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Supervising Designated Safeguarding Leads (DSLs) in primary schools

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Type of Trial	Cluster randomised trial, randomised at school level
Age or Status of Participants	Designated safeguarding leads (DSLs) in primary schools
Number of Participating Sites	1,205 schools across 10 local authorities
Number of Children and Families	Approximately 320,000 children attend these 1,205 schools
Primary Outcome(s)	Proportion of pupils for whom a contact is made by a school resulting in no further action (at point of contact) (measured at school level)
Secondary Outcome(s)	Contacts from schools; Referrals; Referrals resulting in no further action; Contacts from all sources (all measured at school level, as a proportion of pupils) DSL wellbeing
Contextual Factors	The trial is taking place in ten local authorities across England. The report will present selected characteristics for the participating local authorities, including school characteristics, to help understand the differing area contexts, as well as aiding understanding of how applicable results may be for other areas.

Summary

This trial aims to establish the impact of providing a designated social worker to supervise Designated Safeguarding Leads (DSLs) in primary schools. The evaluation comprises a randomised controlled trial, along with an implementation and process evaluation, and analysis of costs. The intervention will be delivered to schools from September 2021 to July 2022. The final evaluation report will be submitted in November 2022.

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Background and Problem Statement

This trial aims to establish the impact of providing a designated social worker to supervise Designated Safeguarding Leads (DSLs) in primary schools.

DSLs are responsible for safeguarding and child protection in schools, and are expected to: manage referrals; act as a liaison with safeguarding partners including local authority case managers, head teachers and other school staff; undergo specialist training; raise awareness; and maintain child protection files.

Although the role can involve having to make difficult decisions about vulnerable children in often complex circumstances, anecdotally at least, the provision of formal supervision for DSLs can be limited. In this project, each local authority will assign a dedicated Supervising Social Worker to supervise DSLs to support children and families more effectively, and with the aim of improving the appropriateness and quality of contacts to children's social care. It is also hoped that the intervention will result in increased confidence in decision-making and reduced anxiety among DSLs. Supervision will be provided in the form of one-to-one sessions, taking place on a monthly basis. The intervention being evaluated in this trial (described in more detail below) was originally developed by Bolton Council. This study builds on a pilot study providing supervision to DSLs in primary schools in Bolton in 2019/20¹; while this did not find a statistically significant impact on the measured outcomes, it showed some evidence of promise; furthermore, fewer sessions were delivered than originally intended. Related work evaluating similar programmes of DSL supervision in secondary schools is also ongoing; comprising individual supervision in local authorities in Greater Manchester² and a new trial of a group supervision model operating in parallel to this new study in primary schools.

Intervention and Theory of Change

Name: Supervision of Designated Safeguarding Leads in primary schools

This programme offers formal supervision sessions for DSLs in the selected primary schools in participating local authorities. DSLs are the members of staff in each school tasked with the lead responsibility for safeguarding and protection of young people, which includes responsibility for referring cases that meet threshold levels of concern on to children's social care (CSC). This programme builds on the initial pilot programme delivered to primary schools in Bolton in 2019-20, as well as an ongoing programme in secondary schools in Greater Manchester.

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. 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...'.³ Further guidance such as 'Working Together to Safeguard Children' also emphasises that 'effective practitioner supervision can play a

¹

<https://whatworks-csc.org.uk/research-report/supervision-of-designated-safeguarding-leads-in-primary-schools-in-bolton/>

²

<https://whatworks-csc.org.uk/research-project/supervision-for-designated-safeguarding-leads-scale-up/>

³ Department for Education (September 2019). *Keeping children safe in education: Statutory guidance for schools and colleges*.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835733/Keeping_children_safe_in_education_2019.pdf

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.'⁴

Despite this guidance, many DSLs do not receive formal supervision to support them specifically with their child safeguarding responsibilities and are often ill equipped and undertrained to carry out their role most effectively. DSLs support children in challenging and complex circumstances, and this can often be stressful, challenging and emotionally taxing for the DSLs themselves.⁵

Supervision

Supervision is defined by this programme as an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice. 'Supervision aims to identify solutions to problems, improve practice and increase understanding of professional issues'.⁶ It serves to manage the emotional demands of the work, maintain relationships, and make difficult judgements and decisions often in light of conflicting information.⁷ Supervision serves to reflect critically on one's own practice, receive emotional support, and to develop skills, knowledge and an increased understanding of the mechanisms of children's social care threshold limits and processes.

Aim of programme

The aims of the intervention are to:

- Improve knowledge and understanding of children's social care processes and issues, resulting in reductions in inappropriate contacts to children's social care.
- Reduce DSL stress and anxiety, resulting in reduced rates of DSL burnout and turnover

Materials

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

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. Evidence suggests that partnerships that enter into a formal agreement tend to be more sustainable. Template documents for primary 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 local authorities, although each can make adaptations where necessary to tailor this as required for their own authority.

⁴ HM Government (July, 2018). *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

⁵ See for example: <https://www.tes.com/news/wellbeing-who-safeguards-safeguarding-leads>

⁶ UKCC (1996). *Position Statement on Clinical Supervision for Nursing and Health Visiting*. London: United Kingdom Central Council for Nursing, Midwifery and Health Visiting.

⁷ Wonnacott, J. (2012). *Mastering social work supervision*. London: Jessica Kingsley

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

Procedure:

1. Initial supervision dates agreed between DSL and supervisor. Further supervision appointments to be scheduled in advance where possible;
2. Supervision contracts (including the memorandum of understanding) signed, and decisions to agree how to move forward;
3. DSLs to attend formal, individual supervision sessions. A minimum of one session, and a likely maximum of around 10 sessions within the timeframe of the trial (September 2021 – July 2022). Sessions would be intended to take place on a roughly monthly basis.
4. DSLs to reach out if need for further informal supervision.
5. DSLs and supervisors expected to keep a record of sessions attended - logging these into the contact log, preparing and completing worksheets as necessary.

Who

Each participating local authority is recruiting an experienced Supervising Social Worker to provide the supervision. This supervisor will also be in charge of scheduling sessions, and ensuring the programme moves forward as expected. The supervising social workers will be invited to an induction event, to explain their role and ensure they are comfortable with the materials.

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

How

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

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

Where

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

When

The formal supervision sessions should take place at regular monthly intervals (every 4-6 weeks), for a maximum of 2 hours at a time. Sessions will be offered between September 2021 and July 2022 (delivery post-March 2022 is subject to confirmation of funding).

Tailoring/adaptation

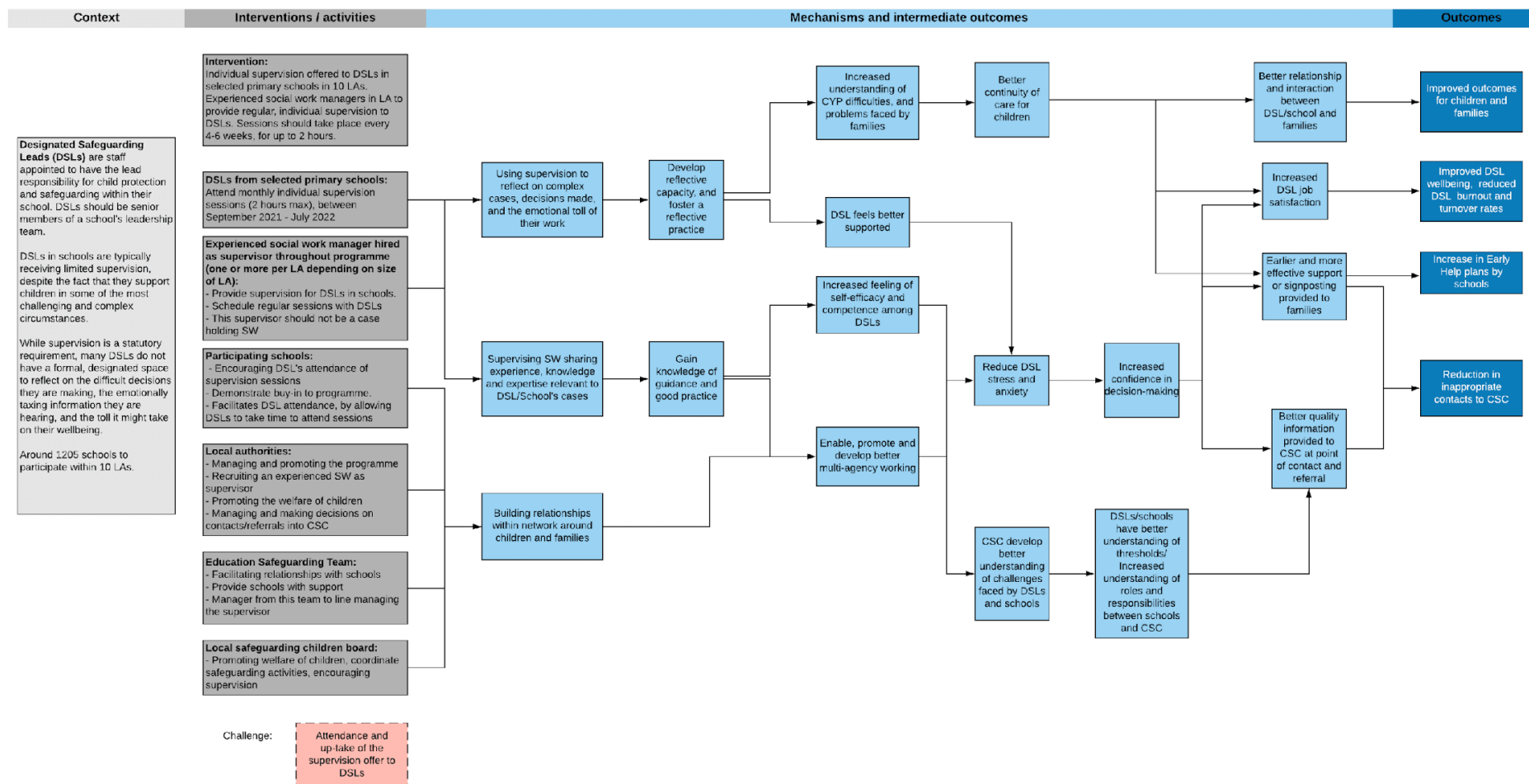
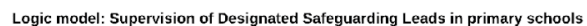
Given the nature of supervision, the content of the sessions will be tailored to the needs of each DSL, however the format and style of sessions will remain constant throughout.

Logic model

The logic model for the intervention is presented in Figure 1. This sets out the context for the intervention, the activities that the intervention comprises and the stakeholders involved. It

outlines the mechanisms through which the intervention is expected to operate and the intended outcomes.

Figure 1: Logic model



Impact Evaluation

Research Questions

A key aim of the intervention is to reduce inappropriate contacts to children's social care. While counting number of contacts made may appear relatively straightforward (although it is clearly important to take account of school size), such a measure is limited; greater expertise among DSLs could result in a reduction in contacts if it reduces the likelihood of DSLs making a contact "just in case", but could also result in an increase in contacts if DSLs become more skilled in identifying children who may be in need.

The key questions to address here are whether contacts are being made for the right children, 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.

One way of capturing appropriate contacts is to consider these as appropriate where these lead to referral or some form of further action (or conversely, as "inappropriate" where these do not lead to any further action). We use this as the basis for our primary outcome, to explore whether there is a change in contacts not leading to referral or further action. It is also worth noting the distinction made between contacts and referrals. An initial contact is 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 the social worker or manager considers 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. In the preliminary stages of the project it will be important to clarify definitions around contacts and referrals in each participating LA.

One weakness of such a 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. To address this, while the main focus of our research questions will be on contacts made by schools, as this is where we would anticipate that the programme would have the most impact (RQ1-RQ4), we propose also exploring whether there is any change in contacts made from all sources, not just those made by schools, as an additional research question (RQ5).

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

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

The evaluation will also address the following secondary research questions:

2. What is the effect of providing support to DSLs in primary 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 primary schools on the proportion of pupils for whom a new referral is made?
4. What is the effect of providing support to DSLs in primary 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 primary 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 primary schools on the wellbeing of DSLs?

7. Is there evidence of a difference in the timing of any effect on contacts and referrals? 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?

It should be noted that the ability to address the research questions above clearly depends on being able to access the necessary data. This protocol reflects the intended questions we aim to address in this trial, but it may be necessary to review these following consultation with all participating local authorities, if there are issues relating to data availability. If changes are required as a result, these will be documented in an update to the trial protocol prior to analysis.

Design

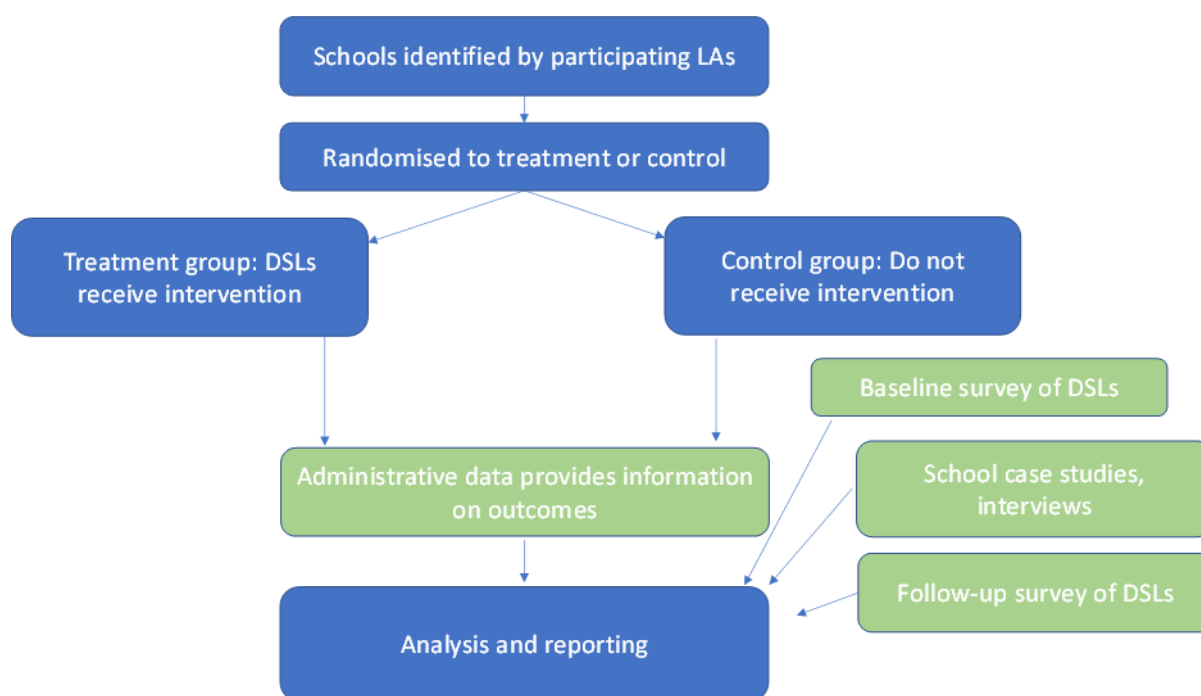
Trial type and number of arms		2-armed randomised trial
Unit of randomisation		School
Stratification variables (if applicable)		Local authority and proportion of pupils in school eligible for FSM
Primary outcome	Variable	Proportion of pupils for whom a new contact is made by a school which results in no further action (at the point of contact)
	Measure (instrument, scale)	Local authority administrative data
Secondary outcome(s)	Variable(s)	Proportion of pupils for whom new contact is made by a school; Proportion of pupils for whom new referral is made; Proportion of pupils for whom new referral leads to no further action (by end of delivery period); Proportion of pupils for whom new contact is made (all sources); DSL wellbeing
	Measure(s) (instrument, scale)	Wellbeing: pre and post intervention surveys of DSLs All other outcomes: local authority administrative data

The evaluation will be conducted as a randomised control trial. There will be two trial arms; receiving the supervision and not receiving the supervision. Randomisation will take place at school level with approximately half of schools being allocated to the treatment group (receiving the support of the designated Supervising Social Worker) and half to the control group (who would not receive this support). There are two larger local authorities where it is not feasible to deliver the intervention to half of the schools, and in these authorities, the randomisation ratio will be set such that a feasible number of schools are selected for delivery (this equates to just under 30 per cent of primary schools in these LAs being allocated to the intervention group).

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

new contacts (RQ2), new referrals to social care (RQ3), referrals resulting in no further action (RQ4), contacts made from all sources (RQ5) and DSL wellbeing (RQ6) (with all except DSL wellbeing measured as a proportion of pupils). We describe these outcomes in greater detail in the section on outcome measures below. Data on all outcomes will be obtained from administrative data held by the local authorities, except for wellbeing which will be collected through surveys administered by the evaluation team, pre and post intervention.

