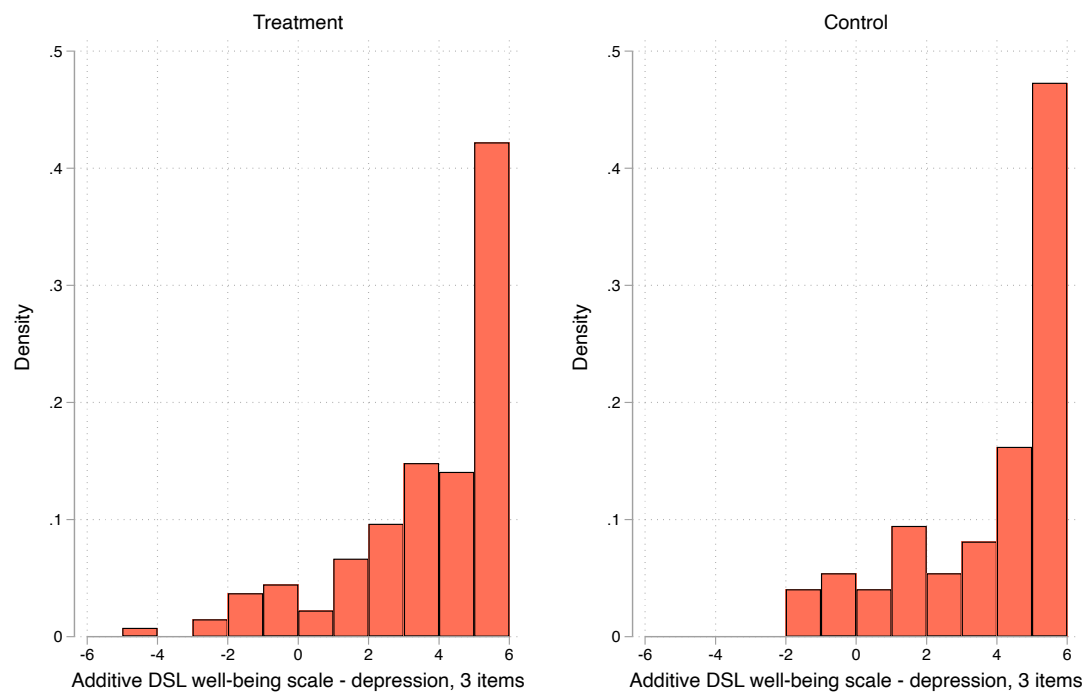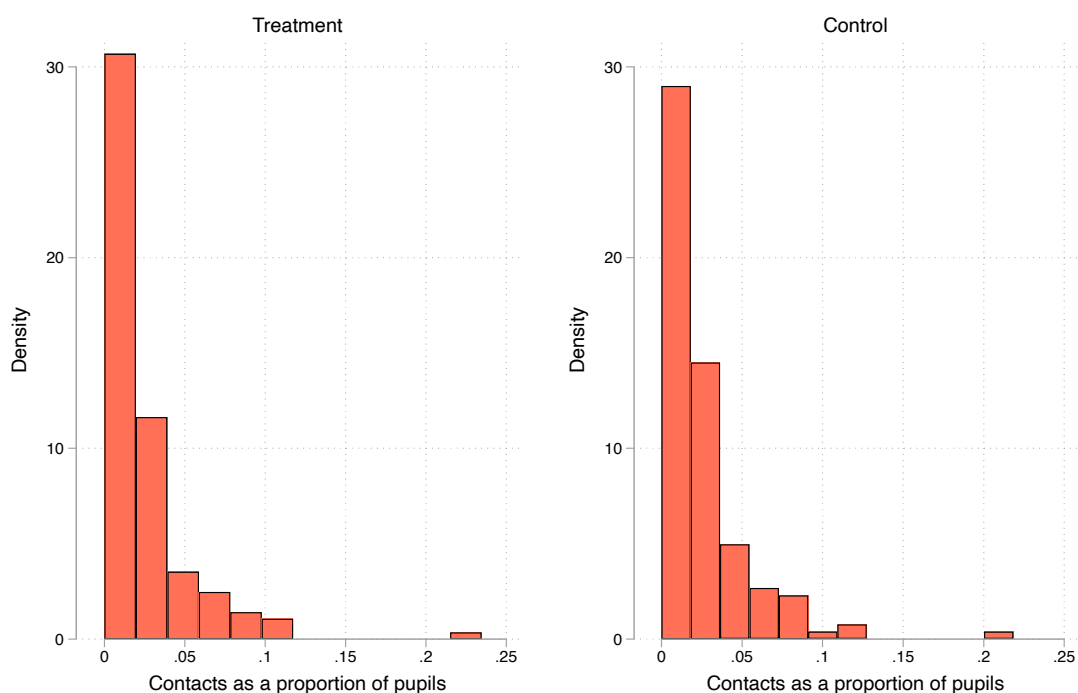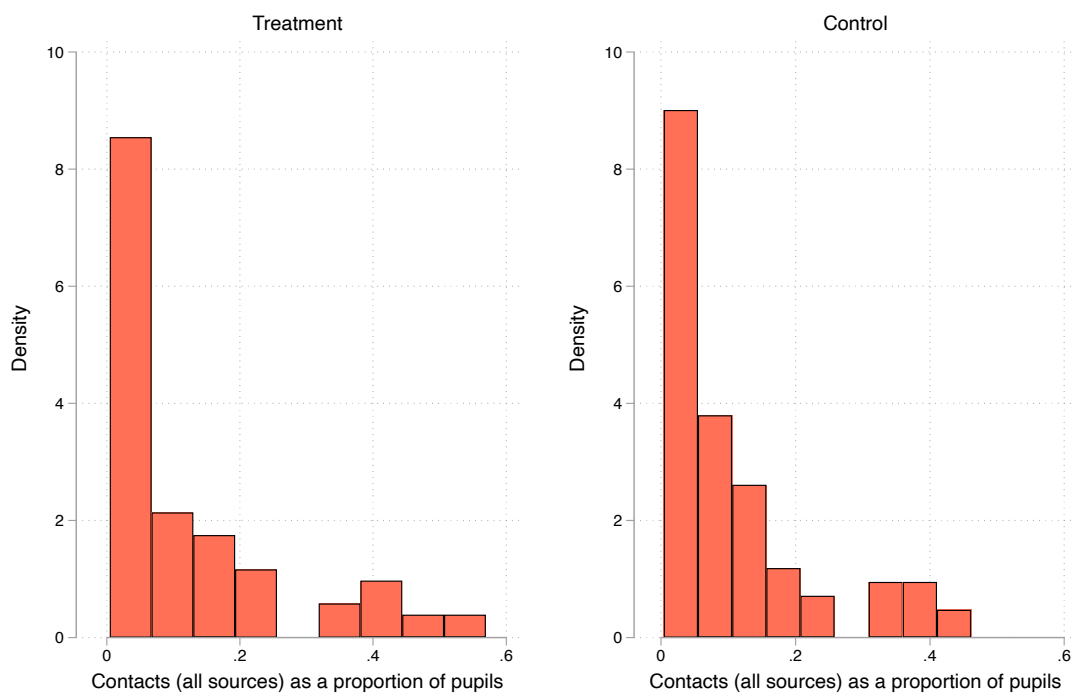**Figure A5.5. Anxiety-contentment scale at endline**
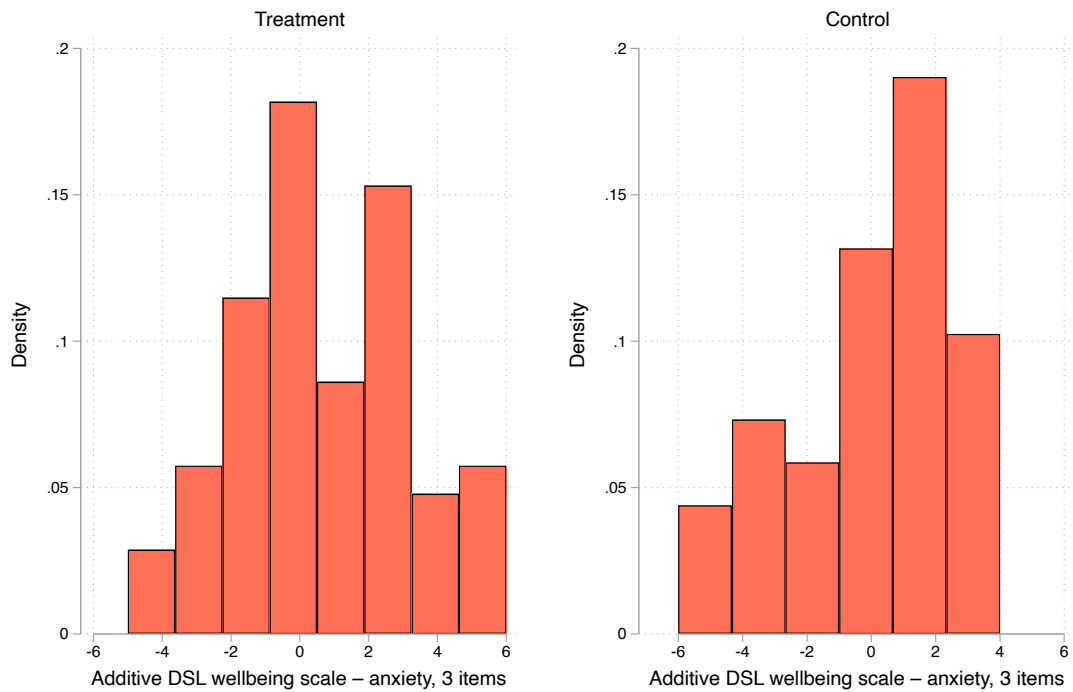
Figure A5.6. Depression-enthusiasm