The diagram below summarises the key stages of the trial (data collection points are shaded in green, please note this includes data collection for both the impact evaluation and the implementation and process evaluation):



Randomisation

Schools will be randomised within blocks defined on the basis of local authority and the proportion of children eligible for free school meals (FSM) within each school. Two FSM groups will be determined: 'high' and 'low' – with schools ranked by the proportion of pupils eligible for FSM, with thresholds for the 'high' and 'low' groups then chosen so that half of all schools within each local authority fall into each group. This blocking is used in order to reduce the risk of imbalance between the treatment and control groups when randomising schools. Stratifying on the basis of previous social care activity may have been beneficial, but due to the timeframe within which randomisation needs to take place, it is necessary to make use of readily available data.

Randomisation of schools will be performed by assigning each school a randomly generated number, with schools then sorted within block by random number. Schools will then be allocated to treatment and control groups in accordance with the randomisation ratio for that LA (as this will differ for the two larger LAs).

The randomisation process will be recorded in the syntax and log files used to carry out the randomisation. Analysts will not be blind to group allocation.

Participants

Ten local authorities across England are participating, with all mainstream state-funded primary schools located within these local authorities eligible to take part. A list of schools will be identified by each participating local authority; all will be expected to participate in the trial unless the school declines. The nature of the intervention is such that it potentially applies to all children within all schools, thus all children within selected schools will be included in our sample.

Sample Size / Minimum Detectable Effect Size Calculations

MDES (Proportion of a Standard Deviation)		0.15
Proportion of Variance in Outcome Explained by Covariates ⁸ (R ²)	School	0.2
Intraclass Correlation Coefficient (ICCs)	School	-
Alpha		0.05
Power		0.8
One-Sided or Two-Sided? ⁹		Two-sided
Level of Intervention Clustering		School
Average Cluster Size (if Cluster-Randomised)*		266
Sample Size (schools)	Intervention	446
	Control	759
	Total	1205

*this is the average number of pupils per school

The sample size for this trial is set by the number of schools within the participating local authorities. For the purpose of the power calculations, it is assumed that 1,205 schools will take part. The MDES is therefore determined by the maximum available sample (and also assumes no attrition by the point of analysis). We assume the proportion of variance in the outcome explained by the covariates to be 0.2, in line with the estimate obtained in the original Bolton study for primary schools. Based on the assumptions made above, the MDES stands at 0.15 (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.

Outcome Measures

The primary outcome will be the number of new contacts made (at school level) which result in no further action (at the point of contact) as a proportion of the number of pupils (in that school) between September 2021 and July 2022. For clarity, this will be calculated as the total number of new contacts per school made between September 2021 and July 2022, divided by the number of pupils in that school.

⁸ This includes, and will most likely be most influenced by, a baseline measure of the outcome.

⁹ By default we would recommend two-sided tests.

Secondary outcomes will be:

- New initial contacts with the social care system, 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

With the exception of DSL wellbeing, information on both primary and secondary outcomes will be obtained from administrative data that is already routinely collected by the participating local authorities. These will all be assessed for the same time period as for the primary outcome measure. It should be noted that for all outcomes, this protocol reflects the intended outcomes we aim to capture in this trial, but it will be necessary to review these following consultation with all participating local authorities if there are issues relating to data availability. It should also be noted that if a child is referred more than once, these will be counted as separate referrals.

In assessing whether new referrals lead to no further action, this will be measured on the basis of observing this outcome within the lifetime of the delivery period (that is, by end July 2022). For some children, towards the end of the school year, it may be possible that some referrals would result in no further action after the period which we are observing in the data, but this applies equally across both treatment and control groups.

Wellbeing of DSLs will be captured through a survey of DSLs administered by the evaluation team, with post-intervention measured towards the end of the programme in June- July 2022. The wellbeing measure to be used as a secondary outcome is a measure of work-related wellbeing that has been used in previous nationally representative surveys of employees in British workplaces¹⁰ and aim to capture job-related anxiety-contentment and job-related depression-enthusiasm (Warr, 2007¹¹). These will be 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).¹² In collecting such outcome measures through a survey, it is worth noting the possibility of lower levels of response among the control group; this will need to be monitored after completion of the baseline survey, particularly as due to the need for the intervention to commence as soon as possible, the baseline survey will need to take place after randomisation.

Analysis Plan

Primary Analysis:

The estimated impact will be based on the difference between the intervention and control groups, regardless of contamination of the control schools or drop out by intervention schools. This is in order to estimate the "intention to treat" (ITT) effect.

¹⁰ van Wanrooy, B., Bewley, H., Bryson, A., Forth, J., Stokes, L. and Wood, S. (2013) *Employment Relations in the Shadow of Recession: Findings from the 2011 Workplace Employment Relations Study*, Palgrave MacMillan.

¹¹ Warr, P. (2007) *Work, Happiness and Unhappiness*, London: Taylor & Francis.

¹² To add further context, the survey also asks a set of questions relating to how the DSL feels specifically about their DSL role, including how satisfied they are in the role, and whether they perceive effects of the role on their job satisfaction and wellbeing; descriptive statistics on responses to these questions will be presented at baseline and follow-up as part of the IPE.

The analysis will be carried out using linear regression. The regression models used for the primary analysis will include controls for proportion of pupils with no further action at contact, defined as per our primary outcome measure, but based on the previous year (at school level). Given the potentially unusual nature of the previous year as a result of the Covid-19 pandemic, if data allow, we will assess sensitivity of results to using data from the preceding year as well. The models will also include a dummy variable capturing treatment allocation and strata indicators.

The equation to be estimated is: $Y_{it} = \alpha + \beta_1 Treat_i + \beta_2 Y_{it-1} + \beta_3 \gamma_i + \epsilon_{it}$

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, γ_i represents the set of stratum dummy variables and ϵ representing an error term. Errors are clustered at school level. The estimated impact is recovered from the coefficient on the treatment variable (β_1).

Statistical significance will be evaluated at the 5 percent level. We will present the distributions of our outcome variables, by both treatment and control groups, also in order to check that our proposed estimation approach remains appropriate given the distribution of the data.

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

Effect sizes will be reported, expressed as a proportion of the school-level standard deviation in the control group (Glass's Delta), as per the WWCS Evaluation Guidance.

As there is one primary outcome measure the analyses will not be subject to multiple comparison adjustments.

The report will also present the characteristics of the treatment and control groups at both randomisation and for the final analysis sample, in order to assess balance. This will be based on school characteristics (including school type, Ofsted rating, size and pupil composition) and pre-treatment outcomes.

Secondary Analysis

The analysis will be repeated for each of the secondary outcome measures 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. The same approach will effectively be adopted for analysis of DSL wellbeing, this model will control for wellbeing as measured prior to the start of the intervention (October 2021). As a number of secondary outcomes are being considered, we will adjust for multiple comparisons, using the Hochberg step-up procedure as detailed in the WWCS Statistical Analysis Guidance.

Depending on data availability, we propose two subgroup analyses:

Firstly, we will explore whether results are sensitive to the time period over which outcomes are measured. The primary analysis will focus on outcomes measured over the full intervention period, but we will 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. This would be explored both through the inclusion of an interaction term, but also through running separate models for each time period.

Secondly, we will explore whether there are differences between schools located in urban and rural areas, through the inclusion of an interaction term with treatment status in the model. This will help to inform whether there are differences according to the context in which schools and DSLs are operating.

Analysis of Harms

While it is hoped that the intervention will generate benefits, it is also of relevance to consider whether there may be unintended negative effects or potential harms as a result. Drawing on the framework set out by Lorenc and Oliver (2014)¹³ potential harms can be considered in terms of direct harms, psychological harms, equity harms, group and social harms and opportunity cost harms.

It is thought unlikely that the intervention would generate direct harm. The guidance and support is intended to improve and support decision-making and actions by DSLs. Nevertheless, the consideration of a range of outcomes in terms of contacts and referrals, will enable assessment of whether there are any signs of negative, rather than positive or null effects.

In terms of psychological harms, while the intervention aims to support the wellbeing of DSLs, it is conceivable that focusing on the role in greater depth could have the opposite effect and increase anxiety. As the evaluation is collecting information on wellbeing, it should be possible to assess this empirically. Clearly, in the light of any concerns for any participants' welfare arising during the study, this would be investigated and appropriate actions agreed by the organisations involved.

Equity harms could arise if the intervention benefits some groups more than others. Rather than being considered harmful, any evidence on whether the intervention has greater effects on particular subgroups could help inform any future implementation of the programme.

Group or social harms are perhaps less likely given the generally one-to-one nature of the intervention. However, given that multiple staff within schools are likely to contribute to the safeguarding process, it will be important to consider whether there are any harms generated to those individuals not receiving the supervision. School case studies conducted as part of the IPE will aim to explore views of multiple school staff and not just the individual receiving the supervision.

Finally, there is inevitably the potential for opportunity cost harms. The resources used to fund the intervention could potentially be used for other means; although the impact of this is extremely difficult to assess without information on how funds would otherwise have been used. It is perhaps useful though, and more practical, to consider whether those receiving the intervention felt that the benefits generated outweighed the additional time this may have required from them; this will be explored as part of the cost analysis.

Sensitivity Analysis

¹³ Lorenc, T. and Oliver, K. (2014) Adverse effects of public health interventions: a conceptual framework, *Journal of Epidemiology and Community Health* 2014;68:288–290.

As described above, our primary analysis will focus on identifying an intention to treat effect, but we will additionally test the robustness of our results to excluding any schools who drop out from receiving the intervention.

A record of attendance by DSLs at supervision sessions will be maintained by the supervising social workers. The evaluation team will use this information to explore compliance with the intervention. We will attempt to identify the impacts of attending sessions, and hence of compliance, by 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 participants in the control group, and varying between 0 and 1 for the treatment group, where participants in schools whose DSL attended no sessions are scored 0, and those that attend all sessions are scored 1. If a DSL attends half the sessions, for example, they are scored 0.5. Note that this becomes a nonexperimental analysis. We will estimate the complier average causal effect using an instrumental variables approach.

We will also run four extended versions of our primary analysis:

- a model that additionally controls for the proportion of pupils in the school eligible for free school meals
- a model that additionally includes local authority fixed effects
- a model that also controls for other school characteristics, where these are accessible through publicly available data, including school type, Ofsted rating, size and pupil composition (for example, percentage of pupils with English as an additional language).
- we will also explore whether there are differences in outcomes according to the length of time someone has held the DSL role in their school (based on information collected in the survey which uses the categories less than 1 year; 1-2 years; 3-4 years; 5-6 years; 7-9 years; 10 or more years. Depending on sample sizes, it may prove necessary to combine some of the above groups). This will be explored through the inclusion of an interaction term between length of time in the DSL role and treatment status. This will help to inform whether the benefits of supervision may differ according to experience of the DSL.

Contextual Factors Analysis

The trial is taking place in 10 local authorities across England. It will be helpful to consider how applicable the findings are likely to be for other areas. To help inform this, the final report will include some discussion of the characteristics of the participating local authorities, using, for example, published statistics by local authority on the number of assessments and referrals by children's social care services. The report will also present characteristics of participating schools by local authority, for example, the distribution of Ofsted inspection ratings.

This information will also help to aid understanding of contextual factors that may differ between the local authorities taking part in the trial. In addition, some local authorities may also be involved in multiple WWCS projects, and it will be important to explore and acknowledge this within the report.

Implementation and Process Evaluation

Aims

The overarching purpose of the implementation and process evaluation (IPE) is to show how the intervention is delivered and implemented in different Local Authorities and schools, the factors that inform this, and any perceived impact on DSL practices. In this way, the process evaluation aims to bring greater clarity to the quantitative research findings and to understand the reasons behind them. It also gathers practitioners' views on how the intervention might be improved, to inform any future delivery and rollout.

Research Questions

The IPE seeks to address the following research questions:

- **Fidelity and adaptation**
 - Is the programme delivered as intended?
 - How well is compliance/fidelity achieved?
 - Can the programme be rolled out on a larger scale, or would anything need to be adapted?
- **Programme differentiation** (what does the service structure and practice look like prior to the introduction of the model, or in control conditions?)
 - How does usual practice look prior to the intervention or compared to the control condition?
 - How do DSLs feel supported prior to the programme or compared to the control condition?
 - How was the level of stress and anxiety experienced by the DSLs prior to the intervention or compared to the control condition?
- **Reach and acceptability** (who the intervention reached and what the experience was of those delivering and receiving the intervention)
 - How are individual DSLs 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 participants DSLs engage other DSLs within the school and are they expected to?
 - What are the main barriers to attend the sessions? If compliance is not achieved, what are the reasons why? (including contextual reasons, such as Covid-19)
 - What's the experience of social workers delivering the programme? How was the intervention received by participants and by the school in general?
 - What's the experience of key stakeholders in Local Authorities 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 compared to when they had no supervision), including in assessing threshold levels of concern, managing referrals appropriately to CSC, and other issues related to supporting children and families?
 - How equipped do participating DSLs feel they are to perform their role, including any changes in their level of anxiety and stress?
 - Do school leaders and other school staff (not receiving the monthly supervision sessions) feel the intervention benefited the school?
 - Do participants feel the programme was worth their investment of time?

IPE Design Table	
Indicators	Data collection method
Research Question 1: Fidelity and adaption	
<ul style="list-style-type: none"> ○ 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? 	<p>Case study interviews, endline survey.</p> <p>Attendance data from the supervisors.</p> <p>Case study interviews, interviews with SSWs and LA stakeholders, endline survey.</p>
Research Question 2: Programme differentiation	
<ul style="list-style-type: none"> ○ How does usual practice look prior to the intervention or compared to the control condition? ○ How do DSLs feel supported prior to the programme or compared to the control condition? ○ How was the level of stress and anxiety suffered by the DSLs prior to the intervention or compared to the control condition? 	<p>Case study interviews and surveys</p> <p>Case study interviews and surveys</p> <p>Case study interviews and surveys</p>
Research Question 3: Reach and acceptability	
<ul style="list-style-type: none"> ○ How are individual DSLs 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 participants DSLs engage other DSLs within the school and are they expected to? ○ What are the main barriers to attend the sessions? If compliance is not achieved, what are the reasons why? (including contextual reasons, such as Covid-19) ○ What's the experience of social workers delivering the programme? ○ How was the intervention received by participants and by the school in general? ○ What's the experience of key stakeholders in Local Authorities delivering the programme? How does it fit into their wider support packages to schools? 	<p>Case study interviews, interviews with SSWs.</p> <p>Case study interviews, interviews with SSWs, endline survey.</p> <p>Case study interviews, interviews with SSWs, endline survey</p> <p>Interviews with SSWs.</p> <p>Case study interviews.</p> <p>Interviews with Local Authority stakeholders.</p>
Research Question 4: Mechanisms and outcomes	
<ul style="list-style-type: none"> ○ What are the perceived impacts of the intervention? ○ How well do participating DSLs feel they have performed their role, including in assessing threshold levels of concern, managing referrals 	<p>Case study interviews, surveys.</p>

appropriately to CSC, and other issues related to supporting children and families?	Case study interviews, surveys.
○ How equipped do participating DSLs feel they are to perform their role, including in noticing an improvement in their level of anxiety and stress?	Case study interviews, surveys.
○ Do participating DSLs perceive any other impacts or outcomes of the programme?	
○ Do school leaders and other school staff (not receiving the monthly supervision sessions) feel the intervention benefited the school?	Case study interviews, interviews with SSWs, interviews with Local Authority stakeholders, endline survey.
○ Do participants feel the programme was worth their investment of time?	

Methods

The IPE will include the following data collection methods:

Method	Description and sample size	Time point
Case studies	60 online or phone interviews in 30 schools (2 interviews in each)	May - July 2022
Interviews	10 online or phone interviews with senior social workers (SSWs)	May - July 2022
Interviews	10 online or phone interviews with key stakeholder in each LA	May - July 2022
Baseline survey	Online survey with all DSLs in both control and treatment schools	October/November 2021
Endline survey	Online survey with all DSLs in both control and treatment schools	June - July 2022
Observation	Observation of online Community of Practice (CoP) sessions	September 2021 - July 2022
Review materials	Review of materials, including SSW estimates of 'need' (Dec 2021) and 'engagement' (March 2022)	September 2021 - July 2022

The baseline and endline surveys of all DSLs, in both control and treatment schools, will focus on establishing existing practices and experiences among DSLs, including whether they receive, or have received, other formal or informal support, and their wellbeing and confidence in their role. It will be important to see how practice and behaviour in the control group changes over time to inform comparison. The endline survey among treatment schools will also explore experiences of the intervention among DSLs, including any self-reported changes to practices, wellbeing and confidence. Surveys will be carried out online.