scale at endline
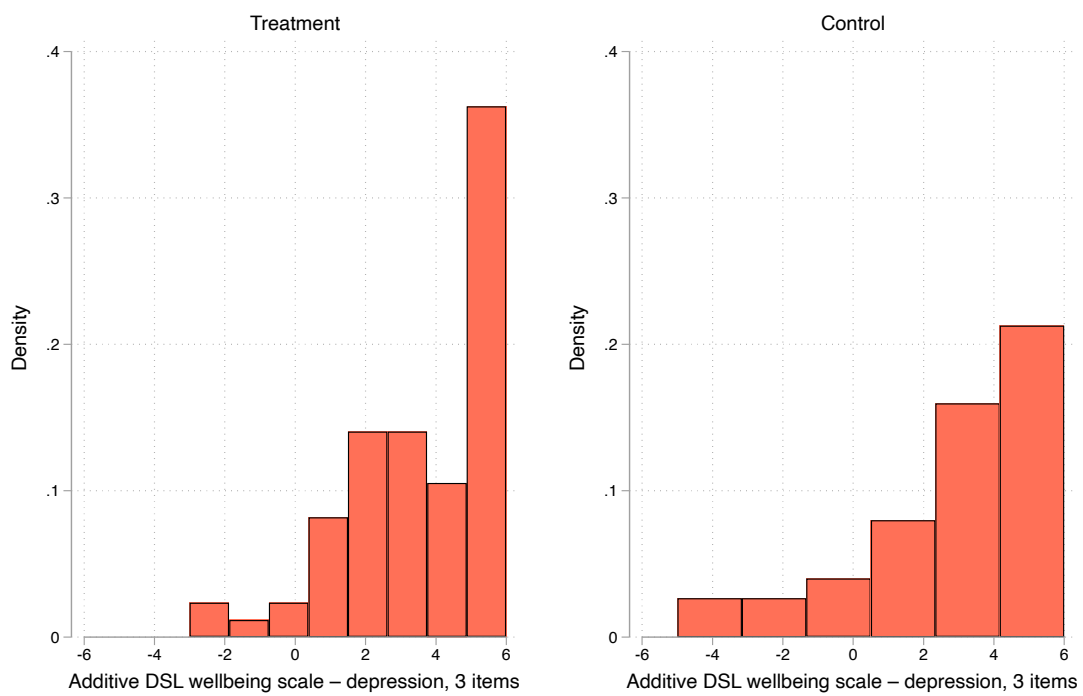
Appendix 6. Regression results, primary outcome

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

Variables	Regression coefficient (robust standard error)
Treated	-0.000442
	(0.000820)
NFA contacts, 2020/21	0.914***
	(0.194)
Missing baseline data	0.00631**
	(0.00300)
block = 2	0.00506***
	(0.00172)
block = 3	-0.00559*
	(0.00297)
block = 4	-0.00446
	(0.00276)
block = 5	-0.00189
	(0.00125)
block = 6	-0.00111
	(0.00141)
block = 7	-0.00183
	(0.00126)
block = 8	-0.000409
	(0.00139)
block = 9	-0.00171
	(0.00126)
block = 10	-0.00191
	(0.00123)
block = 11	-0.000175
	(0.00166)

block = 12	0.00442*
	(0.00242)
block = 13	-0.00465
	(0.00302)
block = 14	0.00261
	(0.00475)
block = 15	-0.00165
	(0.00336)
block = 17	-0.00419
	(0.00410)
block = 18	0.000151
	(0.00379)
block = 19	0.00383
	(0.00280)
block = 20	0.00597*
	(0.00334)
Constant	0.00208*
	(0.00124)
Observations	289
R-squared	0.620

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	-0.0748
	(0.102)
NFA contacts, 2020/21	43.81***
	(5.665)
Missing baseline data	0.476
	(0.348)
block = 2	0.573***
	(0.168)
block = 3	-1.146**
	(0.540)
block = 4	-0.790**
	(0.345)
block = 5	-2.745***
	(0.706)
block = 6	-1.654**
	(0.827)
block = 7	-3.730***
	(0.918)
block = 8	-1.008**
	(0.472)
block = 9	-3.418***
	(0.429)
block = 10	-3.486***
	(0.551)
block = 11	-0.0866
	(0.230)
block = 12	0.519**
	(0.205)

block = 13	-0.848*
	(0.488)
block = 14	0.278
	(0.477)
block = 15	-0.226
	(0.434)
block = 17	-0.0543
	(0.405)
block = 18	0.454**
	(0.208)
block = 19	0.550**
	(0.234)
block = 20	0.685***
	(0.184)
Constant	-5.247***
	(0.141)
Observations	289

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

Table A6.3. Regression results, secondary analysis, Poisson: contacts (schools)

Variables	Regression coefficient (robust standard error)
Treated	-0.0713
	(0.0716)
Contacts, 2020/21	20.87***
	(2.290)
Missing baseline data	1.416***
	(0.298)
block = 2	0.560***
	(0.145)
block = 3	-1.568***
	(0.411)
block = 4	-0.766**
	(0.349)
block = 5	-0.745*
	(0.421)
block = 6	0.162
	(0.222)
block = 7	0.398*
	(0.210)
block = 8	1.152***
	(0.172)
block = 9	-0.777***
	(0.140)
block = 10	0.0188
	(0.125)
block = 11	1.208***
	(0.180)
block = 12	1.688***
	(0.151)

block = 13	-1.069***
	(0.405)
block = 14	-0.00506
	(0.420)
block = 15	-0.294
	(0.431)
block = 17	0.222
	(0.265)
block = 18	0.588***
	(0.120)
block = 19	0.626***
	(0.153)
block = 20	0.666***
	(0.157)
Constant	-4.676***
	(0.101)
Observations	289

Robust standard errors in parentheses

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

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

Variables	Regression coefficient (robust standard error)
Treated	-0.0173
	(0.0834)
Referrals, 2020/21	28.67***
	(6.351)
Missing baseline data	1.664***
	(0.338)
block = 2	0.700***
	(0.236)
block = 3	-1.486**
	(0.582)
block = 4	-0.299
	(0.398)
block = 5	-0.00675
	(0.271)
block = 6	0.840***
	(0.201)
block = 7	1.543***
	(0.249)
block = 8	2.219***
	(0.219)
block = 9	0.141
	(0.172)
block = 10	1.047***
	(0.154)
block = 11	0.948***
	(0.277)
block = 12	0.835***
	(0.237)

block = 13	-1.435***
	(0.453)
block = 14	-0.687
	(0.438)
block = 15	-0.653
	(0.408)
block = 17	1.187***
	(0.244)
block = 18	1.607***
	(0.157)
block = 19	1.371***
	(0.174)
block = 20	1.759***
	(0.203)
Constant	-6.247***
	(0.127)
Observations	289