The 30 school 'case studies' will involve online or phone interviews with the DSL and a senior leader (around 60 interviews in total). The interviews with DSLs will allow in-depth exploration of their experiences, in terms of compliance, implementation, and perceived outcomes. Interviews with school leaders will gather insights on previous practices and general support for the DSL, to what extent the DSL provides advice and supports other staff

on child welfare matters, as well as the school's perspective, including cost and staff time data. When the senior leader and the DSL is the same person, we will proportionally increase the sample size of case studies or interview any deputy DSLs, to reach 60 interviews in total. The case study schools will be sampled to ensure we capture potential variation across different LAs and schools with different contexts and characteristics, including school type, school size, type of area, proportion of free school meals as well as variations in 'need' and 'engagement' scores by the SSWs (these scores are described later in this section).

We will conduct online or phone interviews with all supervising social workers (10 in total) asking about recruitment, their experiences of implementation, materials and monthly sessions, including discussions about the overall support they have provided to DSLs, enabling us to triangulate findings and to explore variation across LAs. We will also interview key stakeholders within each LA (10 in total), to explore recruitment into the role of DSL supervisor, their perception of the value of the project and how the programme fits with other projects and initiatives. This stakeholder will be identified through discussion with the supervising social worker; in many cases, this is likely to be the original project lead for the local authority.

We will review relevant intervention materials. This would, if possible, include a sample of record-keeping documents between supervisors and DSLs. This would provide further insights into the implementation of support sessions. This will include devising a compliance measure through collecting the data from supervisors about attendance and regularity of sessions. We will also ask supervisors to construct an 'engagement' and 'need' score for each DSL. The supervisors will be asked to estimate each DSL's perceived 'engagement' (i.e. to what extent they were engaged during the supervision sessions and seen to be using the insights to improve their practices) on the following scale:

- 1 – good, consistent engagement;
- 2 – reasonable engagement;
- 3 – some engagement; or
- 4 – little or no engagement

In addition, each supervisor would estimate each DSL's perceived 'need' (i.e. to what extent the DSL, following the first few sessions, were perceived to be needing additional support) on the following scale:

- 1 – great need;
- 2 – reasonable need;
- 3 – some need; or
- 4 – little or no need

Both scores will be collected, through an Excel sheet, that SSWs are asked to complete. The 'need' score will be collected after DSLs have done two monthly sessions (around January 2022) and the 'engagement' score will be collected towards the end of the programme (around June - July 2022).

Analysis

Qualitative data analysis: Interviews will be digitally recorded with the agreement of participants and transcribed verbatim. We will analyse the data using a 'framework' approach, drawing themes and messages from an analysis of interview transcripts and

review of other materials collected by evaluation and project teams. The sampling of case study schools will be designed to ensure we capture potential variation across different LAs and schools with different contexts and characteristics. However, the findings may not, therefore, necessarily reflect the views of the wider population of treatment schools, but instead provide in-depth insights into the range and diversity of views, and the experiences of participants in the programme. The findings of the IPE will be presented with these strengths and limitations in mind.

Analysis of survey data: Survey data will be analysed separately for control and treatment groups and the analysis will include exploration of change over time between the baseline and endline surveys. Where appropriate, comparisons will be made between results for control and treatment groups. The survey data will be analysed using descriptive analysis.

Cost Evaluation

Data for the cost evaluation will be collected from the participating LAs, schools and WWCS.

We will consider costs according to the cost categories specified in the WWCS cost analysis guidance; namely staff costs for implementation; facilities, equipment and materials; and other programme costs. Costs relating solely to the evaluation will not be included.

We will identify direct costs, for example, the cost of funding the Supervising Social Worker's time and travel costs for delivering supervision sessions (where applicable). We will also explore whether there are hidden costs, for example, if more time was required from the social worker than planned, or if any other costs such as printing materials or providing resources were incurred.

While costs will primarily be reported from the perspective of the local authorities, we will also explore costs from the perspective of schools and document the time that is required from DSLs in participating. It will be important to consider this in the context of how the programme may have affected overall time on their DSL role; while attending supervision sessions requires time, if this improves confidence and decision-making, it could possibly reduce overall time on DSL duties. We will also consider whether there are any pre-requisites, such as providing a suitable space for supervision to take place.

We will obtain information on costs by working with the LAs to understand expenditure on the intervention. In addition, the interviews and surveys that form part of the IPE will provide a further opportunity to explore costs, particularly from the perspective of DSLs, supervising social workers and schools.

The information gathered will be combined to produce estimates of cost per school and cost per pupil. In estimating annual costs, it will also be critical to understand whether the programme would be intended as a one-off, or whether it would continue on an ongoing basis (and if so, whether the format may change after the first year). This will also entail considering which costs may be start-up costs and which would be incurred on a recurring basis.

It will also be important to understand expectations about how the programme may be funded if it were to be rolled out more widely, and whether this would be a service paid for by schools, or provided by LAs. While the evaluation will estimate the cost of the intervention as delivered in the trial, it will be important to understand any expectations about how this could change if repeated in future.

Our cost analysis will focus on a financial analysis, providing information on the costs of the intervention. At this stage, we anticipate that monetising benefits would be challenging and thus anticipate focusing on a financial analysis, rather than a value for money (VFM) analysis, but will explore the potential for additionally undertaking a VFM analysis during the evaluation.

Risks

Risk	Mitigation
Difficulties engaging schools, which may reduce anticipated number of schools receiving the intervention, and/or the duration of the intervention, if schools come on board later than anticipated (medium):	Support given to LAs to help with engagement of schools, based on lessons learned from previous DSL trials (for example, templates for initial letters to schools)
Difficulties in obtaining necessary data, especially where data collection systems differ across LAs (medium-high)	Early discussions with each LA to understand data that is held/can be shared. Most attention will focus on obtaining accurate data for the primary outcome.
Defining the intervention/consistency across LAs (medium)	Induction sessions and provision of guidance to supervisors to outline key features of the supervision programme. The IPE will also seek to capture variation in implementation.
Contamination across intervention and control groups (low)	The school-based nature of the intervention should mean that contamination is minimised, but we cannot rule out the possibility that schools share information with one another. The importance of maintaining treatment and control groups will be clearly communicated to LAs.
Reluctance of schools to participate in surveys and interviews (medium)	The requirements of the evaluation will be clearly communicated to schools. Surveys and interviews will be designed to be as short as feasible to minimise burden wherever possible. We will work flexibly to accommodate the schedules of interviewees wherever possible.

Ethics & Participation

We take seriously the ethical issues raised in the research. NIESR adheres to the Ethics Guidelines of the Social Research Association. An ethics application describing the evaluation was prepared by the evaluation team and granted approval by the NIESR Research Ethics Committee in August 2021.

Each participating local authority is co-ordinating the recruitment of schools within its area. Local authorities were provided with an initial template letter for local authorities to distribute to schools. Further information will also be provided to LAs to distribute to schools, explaining the evaluation and what it involves. Schools are able to withdraw from the evaluation.

Ethical issues and mitigations include:

- The research involves randomisation: as the local authorities are providing the intervention to schools, it is considered that the local authority can take the decision to randomly allocate schools to receive the supervision or not. Information is provided to schools explaining what the evaluation involves, why this involves randomisation and what this means. Schools are also able to withdraw from being part of the evaluation.
- The research involves information about children and young people under the age of 18: the study does not involve direct contact with this group, but it will use data collected on their contact and outcomes with the social care system (and it is important to note the sensitive nature of any data relating to children's contact with the social care system and outcomes) This information will come from administrative data provided by the local authority in an anonymised form; furthermore, it will be aggregated so that data are provided at school level, or for groups within schools. Nevertheless, it is still important to be aware of the risks of identification given the sensitive nature of the data. All data will be handled in accordance with the NIESR

Data Security Policy. No individuals will be identified in the evaluation report or in any other outputs arising from the project

- The evaluation will collect data on wellbeing of DSLs, which could be considered sensitive: It will be emphasised to DSLs that they are able to withdraw from the research at any time and do not need to answer any questions they feel uncomfortable with. They will also be given reassurance regarding the confidentiality of the information provided, and that once collected, data will be anonymised in the analysis, and no individual or school will be identified in any reporting.
- Protecting participants from harm: it is possible, although considered unlikely, that discussions with DSLs regarding their experiences could raise issues which are sensitive or upsetting for the DSL. An approach for how any such incidents should be handled will be agreed among the team and we will identify potential resources to which the individual could be directed for support, in the unlikely event of this occurring. More generally, the evaluation will inevitably place some burdens on participants but schools will be informed of what the project entails before agreeing to take part, and wherever possible the study design aims to minimise burden on participants.

The evaluation will require the use of some personal data, although it is anticipated this will be limited to contact details of DSLs and any other school staff required in order to facilitate the intervention; this is discussed separately under data protection.

Registration

The trial will be registered on the Open Science Framework (OSF).

Data Protection

Our data protection statement for all research projects is available on the WWCS website. The Data Protection Statement is not the Data Protection Notice, this is provided to all research participants at the point of data collection unless data is collected indirectly from a participant. In all cases, a project specific Data Protection Notice is published and accessible on relevant project team websites.

Regulatory framework	
Relevant legislation	UK Data Protection Act 2018 (DPA) UK General Data Protection Regulation (GDPR)
Data Protection Identifier (DPID)	#2116, #2119, #2120, #2121, #2122, #2123
DPIA outcome/ risk level	Low
Type of data processing	Research activities in accordance to the remit of this protocol document.
Categories of data subjects	Nominated Employees (Designated Safeguarding Leads) Other relevant school staff Supervising social worker Other relevant local authority staff Research project team personal data.

Privacy notice	https://www.niesr.ac.uk/wp-content/uploads/2021/09/Data-Privacy-Notice-2121-DSL-FINAL.pdf
Personal data	
Lawful basis	<p>Processing is necessary for the performance of a task carried out in the public interest (GDPR Article 6.1(e))</p> <p>The legitimate interest of the Data Controller (GDPR Article 6.1(f)).</p>
Justification for the lawful basis	<p>The parties shall rely on GDPR Article 6.1(e) "Public task" as a lawful basis for the purposes of:</p> <ul style="list-style-type: none"> ● Conducting research on the monthly supervision sessions for the Nominated Employee and assess whether there is an improvement to the wellbeing of the Nominated Employee and understand if there is a change in the frequency and type of social care referrals by schools. ● Conducting the project evaluation based on the data provided. <p>The parties shall rely on GDPR Article 6.1(f) "Legitimate Interest" as a lawful basis for processing in accordance with the following processing activities as stated in the Data Privacy Notice shared with data subjects:</p> <ul style="list-style-type: none"> ● To request "informed consent" for participation as part of ethical research practices. ● For NIESR or the Local Authority to contact data subjects to participate in an interview as part of the evaluation. ● For NIESR or the Local Authority to send data subjects invitations to complete surveys as part of the evaluation. ● To transcribe the audio captured from any recorded interviews with data subjects. ● To identify whether a data subject has agreed to participate in a survey. ● To identify a data subject's data, which would be deleted where possible, should a data subject no longer agree to have their data processed for the purpose of conducting the evaluation.
Special category data	
Lawful basis	Archiving, research and statistics (GDPR Article 9 (2) (j)) in accordance with the conditions of the UK Data Protection Act 2018 Schedule 1 Part 1.
Justification for the lawful basis	Our condition for processing special category personal data (wellbeing of DSLs) is that this is necessary for scientific research purposes and is in the public interest. In particular, these data will allow us to evaluate whether the programme has an impact on the wellbeing of DSLs.
Roles	
Data controller(s)	<p>WWCSC (Joint controller)</p> <p>NIESR (Joint controller)</p> <p>Each participating local authority (in respect of data</p>

	relating to their own local authority) (Independent controller(s))
Data processor(s)	Transcription services
Data sharing mode	The mode of sharing may vary by local authority, and may include secure email or password protected files; the exact means of transfer will be agreed between the parties sharing data by means of a signed Data Sharing Agreement. Technical and organisational measures for data protection compliance shall be adhered to for any transfers.
Archiving	
Archiving	Y
Archive used for this project	WWCSC archive instance in the Office for National Statistics Secure Research Service ("WWCSC Data Archive")
Linking to NPD and use of SRS	
Name of the organisation(s) submitting data to the NPD team	Not applicable
Name of the organisation(s) accessing the matched NPD data	Not applicable
Retention and Destruction	
Expected date of report publication	Early 2023
Retention Notice displayed to Data Subjects within the Data Protection Notice.	<p>Aside from storing data in the WWCSC data archive, described above, personal data will be retained for up to 6 months after the end of the research study which is currently scheduled for 31/12/2022.</p> <p>This is dependent on any potential extension to the delivery of this programme. Where this happens the latest date for deletion of data, outside of the data that has been archived, will be 30/06/27 or 5 years from the delivery of the final report, whichever is earlier.</p> <p>Archived data within the ONS Secure Research Service shall remain in an anonymised form within the archive for an indefinite period of time.</p>

Personnel

Delivery team:

- What Works for Children's Social Care. Wilson Litchmore and Bolton Council in a consultancy role for manual and resource development

Evaluation team:

The evaluation team comprises

- Lucy Stokes (Principal Economist, NIESR)
- Chiara Manzoni (Senior Social Researcher, NIESR)

- Johnny Runge (Senior Social Researcher, NIESR)
- Katharine Stockland (Senior Social Researcher, NIESR)
- Janine Boshoff (Economist, NIESR)
- Lei Xu (Economist, NIESR)
- Claudine Bowyer-Crane (Associate Research Director, NIESR)
- Richard Dorsett (Professor of Economic Evaluation, University of Westminster, and NIESR Fellow)

The evaluation will be led by Lucy Stokes, who will have overall responsibility for the project, leading on the design, analysis and reporting. Chiara Manzoni and Johnny Runge will co-lead the implementation and process evaluation. Janine Boshoff will work on the impact and cost analysis; Claudine Bowyer-Crane will provide expert input on design and reporting. Richard Dorsett will act as an expert advisor to the team.

Timeline

A timeline for the evaluation is provided in the table below.

Note that in addition to the evaluation report, there will be a separate report on issues around domestic abuse, from the perspective of DSLs. This will draw on the same interviews that form part of the qualitative component of the evaluation, along with the endline survey, and will explore specific themes relating to domestic violence, such as how confident DSLs feel in identifying and responding to situations involving domestic abuse. This separate report will bring together findings from across both primary and secondary schools. The nature of the sample means that the findings cannot be considered to be representative, but will nevertheless provide insights into DSLs' views and experiences.

Dates	Activity	Staff Responsible/ Leading
Jul-Aug 2021	Recruitment of schools and social workers	LAs
Sep 2021	Randomisation	NIESR
Oct/Nov 2021	Baseline survey of DSLs	NIESR
Sep 2021-Jul 2022	Delivery of supervision programme	LAs
Jun - Jul 22	School case studies; interviews with supervising social workers and key LA stakeholders	NIESR
Jun-Jul 22	Follow-up survey of DSLs	NIESR
Jul-Aug 22	Collection of administrative data on outcomes from LAs	NIESR and LAs
Nov 22	Evaluation report submitted	NIESR

Designated Safeguarding Leads (DSL) group supervision in secondary schools

Intervention Developer	What Works for Children's Social Care, working with Bolton Council
Delivery Organisations	What Works for Children's Social Care
Evaluator	National Institute of Economic and Social Research
Principal Investigator	Lucy Stokes
Protocol Author(s)	Lucy Stokes, Johnny Runge, Chiara Manzoni, Claudine Bowyer-Crane
Type of Trial	Cluster randomised trial, randomised at school level
Age or Status of Participants	Designated safeguarding leads (DSLs) in secondary schools
Number of Participating Sites	308 schools across 11 local authorities
Number of Children and Families	Approximately 333,000 children attend these 308 schools
Primary Outcome(s)	Proportion of pupils for whom a contact is made by a school resulting in no further action (at point of contact) (measured at school level)
Secondary Outcome(s)	Contacts from schools; Referrals; Referrals resulting in no further action; Contacts from all sources; (all measured at school level, as a proportion of pupils) DSL wellbeing
Contextual Factors	The trial is taking place in eleven local authorities across England. The report will present selected characteristics for the participating local authorities, including school characteristics, to help understand the differing area contexts, as well as aiding understanding of how applicable results may be for other areas.