Robust standard errors in parentheses

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

Table A6.5. Regression results, secondary analysis, Poisson: referrals leading to NFA

Variables	Regression coefficient (robust standard error)
Treated	0.00507
	(0.283)
NFA referrals, 2020/21	-8.512
	(16.89)
Missing baseline data	5.107***
	(1.038)
block = 2	3.660***
	(1.287)
block = 3	-0.614
	(0.571)
block = 5	-11.51***
	(1.217)
block = 6	-11.51***
	(1.148)
block = 7	5.800***
	(1.034)
block = 8	6.374***
	(1.005)
block = 9	-11.51***
	(1.002)
block = 10	-11.51***
	(1.002)
block = 11	4.912***
	(1.019)
block = 12	4.873***
	(1.013)
block = 17	-11.51***
	(1.070)

block = 18	-11.51***
	(1.070)
Constant	-10.96***
	(0.996)
Observations	223

Robust standard errors in parentheses

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

Table A6.6. Regression results, secondary analysis, Poisson: contacts (all sources)

Variables	Regression coefficient (robust standard error)
Treated	0.0993
	(0.0654)
Contacts, 2020/21 (all sources)	2.326***
	(0.540)
Missing baseline data	-1.957***
	(0.397)
block = 4	1.000***
	(0.376)
block = 5	-0.328***
	(0.111)
block = 6	0.120
	(0.0841)
block = 7	-0.710***
	(0.227)
block = 8	-0.0171
	(0.100)
block = 9	-2.383***
	(0.196)
block = 10	-1.463***
	(0.187)
block = 11	-0.654***
	(0.155)
block = 12	-0.317***
	(0.119)
block = 13	0.764*
	(0.463)
block = 14	2.095***
	(0.451)

block = 15	1.631***
	(0.407)
block = 16	2.160***
	(0.378)
block = 17	-0.429**
	(0.173)
Constant	-1.714***
	(0.189)
Observations	165

Robust standard errors in parentheses

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

Table A6.7a. Contacts leading to NFA, first-stage regression results (dependent variable=any sessions)

	Regression coefficient (robust standard error in parentheses)	P-value
Treatment	0.758** (0.036)	0.000
NFA contacts, 2020/21	1.532 (2.977)	0.607
N	289	

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 (21, 267)=40.11. Prob>F=0.000.

Table A6.7b. Contacts leading to NFA, compliance analysis, IV (2SLS) results

	Regression coefficient (robust standard error in parentheses)	P-value
Dosage	-0.006 (0.001)	0.575
NFA contacts, 2020/21	0.915** (0.187)	0.000
N	289	

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

Focus groups with DSLs and school staff

Thank you so much for participating in this focus group.

My name is [X] and I am a researcher at the National Institute of Economic and Social Research. Myself and colleagues at NIESR are evaluating the programme providing supervision for DSLs in secondary schools, on behalf of What Works for Children's Social Care who are funding the programme. As part of the independent evaluation, we are conducting focus groups and interviewing some of the DSLs, and other school staff involved like yourselves. The aim of the focus group is to explore your experiences of the programme so far. The focus group will last around 45 minutes.

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

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

With your permission, the focus group 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 focus group to be recorded, and that you are willing to take part in this research? [Obtain consent of all participants]. Do you have any questions before we start?

About you

Let's start by going around the virtual room one at a time. Please tell me your first name, what your role is, and how many supervision sessions you have attended, and very briefly how you have found them.

Prior to supervision

First, let's speak a bit about how you found your role on safeguarding prior to this project.

1. Prior to the project, how did you experience your role in the safeguarding team? How did you find the role? Did you enjoy it, or did you not enjoy it?

2. Prior to the project, did you feel well enough supported to perform your safeguarding role, in terms of training, resources and other support?

Supervision

Okay, now, let's talk about how you have experienced the group supervision sessions.

3. Overall, how did you find the supervision sessions? Were they useful/not useful?

4. Are there any parts that you particularly enjoyed or found particularly useful?

5. Are there any parts that you did not enjoy or did not find useful?

6. Do you find it useful/not useful to do the sessions as a group?

7. How do you find the approach of the supervisor? How would you describe your relationship with the supervisor?

8. We know that people in your roles are often very busy on a day-to-day basis. Do you feel the sessions have been a good or bad use of your time?

9. To what extent are these sessions different or similar to any training and support you have previously received as a member of the safeguarding team?

Outcomes and impact

I want to speak a bit about potential outcomes and impacts of the supervision sessions.

10. To what extent have you changed, or do you plan to change, your practices in your safeguarding role, as a result of participating in the supervision sessions? Do you feel it has improved your performance or not?

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

11. [If not already covered]: To what extent have the supervision sessions changed your practices as a school/safeguarding team (rather than your individual approaches)?

Potential prompts:

   a. Deciding when to contact children's social care? Knowledge about thresholds?

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

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

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

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

   f. Anything else?

12. Overall, do you feel more confident in your safeguarding role, and as a safeguarding team?

13. Has the project affected your mental wellbeing, and if so, in what way? [Probe: stress, anxiety, burnout; turnover]

COVID-19

I want to ask a couple of questions about your experience, as part of the safeguarding team, of COVID and school disruptions.

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

15. How has COVID and school disruptions affected how you as a school approach safeguarding and child protection?

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

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

Future

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

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

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

21. Anything else?

DSL individual interviews

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. Myself and colleagues at NIESR are evaluating the programme providing supervision for DSLs in primary schools, on behalf of What Works for Children's Social Care who are funding the programme. As part of the independent evaluation, we are interviewing some of the DSLs like yourself. The aim of the interview is to explore your experiences of the programme so far. The interview will last around 45 minutes.

Everything we discuss will be confidential to the evaluation team at NIESR, and all the findings will be reported anonymously, and it will be analysed and presented so that neither you or 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 DSL?

2. Do you have any other responsibilities and roles in addition to being DSL?

3. How many DSLs are there in the school?

4. How is the role of DSL/safeguarding distributed?

5. What made your senior leadership team, or yourself decide to accept supervision?

Some quick practical questions about implementation

6. When did you start supervision?

7. How many in your school are receiving the supervision? How were those people selected?

8. How many sessions have you had so far?

    a. How regular have they been?

9. How long have the sessions been?

10. Have the sessions been face-to-face or online?

   a. [If mixed explore differences]

11. Have there been any operational/logistical barriers?

12. Before the sessions do you need to prepare?

   a. [Explore admin/time implications if any]

Prior to supervision

13. Prior to the project, how did you experience the DSL role?

   a. [Probe around what the role usually involves]

14. How did you find the role? Did you enjoy, or did you not enjoy, the role of DSL? Why/why not?

15. Prior to this project, had you received other support to help think about your role as DSL?

   a. Who provided this support? How helpful was it?

16. Prior to the project, how would you describe your "need" for a programme like this? To what extent did you need additional support?

Supervision sessions

17. How would you describe the sessions?

   a. Who provided this support? How helpful was it?

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

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

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

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

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

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

22. Do you remember your initial expectations of the programme? What were your initial expectations of supervision, and do you feel those have been met?

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

Broader support

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

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

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

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

Outcomes and impact

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

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

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

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

   b. Provided higher-quality information to children 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?

28. 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?

29. To what extent have all DSLs or staff in your school benefited from the programme? Are everyone in the group benefiting or not benefiting from the sessions? In what way?

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

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

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

COVID-19

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

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

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

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

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

a. [Probe for both practical implication and change of needs and support requested]

Future

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

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

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

39. Anything else?

Interviews with supervising social workers secondary (SSWs)

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. Myself and colleagues at NIESR are evaluating the programme providing supervision for DSLs on behalf of the WWCSC. As part of the independent evaluation, we are interviewing each of the supervising social workers. The aim of the interview is to explore your experiences of the programme, and how schools have engaged with it. The interview will last around 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 Local Authority, or any of the schools or DSLs, will be identifiable in any reports or publications resulting from the research.

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

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

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

About you

1. What was your role before the start of the programme? How did you get recruited into the role as DSL supervisor, and why were you interested?