Summary

This trial aims to establish the impact of providing a supervising social worker to provide supervision to Designated Safeguarding Leads (DSLs) in secondary schools, using a group supervision model. The evaluation comprises a randomised controlled trial, along with an implementation and process evaluation, and analysis of costs. The intervention will be

delivered to schools from September 2021 to July 2022. The final evaluation report will be submitted in November 2022.

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Background and Problem Statement

This trial aims to establish the impact of providing a designated social worker to supervise Designated Safeguarding Leads (DSLs) in secondary schools.

DSLs are responsible for safeguarding and child protection in schools, and are expected to: manage referrals; act as a liaison with safeguarding partners including local authority case managers, head teachers and other school staff; undergo specialist training; raise awareness; and maintain child protection files.

Although the role can involve having to make difficult decisions about vulnerable children in often complex circumstances, anecdotally at least, the provision of formal supervision for DSLs can be limited. In this project, each local authority will assign a dedicated Supervising Social Worker to supervise DSLs to support children and families more effectively, and with the aim of improving the appropriateness and quality of contacts to children's social care. It is also hoped that the intervention will result in increased confidence in decision-making and reduced anxiety among DSLs. Supervision will follow a group supervision model, with sessions taking place on a monthly basis. The intervention being evaluated in this trial (described in more detail below) was originally developed by Bolton Council, though the group supervision element is new. This study builds on a pilot study providing individual supervision to DSLs in primary schools in Bolton in 2019/20¹; while this did not find a statistically significant impact on the measured outcomes, it showed some evidence of promise; furthermore, fewer sessions were delivered than originally intended. Related work evaluating similar programmes of DSL supervision in secondary schools is also ongoing; comprising individual supervision in local authorities in Greater Manchester² and a new trial operating in parallel to this new study providing individual supervision in primary schools. Further trials focused on supervising DSLs to address child sexual abuse in schools are also beginning in the same academic year.

Intervention and Theory of Change

Name: DSL group supervision in secondary schools

This programme offers formal supervision sessions for DSLs in the selected secondary schools in participating local authorities. DSLs are the members of staff in each school tasked with the lead responsibility for safeguarding and protection of young people, which includes responsibility for referring cases that meet threshold levels of concern on to children's social care (CSC). This programme builds on the initial pilot programme delivered to primary schools in Bolton in 2019-20, as well as an ongoing programme of individual supervision in secondary schools in Greater Manchester.

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. 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...'.³ Further guidance such as 'Working Together to

¹

<https://whatworks-csc.org.uk/research-report/supervision-of-designated-safeguarding-leads-in-primary-schools-in-bolton/>

²

<https://whatworks-csc.org.uk/research-project/supervision-for-designated-safeguarding-leads-scale-up/>

³ Department for Education (September 2019). *Keeping children safe in education: Statutory guidance for schools and colleges*.

Safeguard Children' 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.'⁴

Despite this guidance, many DSLs do not receive formal supervision to support them specifically with their child safeguarding responsibilities and are often ill equipped and undertrained to carry out their role most effectively. DSLs support children in challenging and complex circumstances, and this can often be stressful, challenging and emotionally taxing for the DSLs themselves.⁵

Supervision

Supervision is defined by this programme as an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice. 'Supervision aims to identify solutions to problems, improve practice and increase understanding of professional issues'.⁶ It serves to manage the emotional demands of the work, maintain relationships, and make difficult judgements and decisions often in light of conflicting information.⁷ Supervision serves to reflect critically on one's own practice, receive emotional support, and to develop skills, knowledge and an increased understanding of the mechanisms of children's social care threshold limits and processes.

Aim of programme

The aims of the intervention are to:

- Improve knowledge and understanding of children's social care processes and issues, resulting in reductions in inappropriate contacts to children's social care.
- Reduce DSL stress and anxiety, resulting in reduced rates of DSL burnout and turnover

Materials

What Works Children's Social Care has worked with Bolton CSC to develop a manual for the Supervision of DSLs programme, building on materials originally developed for the pilot programme in primary schools. This 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. Evidence suggests that partnerships that enter into a formal agreement tend to be more sustainable. 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

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835733/Keeping_children_safe_in_education_2019.pdf

⁴ HM Government (July, 2018). *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children.*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

⁵ See for example: <https://www.tes.com/news/wellbeing-who-safeguards-safeguarding-leads>

⁶ UKCC (1996). *Position Statement on Clinical Supervision for Nursing and Health Visiting.* London: United Kingdom Central Council for Nursing, Midwifery and Health Visiting.

⁷ Wonnacott, J. (2012). *Mastering social work supervision.* London: Jessica Kingsley

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

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

Procedure:

1. Initial supervision dates agreed between DSL and supervisor. Further supervision appointments to be scheduled in advance where possible;
2. Supervision contracts (including the memorandum of understanding) signed, and decisions to agree how to move forward;
3. DSLs to attend group supervision sessions. A minimum of one session, and a likely maximum of around 10 sessions within the timeframe of the trial (September 2021 – July 2022). Sessions would be intended to take place on a roughly monthly basis.
4. DSLs to reach out if need for further informal supervision.
5. DSLs and supervisors expected to keep a record of sessions attended - logging these into the contact log, preparing and completing worksheets as necessary.

Who

Each participating local authority is recruiting an experienced social worker to provide the supervision. This supervising social worker will also be in charge of scheduling sessions, and ensuring the programme moves forward as expected. The supervisors will receive training in delivering group supervision, provided by a team at the University of Sussex.

Supervision will be undertaken with school DSLs, in a group supervision model. All DSLs within a school will be invited to participate.

How

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

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

Where

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

When

The formal supervision sessions should take place at regular monthly intervals (every 4-6 weeks), for a maximum of 2 hours at a time. Sessions will be offered between September 2021 and July 2022.

Tailoring/adaptation

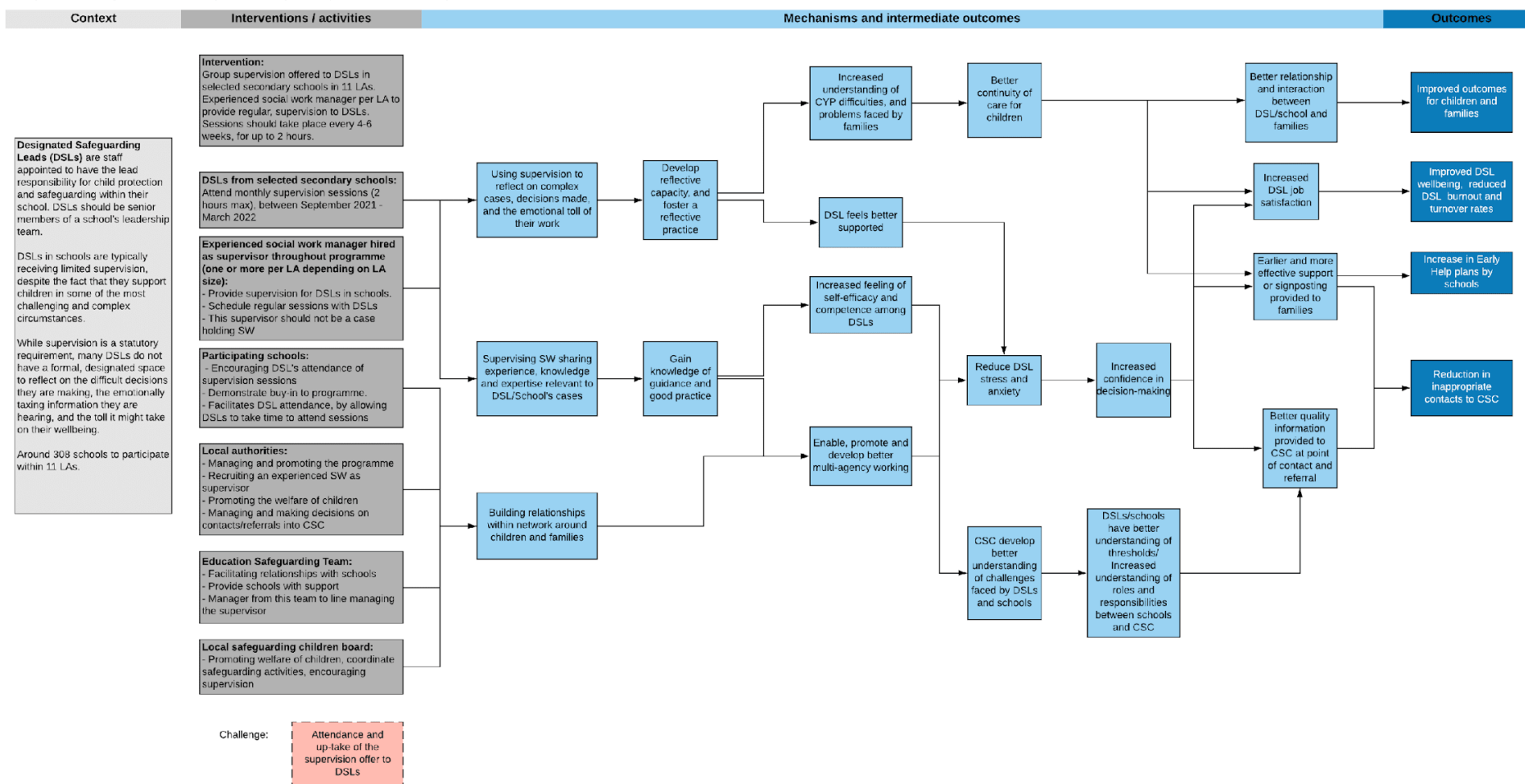
Given the nature of supervision, the content of the sessions will be tailored to the needs of each school, however the format and style of sessions will remain constant throughout.

Logic model

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

Figure 1: Logic model

Logic model: Supervision of Designated Safeguarding Leads in secondary schools



Impact Evaluation

Research Questions

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

The key questions to address here are whether contacts are being made for the right children, 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.

One way of capturing appropriate contacts is to consider these as appropriate where these lead to referral or some form of further action (or conversely, as "inappropriate" where these do not lead to any further action). We use this as the basis for our primary outcome, to explore whether there is a change in contacts not leading to referral or further action. It is also worth noting the distinction made between contacts and referrals. An initial contact is 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 the social worker or manager considers 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. In the preliminary stages of the project it will be important to clarify definitions around contacts and referrals in each participating LA, as definitions and processes may differ between local authorities.

One weakness of such a 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. To address this, while the main focus of our research questions will be on contacts made by schools, as this is where we would anticipate that the programme would have the most impact (RQ1-RQ4), we propose also exploring whether there is any change in contacts made from all sources, not just those made by schools, as an additional research question (RQ5). The primary research question this evaluation is therefore designed to answer is:

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

The evaluation will also 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?
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 schools 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? 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?

It should be noted that the ability to address the research questions above clearly depends on being able to access the necessary data. This protocol reflects the intended questions we aim to address in this trial, but it may be necessary to review these following consultation with all participating local authorities, if there are issues relating to data availability. If changes are required as a result, these will be documented in an update to the trial protocol prior to analysis.

Design

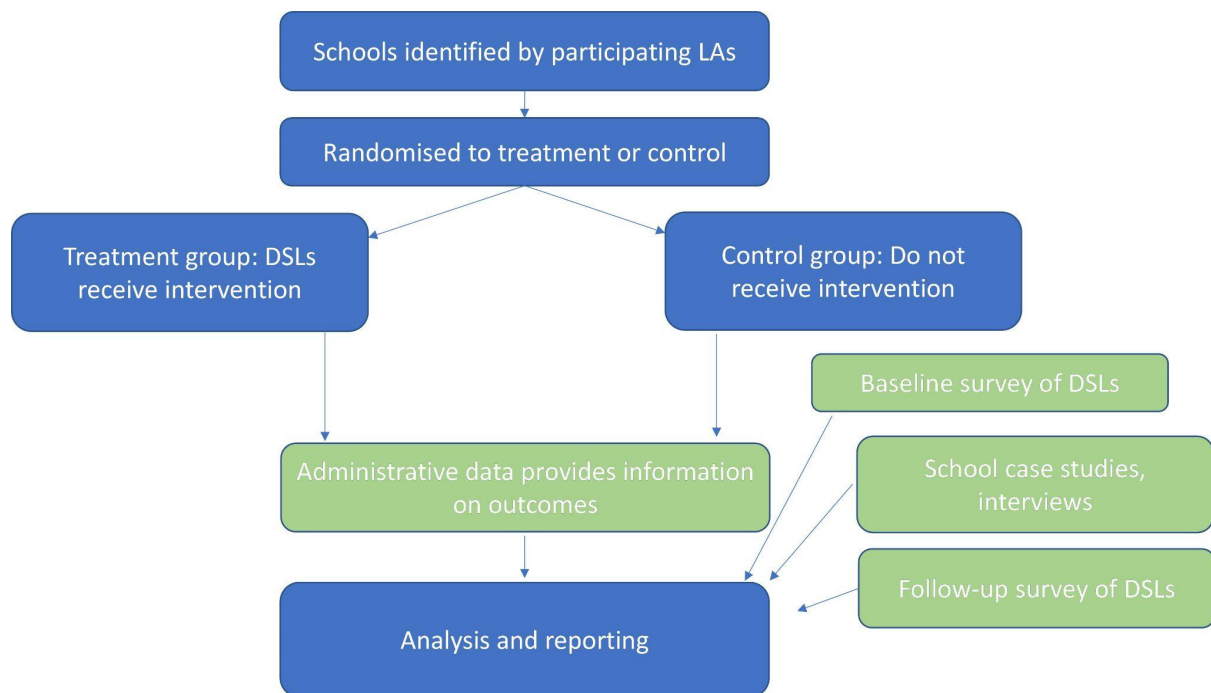
Trial type and number of arms		2-armed randomised trial
Unit of randomisation		School
Stratification variables (if applicable)		Local authority and proportion of pupils in school eligible for FSM
Primary outcome	Variable	Proportion of pupils for whom a new contact is made by a school which results in no further action (at the point of contact)
	Measure (instrument, scale)	Local authority administrative data
Secondary outcome(s)	Variable(s)	Proportion of pupils for whom new contact is made by a school; Proportion of pupils for whom new referral is made; Proportion of pupils for whom new referral leads to no further action (by end of delivery period); Proportion of pupils for whom new contact is made (all sources); DSL wellbeing
	Measure(s) (instrument, scale)	Wellbeing: pre and post intervention surveys of DSLs All other outcomes: local authority administrative data

The evaluation will be conducted as a randomised control trial. There will be two trial arms; receiving the supervision and not receiving the supervision. Randomisation will take place at school level with approximately half of schools being allocated to the treatment group (receiving the support of the designated Supervising Social Worker) and half to the control group (who would not receive this support).

The primary outcome for the trial will be the proportion of pupils for whom a new contact is made that does not lead to further action. The secondary outcomes to be considered are; new contacts (RQ2), new referrals to social care (RQ3), referrals resulting in no further

action (RQ4), contacts made from all sources (RQ5) and DSL wellbeing (RQ7) (with all except DSL wellbeing measured as a proportion of pupils). We describe these outcomes in greater detail in the section on outcome measures below. Data on all outcomes will be obtained from administrative data held by the local authorities, except for wellbeing which will be collected through surveys administered by the evaluation team, pre and post intervention.

The diagram below summarises the key stages of the trial (data collection points are shaded in green, please note this includes data collection for both the impact evaluation and the implementation and process evaluation):



Randomisation

Schools will be randomised within blocks defined on the basis of local authority and the proportion of children eligible for free school meals within each school (FSM). Two FSM groups will be determined: 'high' and 'low' – with schools ranked by the proportion of pupils eligible for FSM, with thresholds for the 'high' and 'low' groups then chosen so that half of all schools within each local authority fall into each group. This blocking is used in order to reduce the risk of imbalance between the treatment and control groups when randomising schools. Stratifying on the basis of previous social care activity may have been beneficial, but due to the timeframe within which randomisation needs to take place, it is necessary to make use of readily available data.

Randomisation of schools, to achieve a 50:50 allocation, will be performed as follows:

Each school will be assigned a randomly generated number;

- Schools will be sorted by block and random number
- The first school will be randomised to treatment or control
- Each subsequent school will be assigned to have the opposite allocation of the previous school.

The randomisation process will be recorded in the syntax and log files used to carry out the randomisation. Analysts will not be blind to group allocation.

Participants

Eleven local authorities across England are participating, with all mainstream secondary schools located within these local authorities eligible to take part. A list of schools will be identified by each participating local authority; all will be expected to participate in the trial unless the school declines. The nature of the intervention is such that it potentially applies to all children within all schools, thus all children within selected schools will be included in our sample.

Sample Size / Minimum Detectable Effect Size Calculations

MDES (Proportion of a Standard Deviation)		0.3
Proportion of Variance in Outcome Explained by Covariates ⁸ (R ²)	School	0.2
Intraclass Correlation Coefficient (ICCs)	School	-
Alpha		0.05
Power		0.8
One-Sided or Two-Sided? ⁹		Two-sided
Level of Intervention Clustering		School
Average Cluster Size (if Cluster-Randomised)*		1083
Sample Size	Intervention	154
	Control	154
	Total	308

*this is the average number of pupils per school

The sample size for this trial is set by the number of schools within the participating local authorities. For the purpose of the power calculations, it is assumed that 308 schools will take part. The MDES is therefore determined by the maximum available sample (and also assumes no attrition by the point of analysis). We assume the proportion of variance in the outcome explained by the covariates to be 0.2, in line with the estimate obtained in the original Bolton study for primary schools.. Based on the assumptions made above, the MDES stands 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.

⁸ This includes, and will most likely be most influenced by, a baseline measure of the outcome.

⁹ By default we would recommend two-sided tests.

Outcome Measures

The primary outcome will be the number of new contacts made (at school level) which result in no further action (at the point of contact) as a proportion of the number of pupils between September 2021 and July 2022. For clarity, this will be calculated as the total number of new contacts per school made between September 2021 and July 2022, divided by the number of pupils in that school.

Secondary outcomes will be:

- New initial contacts with the social care system, 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

With the exception of DSL wellbeing, information on both primary and secondary outcomes will be obtained from administrative data that is already routinely collected by the participating local authorities. These will all be assessed for the same time period as for the primary outcome measure. It should be noted that for all outcomes, this protocol reflects the intended outcomes we aim to capture in this trial, but it will be necessary to review these following consultation with all participating local authorities if there are issues relating to data availability. It should also be noted that if a child is referred more than once, these will be counted as separate referrals.

In assessing whether new referrals lead to no further action, this will be measured on the basis of observing this outcome within the lifetime of the delivery period (that is, by end July 2022). For some children, towards the end of the school year, it may be possible that some referrals would result in no further action after the period which we are observing in the data, but this applies equally across both treatment and control groups.

Wellbeing of DSLs will be captured through a survey of DSLs administered by the evaluation team, with post-intervention measured towards the end of the programme in June-July 2022. The wellbeing measure to be used as a secondary outcome is a measure of work-related wellbeing that has been used in previous nationally representative surveys of employees in British workplaces¹⁰ and aim to capture job-related anxiety-contentment and job-related depression-enthusiasm (Warr, 2007¹¹). The questions underlying these measures can be found in the baseline survey (Appendix D, Q8). These will be 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).¹² In collecting such outcome measures through a survey, it is worth noting the possibility of lower levels of response among the control group; this will need to be monitored after completion of the baseline survey, particularly as due to the need for the intervention to commence as soon as possible, the baseline survey will need to take place after randomisation.

¹⁰ van Wanrooy, B., Bewley, H., Bryson, A., Forth, J., Stokes, L. and Wood, S. (2013) *Employment Relations in the Shadow of Recession: Findings from the 2011 Workplace Employment Relations Study*, Palgrave MacMillan.

¹¹ Warr, P. (2007) *Work, Happiness and Unhappiness*, London: Taylor & Francis.

¹² To add further context, the survey also asks a set of questions relating to how the DSL feels specifically about their DSL role, including how satisfied they are in the role, and whether they perceive effects of the role on their job satisfaction and wellbeing; descriptive statistics on responses to these questions will be presented at baseline and follow-up as part of the IPE.

Analysis Plan

Primary Analysis:

The estimated impact will be based on the difference between the intervention and control groups, regardless of potential contamination of the control schools or drop out by intervention schools. This is in order to estimate the “intention to treat” (ITT) effect.

The analysis will be carried out using linear regression. The regression models used for the primary analysis will include controls for proportion of pupils with no further action at contact, defined as per our primary outcome measure, but based on the previous year (at school level). Given the potentially unusual nature of the previous year as a result of the Covid-19 pandemic, if data allow, we will assess sensitivity of results to using data from the preceding year as well. The models will also include a dummy variable capturing treatment allocation and strata indicators.

The equation to be estimated is: $Y_{it} = \alpha + \beta_1 Treat_i + \beta_2 Y_{it-1} + \beta_3 \gamma_i + \varepsilon_{it}$

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, γ_i represents the set of stratum dummy variables and ε representing an error term. Errors are clustered at school level. The estimated impact is recovered from the coefficient on the treatment variable (β_1).

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

Effect sizes will be reported, expressed as a proportion of the school-level standard deviation in the control group (Glass’s Delta), as per the WWCSO Evaluation Guidance.

As there is one primary outcome measure the analyses will not be subject to multiple comparison adjustments.

The report will also present the characteristics of the treatment and control groups at both randomisation and for the final analysis sample, in order to assess balance. This will be based on school characteristics (including school type, Ofsted rating, size and pupil composition) and pre-treatment outcomes.

Secondary Analysis

The analysis will be repeated for each of the secondary outcome measures 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. The same approach will effectively be adopted for analysis of DSL wellbeing, this model will control for wellbeing as measured prior to the start of the intervention (October 2021). As a number of secondary outcomes are being considered, we will adjust for multiple comparisons, using the Hochberg step-up procedure as detailed in the WWCSO Statistical Analysis Guidance.

Depending on data availability, we propose two subgroup analyses:

Firstly, we will explore whether results are sensitive to the time period over which outcomes are measured. The primary analysis will focus on outcomes measured over the full intervention period, but we will 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. This would be explored both through the inclusion of an interaction term, but also through running separate models for each time period.

Secondly, we will explore whether there are differences between schools located in urban and rural areas, through the inclusion of an interaction term with treatment status in the model. This will help to inform whether there are differences according to the context in which schools and DSLs are operating.

Analysis of Harms

While it is hoped that the intervention will generate benefits, it is also of relevance to consider whether there may be unintended negative effects or potential harms as a result. Drawing on the framework set out by Lorenc and Oliver (2014)¹³, potential harms can be considered in terms of direct harms, psychological harms, equity harms, group and social harms and opportunity cost harms.

It is thought unlikely that the intervention would generate direct harm. The guidance and support is intended to improve and support decision-making and actions by DSLs. Nevertheless, the consideration of a range of outcomes in terms of contacts and referrals, will enable assessment of whether there are any signs of negative, rather than positive or null effects.

In terms of psychological harms, while the intervention aims to support the wellbeing of DSLs, it is conceivable that focusing on the role in greater depth could have the opposite effect and increase anxiety. As the evaluation is collecting information on wellbeing, it should be possible to assess this empirically. Clearly, in the light of any concerns for any participants' welfare arising during the study, this would be investigated and appropriate actions agreed by the organisations involved.

Equity harms could arise if the intervention benefits some groups more than others. Rather than being considered harmful, any evidence on whether the intervention has greater effects on particular subgroups could help inform any future implementation of the programme.

Group or social harms are perhaps less likely given the generally one-to-one nature of the intervention. However, given that multiple staff within schools are likely to contribute to the safeguarding process, it will be important to consider whether there are any harms generated to those individuals not receiving the supervision. School case studies conducted as part of the IPE will aim to explore views of multiple school staff and not just the individual receiving the supervision.

Finally, there is inevitably the potential for opportunity cost harms. The resources used to fund the intervention could potentially be used for other means; although the impact of this is extremely difficult to assess without information on how funds would otherwise have been used. It is perhaps useful though, and more practical, to consider whether those receiving the intervention felt that the benefits generated outweighed the additional time this may have required from them; this will be explored as part of the cost analysis.

¹³ Lorenc, T. and Oliver, K. (2014) Adverse effects of public health interventions: a conceptual framework, *Journal of Epidemiology and Community Health* 2014;68:288–290.

Exploratory Analysis

As described above, our primary analysis will focus on identifying an intention to treat effect, but we will additionally test the robustness of our results to excluding any schools who drop out from receiving the intervention.

A record of attendance by DSLs at supervision sessions will be maintained by the supervising social workers. The evaluation team will use this information to explore compliance with the intervention. We will attempt to identify the impacts of attending sessions, and hence of compliance, by 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 participants in the control group, and varying between 0 and 1 for the treatment group, where participants in schools whose DSL attended no sessions are scored 0, and those that attend all sessions are scored 1. If a DSL attends half the sessions, for example, they are scored 0.5. Note that this becomes a nonexperimental analysis. We will estimate the complier average causal effect using an instrumental variables approach.

We will also run four extended versions of our primary analysis:

- a model that additional controls for the proportion of pupils in the school eligible for free school meals
- a model that additionally includes local authority fixed effects
- a model that also controls for other school characteristics, where these are accessible through publicly available data, including school type, Ofsted rating, size and pupil composition (for example, percentage of pupils with English as an additional language).
- we will also explore whether there are differences in outcomes according to the length of time someone has held the DSL role in their school (based on information collected in the survey which uses the categories less than 1 year; 1-2 years; 3-4 years; 5-6 years; 7-9 years; 10 or more years. Depending on sample sizes, it may prove necessary to combine some of the above groups). This will be explored through the inclusion of an interaction term between length of time in the DSL role and treatment status. This will help to inform whether the benefits of supervision may differ according to experience of the DSL.

Contextual Factors Analysis

The trial is taking place in eleven local authorities across England. It will be helpful to consider how applicable the findings are likely to be for other areas. To help inform this, the final report will include some discussion of the characteristics of the participating local authorities, using, for example, published statistics by local authority on the number of assessments and referrals by children's social care services. The report will also present characteristics of participating schools by local authority, for example, the distribution of Ofsted inspection ratings.

This information will also help to aid understanding of contextual factors that may differ between the local authorities taking part in the trial. In addition, some local authorities may also be involved in multiple WWCS projects, and it will be important to explore and acknowledge this within the report.

Implementation and Process Evaluation

Aims

The overarching purpose of the implementation and process evaluation (IPE) is to show how the intervention is delivered and implemented in different Local Authorities and schools, the factors that inform this, and any perceived impact on DSL practices. In this way, the process evaluation aims to bring greater clarity to the quantitative research findings and to understand the reasons behind them. It also gathers practitioners' views on how the intervention might be improved, to inform any future delivery and rollout.

Research Questions

The IPE seeks to address the following research questions:

- **Fidelity and adaptation**
 - Is the programme delivered as intended?
 - How well is compliance/fidelity achieved?
 - Can the programme be rolled out on a larger scale, or would anything need to be adapted?
- **Programme differentiation** (what does the service structure and practice look like prior to the introduction of the model, or in control conditions?)
 - How does usual practice look prior to the intervention or compared to the control condition?
 - How do DSLs feel supported prior to the programme or compared to the control condition?
 - How was the level of stress and anxiety experienced by the DSLs prior to the intervention or compared to the control condition?
- **Reach and acceptability** (who the intervention reached and what the experience was of those delivering and receiving the intervention)
 - How are school staff chosen to receive the support sessions, and what are their characteristics and role in terms of the wider DSL structure within the school?
 - To what extent are DSLs engaged in the programme, and what are the main barriers? To what extent do participants engage other school staff within the school and are they expected to?
 - What are the main barriers to attend the sessions? If compliance is not achieved, what are the reasons why? (including contextual reasons, such as Covid-19)
 - What's the experience of social workers delivering the programme? How was the intervention received by participants and by the school in general?
 - What's the experience of key stakeholders in Local Authorities 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 compared to when they had no supervision), including in assessing threshold levels of concern, managing referrals appropriately to CSC, and other issues related to supporting children and families?
 - How equipped do participating DSLs feel they are to perform their role, including any changes in their level of anxiety and stress?
 - Do school leaders and other school staff (not receiving the monthly supervision sessions) feel the intervention benefited the school?
 - Do participants feel the programme was worth their investment of time?

IPE Design Table	
Indicators	Data collection method
Research Question 1: Fidelity and adaption	
<ul style="list-style-type: none"> ○ 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? 	<p>Case studies, endline survey. Attendance data from the supervisors. Case studies, interviews with SSWs and LA stakeholders, endline survey.</p>
Research Question 2: Programme differentiation	
<ul style="list-style-type: none"> ○ How does usual practice look prior to the intervention or compared to the control condition? 	Case studies and surveys
<ul style="list-style-type: none"> ○ How do DSLs feel supported prior to the programme or compared to the control condition? 	Case studies and surveys
<ul style="list-style-type: none"> ○ How was the level of stress and anxiety suffered by the DSLs compared to prior to the intervention or compared to the control condition? 	Case studies and surveys
Research Question 3: Reach and acceptability	
<ul style="list-style-type: none"> ○ How are staff members chosen to participate in the group support sessions, and what are their characteristics and role in terms of the wider DSL structure within the school? 	Case studies, interviews with SSWs.
<ul style="list-style-type: none"> ○ To what extent are DSLs engaged in the programme, and what are the main barriers? To what extent do participants engage other school staff within the school and are they expected to? 	Case studies, interviews with SSWs, endline survey.
<ul style="list-style-type: none"> ○ What are the main barriers to attend the sessions? If compliance is not achieved, what are the reasons why? (including contextual reasons, such as Covid-19) 	Case studies, interviews with SSWs, endline survey
<ul style="list-style-type: none"> ○ What's the experience of social workers delivering the programme? 	Interviews with SSWs.
<ul style="list-style-type: none"> ○ How was the intervention received by participants and by the school in general? 	Case studies.
<ul style="list-style-type: none"> ○ What's the experience of key stakeholders in Local Authorities delivering the programme? How does it fit into their wider support packages to schools? 	Interviews with Local Authority stakeholders.
Research Question 4: Mechanisms and outcomes	
<ul style="list-style-type: none"> ○ What are the perceived impacts of the intervention? <ul style="list-style-type: none"> ○ How well do participating DSLs feel they have performed their role, including in assessing threshold levels of concern, managing referrals 	Case studies, surveys.

appropriately to CSC, and other issues related to supporting children and families?	Case studies, surveys.
○ How equipped do participating DSLs feel they are to perform their role, including in noticing an improvement in their level of anxiety and stress?	Case studies, surveys.
○ Do participating DSLs perceive any other impacts or outcomes of the programme?	
○ Do school leaders and other school staff (not receiving the monthly supervision sessions) feel the intervention benefited the school?	Case studies, interviews with SSWs, interviews with Local Authority stakeholders, endline survey.
○ Do participants feel the programme was worth their investment of time?	

Methods

The IPE will include the following data collection methods:

Method	Description and sample size	Time point
Case studies	20 online focus groups and 40 interviews in 20 schools (1 focus group and 2 interviews in each).	May - July 2022
Interviews	10 online or phone interviews with supervising social workers (SSWs).	May - July 2022
Interviews	11 online or phone interviews with key stakeholder in each LA.	May- July 2022
Baseline survey	Online survey with all DSLs in both control and treatment schools.	October/November 2021
Endline survey	Online survey with all DSLs in both control and treatment schools.	June-July 2022
Observation	Observation of online Community of Practice (CoP) sessions.	September 2021 - July 2022
Review materials	Review of materials, including SSW estimates of 'need' (Jan 2022) and 'engagement' (March 2022).	September 2021 - July 2022

The baseline and endline surveys of all DSLs, in both control and treatment schools, will focus on establishing existing practices and experiences among DSLs, including whether they receive, or have received, other formal or informal support, and their wellbeing and confidence in their role. It will be important to see how practice and behaviour in the control group changes over time to inform comparison. The endline survey among treatment schools will also explore experiences of the intervention among DSLs, including any self-reported changes to practices, wellbeing and confidence. Surveys will be carried out online.

The 20 school 'case studies' will involve online focus groups as well as a follow-up interview with one DSL, and an interview with a senior school leader, both conducted online or by phone. The focus groups with all, or some, members of the school's DSL supervision group will allow in-depth exploration of their experiences as a group, in terms of compliance, experiences of implementation, and perceived outcomes. The individual follow-up interview

will identify one DSL per case study with typical or unusual experiences, to explore individual experiences in more depth. Interviews with school leaders will gather insights on previous practices and general support for the DSLs, as well as the school's perspective, including cost and staff time data. The case study schools will be sampled to ensure we capture potential variation across different LAs and schools with different contexts and characteristics, including school type, school size, type of area, proportion of free school meals as well as variations in 'need' and 'engagement' scores by the SSWs (these scores are described later in this section).