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

- Time to perform the role;

- Support, e.g. support from LA, Community of Practice sessions with other SSWs;

- Support from LA: What team are you located within the LA? Where do you think the role should be located?

- What are your other responsibilities, if any, outside the programmes? Have these changed since the programme began?

3. Do you have any pre-existing relations with your schools and DSLs? [If yes]: To what extent has this affected implementation?

Implementation

4. Do you know how the individual DSLs were selected for each school? Do you think you are supervising the right staff member in the school? [Probe: DSL, Deputy DSLs, pastoral team, SLT?]

5. How did you experience the process of getting schools started with the programme, and organising the first sessions? What have been the barriers and facilitators to buy-in?

   a. Probe: how many schools did not start the supervision? Do you know why?

Supervision and support

6. Can you describe what type of support you are giving and offering to the schools?

About group supervisions:

7. How would you describe the group supervision sessions? How many DSLs do you generally supervise at each session? How have you generally structured the sessions and what has been the main focus?

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

9. Did you generally do the group supervision sessions face-to-face or online? What are the benefits/disadvantages?

About additional/different support

10. To what extent has your support differed compared to what was supposed to be offered and delivered? [Type of support, amount of support, what was done during supervision sessions, who support was given to]

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

    b. Have you offered one-to-one DSL sessions? Have you offered drop-in sessions? Have you offered supervision to other staff members than the DSL? Have you connected DSLs from within the local authority? [Probe: how did these arise, benefits, limitations]

    c. Why did you make these decisions to adapt the support provided?

Time and costs

11. How much time is required for the DSL in-between sessions? (e.g. preparation, actions)

12. How much contact do you have with DSLs in-between sessions (e.g. ad hoc calls, support in addition to individual sessions). [Probe: is this effective? does it limit your ability to carry out your other responsibilities?]

13. Were there any unanticipated costs, monetary or non-monetary, for you as a SSW or for LA that were not anticipated as part of the programme?

Other activity to support DSLs

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

15. Are you aware of any activities within control group schools? Has the LA been doing anything with these schools? Or done any activities that have benefited all schools in LA?

DSL engagement

16. How would you broadly describe the DSLs' engagement during the intervention so far? That is, to what extent would you generally say the DSLs in your schools have engaged with the supervision sessions and used them to inform practices?

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

18. What have been the facilitators and barriers to engagement? Do you feel there are any patterns of what types of DSLs or schools are most or least engaged?

19. How many schools have withdrawn, or become disengaged, after having started supervision sessions? Do you know why? What were the barriers?

20. How do you think COVID has affected the programme? [Probe for both practical implications and change of needs and support requested]

Outcomes and impact

21. To what extent do you think DSLs have changed or improved their approaches, or how they perform the role as DSL, as a result of the programme? In what ways? [Provide examples.] [Probe for, and ask why/who not?:]

a. Reduction in inappropriate contacts to CSC? Better-quality information provided to CSC at point of contact and referral? Better understanding of thresholds?

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

22. What are the barriers and facilitators for DSLs to change and improve their approaches? (Time, enough staff, COVID, support from senior leadership]

    a. Prompt: How has COVID and school disruptions impacted delivery? Do you think the exceptional circumstances of COVID and school disruptions had made the programme more/less useful or more/less effective for schools and DSLs, compared to if the programme had been delivered during more normal circumstances?

23. To what extent are those improvements seen for other DSLs in the school? Why/why not? [Probe more generally on how the programme has been cascaded to others in the school, including wider safeguarding team]

Your development as social worker and benefit for CSC

24. 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]

25. To what extent do you think CSC will be able to use, or have already used, these insights to improve the support and relations with schools in the future? How? Please describe.

Future

26. Do you think the programme should be continued in the future, or rolled out on a larger scale with more Local Authorities?

    a. Is it important for schools to continue the programme? Why/why not?

    b. Is it important for CSC to continue the programme? Why/why not?

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

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

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

27. How do you think the programme could be improved in the future?

28. Do you see any adaptations that would be needed if the programme were to be rolled out, to make it more feasible or to improve it?

29. Is there anything you cannot provide DSLs in terms of support and guidance, which could need another programme/training/support?

30. Anything else?

CONTACT