We will conduct online or phone interviews with all supervising social workers (10 in total) asking about recruitment, their experiences of implementation, materials and monthly sessions, including discussions about the overall support they have provided to DSLs, enabling us to triangulate findings and to explore variation across LAs. We will also interview key stakeholders within each LA (11 in total), to explore recruitment into the role of DSL supervisor, their perception of the value of the project and how the programme fits with other projects and initiatives. This stakeholder will be identified through discussion with the supervising social worker; in many cases, this is likely to be the original project lead for the local authority.

We will review relevant intervention materials. This would, if possible, include a sample of record-keeping documents between supervisors and schools. This would provide further insights into the implementation of support sessions. This will include devising a compliance measure through collecting the data from supervisors about attendance and regularity of sessions. We will also ask supervisors to construct an 'engagement' and 'need' score for each school. The supervisors will be asked to estimate each school's perceived 'engagement' (i.e. to what extent they were engaged during the supervision sessions and seen to be using the insights to improve their practices) on the following scale:

- 1 – good, consistent engagement;
- 2 – reasonable engagement;
- 3 – some engagement; or
- 4 – little or no engagement

In addition, each supervisor would estimate each school's perceived 'need' (i.e. to what extent they, following the first few sessions, were perceived to be needing additional support) on the following scale:

- 1 – great need;
- 2 – reasonable need;
- 3 – some need; or
- 4 – little or no need

Both scores will be collected, through an Excel sheet, that SSWs are asked to complete. The 'need' score will be collected after DSL supervision groups have done two monthly sessions (around January 2022) and the 'engagement' score will be collected towards the end of the programme (around June-July 2022).

Analysis

Qualitative data analysis: Interviews and focus groups will be digitally recorded with the agreement of participants and transcribed verbatim. We will analyse the data using a 'framework' approach, drawing themes and messages from an analysis of interview and

focus group transcripts and review of other materials collected by evaluation and project teams. The sampling of case study schools will be designed to ensure we capture potential variation across different LAs and schools with different contexts and characteristics. However, the findings may not, therefore, necessarily reflect the views of the wider population of treatment schools, but instead provide in-depth insights into the range and diversity of views, and the experiences of participants in the programme. The findings of the IPE will be presented with these strengths and limitations in mind.

Analysis of survey data: Survey data will be analysed separately for control and treatment groups and the analysis will include exploration of change over time between the baseline and endline surveys. Where appropriate, comparisons will be made between results for control and treatment groups. The survey data will be analysed using descriptive analysis.

Cost Evaluation

Data for the cost evaluation will be collected from the participating LAs, schools and WWCS.

We will consider costs according to the cost categories specified in the WWCS cost analysis guidance; namely staff costs for implementation; facilities, equipment and materials; and other programme costs. Costs relating solely to the evaluation will not be included.

We will identify direct costs, for example, the cost of funding the supervising social worker's time and travel costs for delivering supervision sessions (where applicable). We will also explore whether there are hidden costs, for example, if more time was required from the social worker than planned, or if any other costs such as printing materials or providing resources were incurred.

While costs will primarily be reported from the perspective of the local authorities, we will also explore costs from the perspective of schools and document the time that is required from DSLs in participating. It will be important to consider this in the context of how the programme may have affected overall time on their DSL role; while attending supervision sessions requires time, if this improves confidence and decision-making, it could possibly reduce overall time on DSL duties. The group supervision model means it will be important to consider time contributions for all staff involved. We will also consider whether there are any pre-requisites, such as providing a suitable space for supervision to take place.

We will obtain information on costs by working with the LAs to understand expenditure on the intervention. In addition, the interviews and surveys that form part of the IPE will provide a further opportunity to explore costs, particularly from the perspective of DSLs, supervising social workers and schools.

The information gathered will be combined to produce estimates of cost per school and cost per pupil. In estimating annual costs, it will also be critical to understand whether the programme would be intended as a one-off, or whether it would continue on an ongoing basis (and if so, whether the format may change after the first year). This will also entail considering which costs may be start-up costs and which would be incurred on a recurring basis.

It will also be important to understand expectations about how the programme may be funded if it were to be rolled out more widely, and whether this would be a service paid for by schools, or provided by LAs. While the evaluation will estimate the cost of the intervention as delivered in the trial, it will be important to understand any expectations about how this could change if repeated in future.

Our cost analysis will focus on a financial analysis, providing information on the costs of the intervention. At this stage, we anticipate that monetising benefits would be challenging and thus anticipate focusing on a financial analysis, rather than a value for money (VFM) analysis, but will explore the potential for additionally undertaking a VFM analysis during the evaluation.

Risks

Risk	Mitigation
Difficulties engaging schools that have been randomised to the intervention group, which may reduce anticipated number of schools receiving the intervention, and/or the duration of the intervention, if schools come on board later than anticipated (medium)	Support given to LAs to help with engagement of schools, based on lessons learned from previous DSL trials (for example, templates for initial letters to schools)
Difficulties in obtaining necessary data, especially where data collection systems differ across LAs (medium-high)	Discussions with each LA to understand data that is held/can be shared. Most attention will focus on obtaining accurate data for the primary outcome.
Defining the intervention/consistency across LAs (medium)	Induction sessions and provision of guidance to supervisors to outline key features of the supervision programme. The IPE will also seek to capture variation in implementation.
Contamination across intervention and control groups (low)	The school-based nature of the intervention should mean that contamination is minimised, but we cannot rule out the possibility that schools share information with one another. The importance of maintaining treatment and control groups will be clearly communicated to LAs.
Reluctance of schools to participate in surveys and interviews (medium)	The requirements of the evaluation will be clearly communicated to schools. Surveys and interviews will be designed to be as short as feasible to minimise burden wherever possible. We will work flexibly to accommodate the schedules of interviewees wherever possible.

Ethics & Participation

We take seriously the ethical issues raised in the research. NIESR adheres to the Ethics Guidelines of the Social Research Association. An ethics application describing the evaluation was prepared by the evaluation team and granted approval by the NIESR Research Ethics Committee in August 2021 .

Each participating local authority is co-ordinating the recruitment of schools within its area. Local authorities were provided with an initial template letter for local authorities to distribute to schools. Further information will also be provided to LAs to distribute to schools, explaining the evaluation and what it involves. Schools are able to withdraw from the evaluation at any time.

Ethical issues and mitigations include:

- The research involves randomisation: as the local authorities are providing the intervention to schools, it is considered that the local authority can take the decision to randomly allocate schools to receive the supervision or not. Information is provided to schools explaining what the evaluation involves, why this involves randomisation and what this means. Schools are also able to withdraw from being part of the evaluation.
- The research involves information about children and young people under the age of 18: the study does not involve direct contact with this group, but it will use data collected on their contact and outcomes with the social care system (and it is important to note the sensitive nature of any data relating to children's contact with the social care system and outcomes) This information will come from administrative data provided by the local authority in an anonymised form; furthermore, it will be aggregated so that data are provided at school level, or for groups within schools. Nevertheless, it is still important to be aware of the risks of identification given the sensitive nature of the data. All data will be handled in accordance with the NIESR

Data Security Policy. No individuals will be identified in the evaluation report or in any other outputs arising from the project

- The evaluation will collect data on wellbeing of DSLs, which could be considered sensitive: It will be emphasised to DSLs that they are able to withdraw from the research at any time and do not need to answer any questions they feel uncomfortable with. They will also be given reassurance regarding the confidentiality of the information provided, and that once collected, data will be anonymised in the analysis, and no individual or school will be identified in any reporting.
- Protecting participants from harm: it is possible, although considered unlikely, that discussions with DSLs regarding their experiences could raise issues which are sensitive or upsetting for the DSL. An approach for how any such incidents should be handled will be agreed among the team and we will identify potential resources to which the individual could be directed for support, in the unlikely event of this occurring. More generally, the evaluation will inevitably place some burdens on participants but schools will be informed of what the project entails before agreeing to take part, and wherever possible the study design aims to minimise burden on participants.

The evaluation will require the use of some personal data, although it is anticipated this will be limited to contact details of DSLs and any other school staff required in order to facilitate the intervention; this is discussed separately under data protection.

Registration

The trial will be registered on the Open Science Framework (OSF).

Data Protection

Our data protection statement for all research projects is available on the WWCS website. The Data Protection Statement is not the Data Protection Notice, this is provided to all research participants at the point of data collection unless data is collected indirectly from a participant. In all cases, a project specific Data Protection Notice is published and accessible on relevant project team websites.

Regulatory framework	
Relevant legislation	UK Data Protection Act 2018 (DPA) UK General Data Protection Regulation (GDPR)
Data Protection Identifier (DPID)	#2116, #2119, #2120, #2121, #2122, #2123
DPIA outcome/ risk level	Low
Type of data processing	Research activities in accordance to the remit of this protocol document.
Categories of data subjects	Nominated Employees (Designated Safeguarding Leads) Other relevant school staff Supervising social worker Other relevant local authority staff Research project team personal data.

Privacy notice	https://www.niesr.ac.uk/wp-content/uploads/2021/09/Data-Privacy-Notice-2121-DSL-FINAL.pdf
Personal data	
Lawful basis	<p>Processing is necessary for the performance of a task carried out in the public interest (GDPR Article 6.1(e))</p> <p>The legitimate interest of the Data Controller (GDPR Article 6.1(f)).</p>
Justification for the lawful basis	<p>The parties shall rely on GDPR Article 6.1(e) "Public task" as a lawful basis for the purposes of:</p> <ul style="list-style-type: none"> ● Conducting research on the monthly supervision sessions for the Nominated Employee and assess whether there is an improvement to the wellbeing of the Nominated Employee and understand if there is a change in the frequency and type of social care referrals by schools. ● Conducting the project evaluation based on the data provided. <p>The parties shall rely on GDPR Article 6.1(f) "Legitimate Interest" as a lawful basis for processing in accordance with the following processing activities as stated in the Data Privacy Notice shared with data subjects:</p> <ul style="list-style-type: none"> ● To request "informed consent" for participation as part of ethical research practices. ● For NIESR or the Local Authority to contact data subjects to participate in an interview as part of the evaluation. ● For NIESR or the Local Authority to send data subjects invitations to complete surveys as part of the evaluation. ● To transcribe the audio captured from any recorded interviews with data subjects. ● To identify whether a data subject has agreed to participate in a survey. ● To identify a data subject's data, which would be deleted where possible, should a data subject no longer agree to have their data processed for the purpose of conducting the evaluation.
Special category data	
Lawful basis	Archiving, research and statistics (GDPR Article 9 (2) (j)) in accordance with the conditions of the UK Data Protection Act 2018 Schedule 1 Part 1.
Justification for the lawful basis	Our condition for processing special category personal data (wellbeing of DSLs) is that this is necessary for scientific research purposes and is in the public interest. In particular, these data will allow us to evaluate whether the programme has an impact on the wellbeing of DSLs.
Roles	
Data controller(s)	<p>WWCSC (Joint controller)</p> <p>NIESR (Joint controller)</p> <p>Each participating local authority (in respect of data</p>

	relating to their own local authority) (Independent controller(s))
Data processor(s)	Transcription services
Data sharing mode	The mode of sharing may vary by local authority, and may include secure email or password protected files; the exact means of transfer will be agreed between the parties sharing data by means of a signed Data Sharing Agreement. Technical and organisational measures for data protection compliance shall be adhered to for any transfers.
Archiving	
Archiving	Y
Archive used for this project	WWCSC archive instance in the Office for National Statistics Secure Research Service ("WWCSC Data Archive")
Linking to NPD and use of SRS	
Name of the organisation(s) submitting data to the NPD team	Not applicable
Name of the organisation(s) accessing the matched NPD data	Not applicable
Retention and Destruction	
Expected date of report publication	Early 2023
Retention Notice displayed to Data Subjects within the Data Protection Notice.	<p>Aside from storing data in the WWCSC data archive, described above, personal data will be retained for up to 6 months after the end of the research study which is currently scheduled for 31/12/2022.</p> <p>This is dependent on any potential extension to the delivery of this programme. Where this happens the latest date for deletion of data, outside of the data that has been archived, will be 30/06/27 or 5 years from the delivery of the final report, whichever is earlier.</p> <p>Archived data within the ONS Secure Research Service shall remain in an anonymised form within the archive for an indefinite period of time.</p>

Personnel

Delivery team:

- What Works for Children's Social Care, Wilson Litchmore and Bolton Council in a consultancy role for manual and resource development

Evaluation team:

The evaluation team comprises

- Lucy Stokes (Principal Economist, NIESR)
- Chiara Manzoni (Senior Social Researcher, NIESR)
- Johnny Runge (Senior Social Researcher, NIESR)

- Katharine Stockland (Senior Social Researcher, NIESR)
- Larissa Marioni (Economist, NIESR)
- Claudine Bowyer-Crane (Associate Research Director, NIESR)

The evaluation will be led by Lucy Stokes, who will have overall responsibility for the project, leading on the design, analysis and reporting. Chiara Manzoni and Johnny Runge will co-lead the implementation and process evaluation. Larissa Marioni will work on the impact and cost analysis; Claudine Bowyer-Crane will provide expert input on design and reporting.

Timeline

A timeline for the evaluation is provided in the table below.

Note that in addition to the evaluation report, there will be a separate report on issues around domestic abuse, from the perspective of DSLs. This will draw on the same interviews that form part of the qualitative component of the evaluation, along with the endline survey, and will explore specific themes relating to domestic violence, such as how confident DSLs feel in identifying and responding to situations involving domestic abuse. This separate report will bring together findings from across both primary and secondary schools. The nature of the sample means that the findings cannot be considered to be representative, but will nevertheless provide insights into DSLs' views and experiences.

Dates	Activity	Staff Responsible/ Leading
Jul-Aug 2021	Recruitment of schools and supervising social workers	LAs
Sep 2021	Randomisation	NIESR
Oct/Nov 2021	Baseline survey of DSLs	NIESR
Sep 2021-July 2022	Delivery of supervision programme	LAs
Jun-Jul 22	School case studies; interviews with supervising social workers and key LA stakeholders	NIESR
Jun-Jul 22	Follow-up survey of DSLs	NIESR
Jul-Aug 22	Collection of administrative data on outcomes from LAs	NIESR and LAs
Nov 22	Evaluation report submitted	NIESR

Trial Evaluation Protocol

Supervising DSLs in schools: focus on child sexual abuse

Evaluator (institution): NIESR
Principal investigator(s): Lucy Stokes

Template Version: 1.1
Template last updated: February 2021

Supervising Designated Safeguarding Leads (DSLs) in primary and secondary schools: focus on child sexual abuse

Intervention Developer	What Works for Children's Social Care, working with Bolton Council
Delivery Organisations	What Works for Children's Social Care, working with the Centre of Expertise on Child Sexual Abuse (CSA Centre)
Evaluator	National Institute of Economic and Social Research (NIESR)
Principal Investigator	Lucy Stokes
Protocol Author(s)	Lucy Stokes, Johnny Runge, Chiara Manzoni, Katharine Stockland, Richard Dorsett, Claudine Bowyer-Crane
Type of Trial	Cluster randomised trial, randomised at school level
Age or Status of Participants	Designated safeguarding leads (DSLs) in primary and secondary schools
Number of Participating Sites	757 schools across 9 local authorities
Number of Children and Families	Approximately 298,000 children attend these 757 schools
Primary Outcome(s)	Proportion of pupils for whom a contact is made by a school in relation to potential child sexual abuse (CSA) (measured at school-level)
Secondary Outcome(s)	Contacts from schools resulting in no further action (at point of contact); Referrals; Referrals resulting in no further action (all measured at school-level, as a proportion of pupils) DSL wellbeing
Contextual Factors	The trial is taking place in nine local authorities across England. The report will present selected characteristics for the participating local authorities, including school characteristics, to help understand the differing area contexts, as well as aiding understanding of how applicable results may be for other areas.

Summary

This trial aims to establish the impact of providing a supervising social worker to provide supervision to Designated Safeguarding Leads (DSLs) in primary and secondary schools, with a specific focus on identifying and responding to potential child sexual abuse (CSA). The evaluation comprises a randomised controlled trial, along with an implementation and process evaluation, and analysis of costs. The intervention will be delivered to schools from October 2021 to July 2022. The final evaluation report will be submitted in November 2022.

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Background and Problem Statement

This trial aims to establish the impact of providing a designated social worker to supervise Designated Safeguarding Leads (DSLs) in schools. The programme will have a specific focus on supporting DSLs in identifying and responding to child sexual abuse (CSA).

DSLs are responsible for safeguarding and child protection in schools and are expected to: manage referrals; act as a liaison with safeguarding partners including local authority case managers, head teachers and other school staff; undergo specialist training; raise awareness; and maintain child protection files.

Although the role can involve having to make difficult decisions about vulnerable children in often complex circumstances, anecdotally at least, the provision of formal supervision for DSLs can be limited. In this project, each participating local authority (LA) will assign a supervising social worker to supervise DSLs to support children and families more effectively, and with the aim of improving the appropriateness and quality of contacts to children's social care (CSC). Thus by providing supervision, it is hoped that this would reduce inappropriate contacts to CSC, by, for example, improving understanding among DSLs of thresholds for referrals (see logic model later within this protocol, as well as the further discussion within the section on research questions later in this protocol). It is also hoped that the intervention will result in increased confidence in decision-making and reduced anxiety among DSLs.

The programme has a specific focus on child sexual abuse, through the provision of specific training in this area. Addressing child sexual abuse has become an issue of increasing concern; in 2021, Ofsted conducted a review of practices and policies in schools relating to child sexual abuse; recommendations included the provision of greater support for DSLs (such as protected time in timetables) as well as national training.¹ While the programme has a specific focus on child sexual abuse, the supervision will still cover any potential issues raised in relation to CSC.

The intervention being evaluated in this trial (described in more detail below) is an adapted version of a programme originally developed by Bolton Council; this programme provided supervision across all issues and did not have a specific focus on sexual abuse. The pilot study of that programme, providing individual supervision to DSLs in primary schools in Bolton in 2019/20, did not find a statistically significant impact on the measured outcomes, but showed some evidence of promise.² Related work evaluating similar programmes of DSL supervision in secondary schools is ongoing; comprising individual supervision in secondary schools in LAs in Greater Manchester³, and two further trials operating in parallel to this study providing individual supervision in primary schools and group supervision in secondary schools respectively. In this current study, the supervision sessions are being supplemented by specific training for both supervising social workers and DSLs in addressing child sexual abuse.

Intervention and Theory of Change

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

This programme offers formal supervision sessions for DSLs in the selected schools in participating LAs, along with specific training in identifying and responding to child sexual

¹ Ofsted. (June 2021). Review of sexual abuse in schools and colleges <https://www.gov.uk/government/publications/review-of-sexual-abuse-in-schools-and-colleges/review-of-sexual-abuse-in-schools-and-colleges#executive-summary-and-recommendations>

² What Works for Children's Social Care. (February 2021). *Supervision of Designated Safeguarding Leads in Primary Schools in Bolton*. <https://whatworks-csc.org.uk/research-report/supervision-of-designated-safeguarding-leads-in-primary-schools-in-bolton/>

³ What Works for Children's Social Care. (Ongoing). *Supervision for Designated Safeguarding Leads Scale-up*. <https://whatworks-csc.org.uk/research-project/supervision-for-designated-safeguarding-leads-scale-up/>

abuse. DSLs are the members of staff in each school tasked with the lead responsibility for safeguarding and protection of young people, which includes responsibility for referring cases that meet threshold levels of concern on to CSC. This programme builds on and extends an initial pilot programme delivered to primary schools in Bolton in 2019-20, as well as an ongoing programme of individual supervision in secondary schools in Greater Manchester, and further scale-ups of the programme in primary and secondary schools across England. However, this is the first version of the programme to have a specific focus on child sexual abuse, and grew out of increasing evidence of sexual abuse in schools, including Ofsted's rapid review completed in June 2021 which found "how prevalent sexual harassment and online sexual abuse are for children and young people" and recommended support for DSLs.⁴ In this project, support on sexual abuse is facilitated through specific training for both supervising social workers and DSLs around child sexual abuse, with training and materials developed and delivered by the Centre of Expertise on Child Sexual Abuse.

Rationale:

Statutory guidance developed in previous years has highlighted the importance of the role of a DSL, the training and support this individual ought to receive, and the critical role of supervision to ensure the best outcomes for the child and family at risk. The 'Keeping Children Safe in Education' guidance stipulates that DSLs ought to be senior members of a school's leadership team. 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...*'⁵ Further guidance such as 'Working Together to Safeguard Children' 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.*'⁶

Despite this guidance, many DSLs do not receive formal supervision to support them specifically with their child safeguarding responsibilities and are often ill-equipped and undertrained to carry out their role most effectively. DSLs support children in challenging and complex circumstances, and this can often be stressful, challenging and emotionally taxing for the DSLs themselves.⁷

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

Supervision

Supervision is defined by this programme as an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice. '*Supervision aims to identify solutions to problems, improve practice and increase understanding of professional issues*'.⁸ It serves to manage the emotional demands of the work, maintain relationships, and make difficult judgements and decisions often in light of conflicting information.⁹ Supervision serves to reflect critically on one's own practice, receive emotional support, and to develop skills,

⁴ Ofsted (June 2021). Review of sexual abuse in schools and colleges
<https://www.gov.uk/government/publications/review-of-sexual-abuse-in-schools-and-colleges/review-of-sexual-abuse-in-schools-and-colleges>

⁵ Department for Education (September 2019). *Keeping children safe in education: Statutory guidance for schools and colleges*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835733/Keeping_children_safe_in_education_2019.pdf

⁶ HM Government (July, 2018). *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

⁷ See for example: <https://www.tes.com/news/wellbeing-who-safeguards-safeguarding-leads>

⁸ UKCC (1996). *Position Statement on Clinical Supervision for Nursing and Health Visiting*. London: United Kingdom Central Council for Nursing, Midwifery and Health Visiting.

⁹ Wonnacott, J. (2012). *Mastering social work supervision*. London: Jessica Kingsley

knowledge and an increased understanding of the mechanisms of CSC threshold limits and processes. Practical details regarding the nature of supervision in this programme are discussed below under “How”.

Aim of programme

The aims of the intervention are to:

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

Materials

What Works for Children’s Social Care has worked with Bolton CSC and the Centre of Expertise on Child Sexual Abuse to develop materials for this programme. This includes a manual for the Supervision of DSLs programme, building on materials originally developed for the pilot programme in primary schools in Bolton. This provides guidance on how supervision should be delivered and template documents for use in setting up and maintaining good quality supervision.

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. Evidence suggests that partnerships that enter into a formal agreement tend to be more sustainable. Template documents include:

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

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

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

Procedure:

1. Supervisors receive training from the CSA centre
2. Initial supervision dates agreed between DSL and supervisor. Further supervision appointments to be scheduled in advance where possible
3. DSLs receive training from the CSA centre
4. Supervision contracts (including the memorandum of understanding) signed, and decisions to agree how to move forward
5. DSLs to attend supervision sessions, taking place on a roughly monthly basis over the duration of the trial (October 2021 – July 2022)
6. DSLs to reach out if need for further informal supervision
7. DSLs and supervisors expected to keep a record of sessions attended - logging these into the contact log, preparing and completing worksheets as necessary.

Who

Each participating LA is recruiting a social worker to provide the supervision. This supervising social worker will also be in charge of scheduling sessions, and ensuring the programme moves forward as expected.

Supervision will be undertaken with school DSLs. In primary schools, this will take the form of one-to-one individual supervision sessions. In secondary schools, this will take the form of a group supervision model, open to multiple DSLs within the school.

How

The supervisors and DSLs receive (separate) training focused specifically on child sexual abuse, delivered by the CSA centre. The supervising social worker will be invited to an induction event, to explain their role and ensure they are comfortable with the materials.

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

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

Where

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

When

The formal supervision sessions should take place at regular monthly intervals (every four-six weeks), for a maximum of two hours at a time. Sessions will be offered between October 2021 and July 2022 (pending confirmation of funding for delivery of sessions from April 2022 onwards).

Tailoring/adaptation

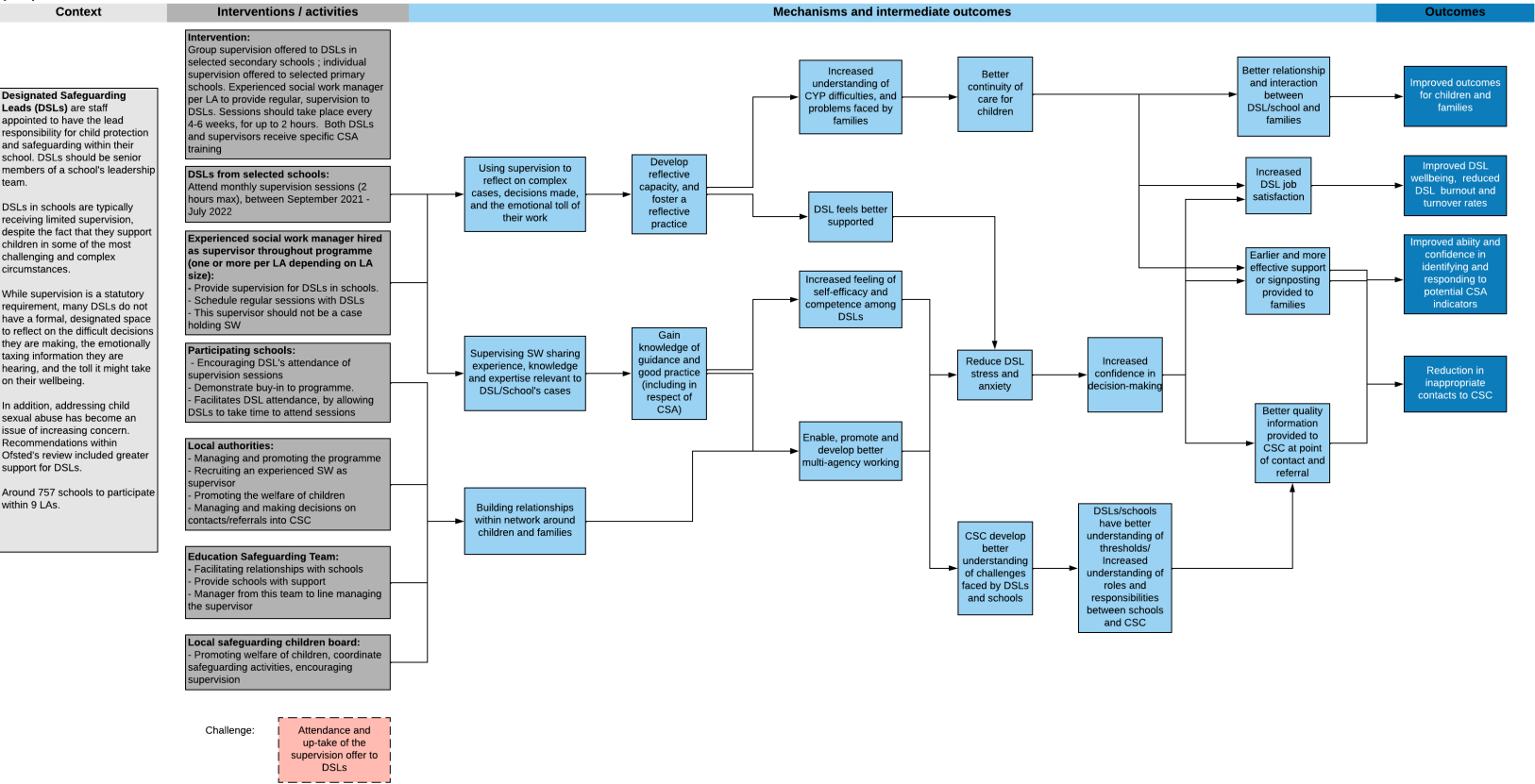
Given the nature of supervision, the content of the sessions will be tailored to the needs of each school, however the format and style of sessions will remain constant throughout.

Logic model

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

Figure 1

Logic model: Supervision of Designated Safeguarding Leads in schools: focus on child sexual abuse (CSA)



Impact Evaluation

Research Questions

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

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

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

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

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

It is also worth noting the distinction made between contacts and referrals. An initial contact is made where CSC are contacted about a child (for example, by a DSL). This contact may then be progressed to a referral, where the social worker or manager considers 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 CSC. In the preliminary stages of the project it will be important to clarify definitions around contacts and referrals in each participating LA, as definitions and processes may differ between LAs.

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

1. What is the effect of providing support to DSLs in schools on the proportion of pupils for whom a new contact is made by a school, in relation to potential child sexual abuse?
2. The evaluation will also address the following secondary research questions:
3. What is the effect of providing support to DSLs in schools on the proportion of pupils for whom a contact is made by a school in relation to potential child sexual abuse which does not lead to a social care referral (i.e. no further action at contact)?
4. What is the effect of providing support to DSLs in schools on the proportion of pupils for whom a contact (for any reason) is made by a school which does not lead to a social care referral (i.e. no further action at contact)?
5. What is the effect of providing support to DSLs in schools on the proportion of pupils for whom a new contact is made by a school (for all contacts)?
6. What is the effect of providing support to DSLs in schools on the proportion of pupils for whom a new referral is made (all referrals and CSA referrals)?

7. What is the effect of providing support to DSLs in schools on the proportion of pupils for whom a new referral (all referrals and CSA referrals) leads to no further action?
8. What is the effect of providing support to DSLs in schools on the wellbeing of DSLs?
9. Is there evidence of difference in impacts of the programme in primary and secondary schools?

It should be noted that the ability to address the research questions above clearly depends on being able to access the necessary data. This protocol reflects the intended questions we aim to address in this trial, but it may be necessary to review these following consultations with all participating LAs if there are issues relating to data availability. If changes are required as a result, these will be documented in an update to the trial protocol prior to analysis.

Design

Trial type and number of arms		2-armed randomised trial
Unit of randomisation		School
Stratification variables (if applicable)		<ul style="list-style-type: none"> Local authority (LA) school phase (primary/secondary) where applicable, and proportion of pupils in school eligible for FSM
Primary outcome	Variable	Proportion of pupils for whom a new contact is made by a school in relation to potential child sexual abuse
	Measure (instrument, scale)	LA administrative data
Secondary outcome(s)	Variable(s)	<ul style="list-style-type: none"> Proportion of pupils for whom new contact is made by a school (all contacts); Proportion of pupils for whom a new contact is made by a school which results in no further action (at the point of contact) (all contacts and CSA contacts) Proportion of pupils for whom new referral is made (all referrals and CSA referrals); Proportion of pupils for whom new referral (all and CSA) leads to no further action; DSL wellbeing
	Measure(s) (instrument, scale)	Wellbeing: pre and post intervention surveys of DSLs (see section on outcome measures for further detail regarding this measure) All other outcomes: LA administrative data

The evaluation will be conducted as a randomised control trial. There will be two trial arms; receiving the supervision and not receiving the supervision. Randomisation will take place at school level with approximately half of schools being allocated to the treatment group (receiving the support of the designated social work manager) and half to the control group

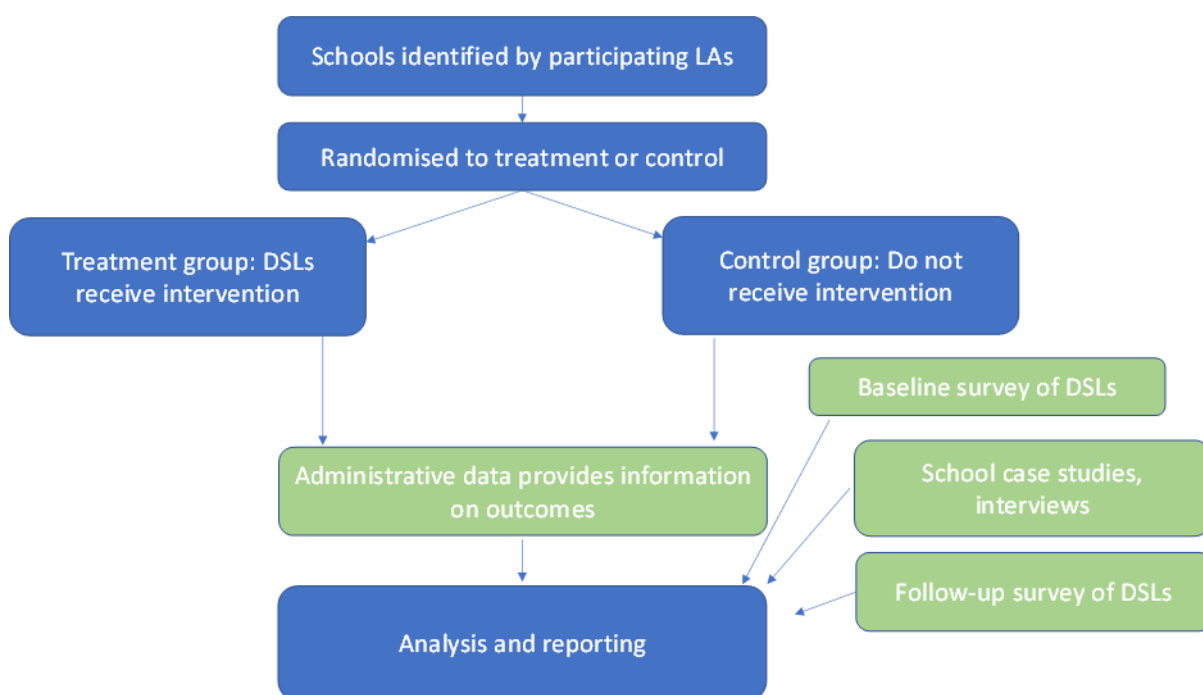
(who would not receive this support). There is one larger LA where it is not feasible to deliver the intervention to half of schools (as the funding provided cannot facilitate this), and here the randomisation ratio is set such that a feasible number of schools are selected for delivery (with around one quarter of schools allocated to receive the intervention).

The primary outcome for the trial will be the proportion of pupils for whom a new contact is made in relation to potential child sexual abuse. The secondary outcomes to be considered are contacts that do not lead to further action (RQ2, RQ3); new contacts for any reason (RQ4), new referrals to social care (RQ5), referrals resulting in no further action (RQ5), and DSL wellbeing (RQ7) (with all except DSL wellbeing measured as a proportion of pupils). For those outcomes relating to contacts and referrals, data permitting, we will explore these for both:

- all contacts and referrals, regardless of the reason for contact or referral,
- contacts and referrals relating or potentially relating to child sexual abuse only.

We describe these outcomes in greater detail in the section on outcome measures below. Data on all outcomes will be obtained from administrative data held by the LAs, except for wellbeing which will be collected through surveys administered by the evaluation team, pre and post intervention.

The diagram below summarises the key stages of the trial (data collection points are shaded in green, please note this includes data collection for both the impact evaluation and the implementation and process evaluation):



Randomisation

Schools will be randomised within blocks defined on the basis of LA and the proportion of children eligible for free school meals (FSM) within each school (school phase is also used in two LAs where both primary and secondary schools are participating). 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 then chosen so that half of all schools within each LA fall into each group. This blocking is used in order to reduce the risk of imbalance

between the treatment and control groups when randomising schools. Stratifying on the basis of previous social care activity may have been beneficial, but due to the timeframe within which randomisation needs to take place, it is necessary to make use of readily available data.

Randomisation of schools will be performed by assigning each school a randomly generated number, with schools then sorted within block by random number. Schools will then be allocated to treatment and control groups in accordance with the randomisation ratio for that LA (as this will differ for the larger LA).

The randomisation process will be recorded in the syntax and log files used to carry out the randomisation. Analysts will not be blind to group allocation.

Participants

Nine LAs across England are participating. Two are participating with both primary and secondary schools; two with primary schools only, and five with secondary schools only. All mainstream state schools of the relevant phase located within these LAs are eligible to take part, along with independent secondary schools and independent primary or preparatory schools where these have more than 200 pupils. A list of schools was identified by each participating LA; all will be expected to participate in the trial unless the school declines.

Sample Size / Minimum Detectable Effect Size Calculations

MDES (Proportion of a Standard Deviation)		0.2
Proportion of Variance in Outcome Explained by Covariates ¹⁰ (R^2)	School	0.2
Intraclass Correlations Coefficient (ICCs)		-
Alpha		0.05
Power		0.8
One-Sided or Two-Sided? ¹¹		Two-sided
Level of Intervention Clustering		School
Average Cluster Size (if Cluster-Randomised)		394
Sample Size	Intervention	282
	Control	475
	Total	757

¹⁰ This includes, and will most likely be most influenced by, a baseline measure of the outcome.

¹¹ By default we would recommend two-sided tests.

The sample size for this trial is set by the number of schools within the participating LAs. For the purpose of the power calculations, it is assumed that 757 schools will take part. The MDES is therefore determined by the maximum available sample (and is also assuming, that there is no attrition by the point of analysis). We assume the proportion of variance in the outcome explained by the covariates to be 0.2, in line with the estimate obtained in the original Bolton study for primary schools. Based on the assumptions made above, the MDES stands at 0.2 (in units of school-level standard deviation). Our power calculations focus on the primary outcome, and as we have one primary outcome, we do not make adjustments here for multiple comparisons.

Outcome Measures

The primary outcome will be the number of new contacts made (per school) in relation to potential child sexual abuse as a proportion of the number of pupils (in that school) between September 2021 and July 2022. For clarity, this will be calculated as the total number of new contacts per school made between September 2021 and July 2022, divided by the number of pupils in that school.

Secondary outcomes will be:

- Contacts resulting in no further action (at the point of contact) (all contacts and CSA contacts)
- New initial contacts with the social care system (as a proportion of pupils) (all contacts)
- New referrals to CSC (as a proportion of pupils) (all new referrals and CSA referrals only)
- New referrals resulting in no further action (all new referrals and CSA referrals) (as a proportion of pupils)
- DSL wellbeing

With the exception of DSL wellbeing, information on both primary and secondary outcomes will be obtained from administrative data that is already routinely collected by the participating LAs. These will all be assessed for the same time period as for the primary outcome measure. It should be noted that for all outcomes, this protocol reflects the intended outcomes we aim to capture in this trial, but it will be necessary to review these following consultations with all participating LAs if there are issues relating to data availability.

In assessing whether new referrals result in no further action, this will be measured based on observing whether a new referral leads to this outcome within the lifetime of the delivery period (that is, by end July 2022). For some children, towards the end of the school year, it may be possible that some referrals would result in no further action after the period which we are observing in the data, but this applies equally across both treatment and control groups.

Wellbeing of DSLs will be captured through a survey of DSLs administered by the evaluation team, with post-intervention measured towards the end of the programme in June-July 2022. The wellbeing measure to be used as a secondary outcome is a measure of work-related wellbeing that has been used in previous nationally representative surveys of employees in British workplaces¹² and aim to capture job-related anxiety-contentment and job-related depression-enthusiasm (Warr, 2007¹³). The questions underlying these measures can be found in the baseline survey (Appendix D, Q8). These will be analysed as two separate outcome measures. Each is based on responses to three items; with responses on the five-

¹² van Wanrooy, B., Bewley, H., Bryson, A., Forth, J., Stokes, L. and Wood, S. (2013). *Employment Relations in the Shadow of Recession: Findings from the 2011 Workplace Employment Relations Study*. Palgrave MacMillan. ISBN 9781137275769.

¹³ Warr, P. (2007) *Work, Happiness and Unhappiness*. London: Taylor & Francis.

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).¹⁴ In collecting such outcome measures through a survey, it is worth noting the likely lower levels of response among the control group; this will need to be monitored after completion of the baseline survey, particularly as due to the need for the intervention to commence as soon as possible, the baseline survey will need to take place after randomisation (taking place from October to December 2021 – thus it is possible that in some instances, the survey would be completed after a school had begun receiving supervision sessions; we will explore date of survey completion within our analysis).

Analysis Plan

Primary Analysis:

The estimated impact will be based on the difference between the intervention and control groups, regardless of potential contamination of the control schools or drop out by intervention schools. This is in order to estimate the “intention to treat” (ITT) effect.

The analysis will be carried out using linear regression. The regression models used for the primary analysis will include controls for CSA contacts as a proportion of pupils, defined as per our primary outcome measure, but based on the previous year (2020/21) (at school level) – i.e. this is our baseline measure. Given the potentially unusual nature of the previous year as a result of the Covid-19 pandemic, if data allow, we will assess sensitivity of results to using data from the preceding year (2019/20) as well. The models will also include a dummy variable capturing treatment allocation and strata indicators. Statistical significance will be evaluated at the 5 per cent level. We will present the distributions of our outcome variables, by both treatment and control groups, also in order to check that our proposed estimation approach remains appropriate given the distribution of the data.

The equation to be estimated is: $Y_{it} = \alpha + \beta_1 Treat_i + \beta_2 Y_{it-1} + \beta_3 \gamma_i + \varepsilon_{it}$

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

The primary analysis will be unweighted, which will give equal weight to all schools.

Effect sizes will be reported, expressed as a proportion of the school-level standard deviation in the control group (Glass’s Delta), as per the WWCS Evaluation Guidance.

As there is one primary outcome measure the analyses will not be subject to multiple comparison adjustments.

The report will also present the characteristics of the treatment and control groups at both randomisation and for the final analysis sample, in order to assess balance. This will be based on school characteristics (including school type, Ofsted rating, size and pupil composition) and pre-treatment outcomes.

¹⁴ To add further context, the survey also asks a set of questions relating to how the DSL feels specifically about their DSL role, including how satisfied they are in the role, and whether they perceive effects of the role on their job satisfaction and wellbeing; descriptive statistics on responses to these questions will be presented at baseline and follow-up as part of the IPE.

Secondary Analysis

The analysis will be repeated for each of the secondary outcome measures 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. The same approach will effectively be adopted for analysis of DSL wellbeing, this model will control for wellbeing as measured prior to the start of the intervention (Autumn 2021). We will also report on the rate of attrition and explore potential associated characteristics (for example differences by LA and by treatment and control groups). As a number of secondary outcomes are being considered, we will adjust for multiple comparisons, using the Hochberg step-up procedure as detailed in the WWCS Statistical Analysis Guidance.

Depending on data availability, we propose two subgroup analyses:

Firstly, we will explore whether results are sensitive to the time period over which outcomes are measured. The primary analysis will focus on outcomes measured over the full intervention period, but we will 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. This would be explored both through the inclusion of an interaction term, but also through running separate models for each time period.

Secondly, we will explore whether there are differences between primary and secondary schools, in order to help understand whether any impact of the programme differs by school phase. This will be explored through the inclusion of an interaction term (phase and treatment status), but also through running separate models for primary and secondary schools respectively.

Analysis of Harms

While it is hoped that the intervention will generate benefits, it is also of relevance to consider whether there may be unintended negative effects or potential harms as a result. Drawing on the framework set out by Lorenc and Oliver (2014)¹⁵, potential harms can be considered in terms of direct harms, psychological harms, equity harms, group and social harms and opportunity cost harms.

It is thought unlikely that the intervention would generate direct harm. The guidance and support is intended to improve and support decision-making and actions by DSLs. Nevertheless, the consideration of a range of outcomes in terms of contacts and referrals, will enable assessment of whether there are any signs of negative, rather than positive or null effects.

In terms of psychological harms, while the intervention aims to support the wellbeing of DSLs, it is conceivable that focusing on the role in greater depth could have the opposite effect and increase anxiety for DSLs. As the evaluation is collecting information on wellbeing, it should be possible to assess this empirically, both through the quantitative data analysis as well as through the implementation and process evaluation. Clearly, in the light of any concerns for any participants' welfare arising during the study, this would be investigated and appropriate actions agreed by the organisations involved.

Equity harms could arise if the intervention benefits some groups more than others. Rather than being considered harmful, any evidence on whether the intervention has greater effects on particular subgroups could help inform any future implementation of the programme.

¹⁵ Lorenc, T. and Oliver, K. (2014) Adverse effects of public health interventions: a conceptual framework. *Journal of Epidemiology and Community Health*, 68(3):288–290. <https://doi.org/10.1136/jech-2013-203118>

Group or social harms are perhaps less likely given the nature of the intervention and context; it is not bringing together a disadvantaged group, for example. In primary schools, the intervention will be delivered on a one-to-one basis, while in secondary schools this will comprise a group supervision model. In both cases the evaluation, through the school case studies conducted as part of the IPE, will aim to explore views of multiple school staff and not just the individual(s) receiving the supervision, to explore any wider consequences.

Finally, there is inevitably the potential for opportunity cost harms. The resources used to fund the intervention could potentially be used for other means; although the impact of this is extremely difficult to assess without information on how funds would otherwise have been used. It is perhaps useful though, and more practical, to consider whether those receiving the intervention felt that the benefits generated outweighed the additional time this may have required from them; this will be explored as part of the cost analysis.

Sensitivity Analysis

As described above, our primary analysis will focus on identifying an intention to treat effect, but we will additionally test the robustness of our results to excluding any schools who drop out from receiving the intervention.

A record of attendance by DSLs at supervision sessions will be maintained by the social workers. The evaluation team will use this information to explore compliance with the intervention. We will attempt to identify the impacts of attending sessions, and hence of compliance, by 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 participants in the control group, and varying between 0 and 1 for the treatment group, where participants in schools whose DSL attended no sessions are scored 0, and those that attend all sessions are scored 1. If a DSL attends half the sessions, for example, they are scored 0.5. Note that this becomes a nonexperimental analysis. We will estimate the complier average causal effect using an instrumental variable approach.

We will also run four extended versions of our primary analysis:

- a model that includes additional controls for the proportion of pupils in the school eligible for free school meals
- a model that excludes the baseline measure (CSA contacts as proportion of pupils in the previous school year)
- a model that additionally includes LA fixed effects
- a model that also controls for other school characteristics, where these are accessible through publicly available data. This will include school type, Ofsted rating, urban/rural location; size (number of pupils) and pupil composition (percentage of pupils with English as an additional language, percentage of pupils eligible for FSM, percentage of SEN pupils).

As noted above, the primary analysis will be unweighted; as a further sensitivity analysis we will run the same regression using frequency weights in order to relate the results to the number of pupils on which they are based

Contextual Factors Analysis

The trial is taking place in nine LAs across England. It will be helpful to consider how applicable the findings are likely to be for other areas. To help inform this, the final report will include some discussion of the characteristics of the participating LAs, using, for example, published statistics by LA on the number of assessments and referrals by CSC services. The

report will also present characteristics of participating schools by LA, for example, the distribution of Ofsted inspection ratings.

This information will also help to aid understanding of contextual factors that may differ between the LAs taking part in the trial. In addition, some LAs may also be involved in multiple WWCSC projects, and it will be important to explore and acknowledge this within the report.

Implementation and Process Evaluation

Aims

The overarching purpose of the implementation and process evaluation (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. In this way, the process evaluation aims to bring greater clarity to the quantitative research findings and to understand the reasons behind them. It also gathers practitioners' views on how the intervention might be improved, to inform any future delivery and rollout.

Research Questions

The IPE seeks to address the following research questions:

- **Fidelity and adaptation**
 - Is the programme delivered as intended?
 - How well is compliance/fidelity achieved?
 - Can the programme be rolled out on a larger scale, or would anything need to be adapted?
- **Programme differentiation** (what does the service structure and practice look like prior to the introduction of the model, or in control conditions?)
 - How does usual practice look prior to the intervention or compared to the control condition? (concerning broader safeguarding practices as well as those specifically on child sexual abuse)
 - How does the programme differ from the concurrent DSL supervision programmes that do not have a specific focus on CSA?
 - How do DSLs feel supported prior to the programme or compared to the control condition? (concerning broader safeguarding practices as well as those specifically on child sexual abuse)
 - How was the level of stress and anxiety experienced by the DSLs prior to the intervention or compared to the control condition?
- **Reach and acceptability** (who the intervention reached and what the experience was of those delivering and receiving the intervention)
 - How are school staff chosen to receive the programme, and what are their characteristics and role in terms of the wider DSL structure within the school?
 - To what extent are DSLs engaged in the programme (i.e. attendance; engagement during sessions; using insights to improve practice), and what are the main barriers? To what extent do participants engage other school staff within the school and are they expected to?
 - What are the main barriers to attend the sessions and/or training? If compliance is not achieved, what are the reasons why? (including contextual reasons, such as Covid-19)
 - What are the experiences of social workers delivering the programme? (e.g. how did they find the CSA training and delivering supervision sessions)
 - What are the experiences of DSLs and the school in general? (e.g. how did they find the CSA training and supervision sessions)
 - What's the experience of key stakeholders in LAs delivering the programme? How does it fit into their wider support packages to schools, including in relation to support on identifying and responding to child sexual abuse?
- **Mechanism and outcomes**
 - What are the perceived impacts of the intervention?
 - How well do participating DSLs feel they have performed their role (and where applicable, how this compared to when they had no supervision), including:

- in assessing threshold levels of concern, managing referrals appropriately to CSC, and other issues related to supporting children and families?
- in identifying and responding to indicators of potential child sexual abuse?
- To what extent are perceived impacts affected by context and characteristics of the school, and by how long the school has received the support for?
- How equipped do participating DSLs feel they are to perform their role, including any changes in their level of anxiety and stress?
- Were there any other outcomes or impacts?
- Do school leaders and other staff within the school (not receiving the programme) feel the intervention benefited the school, including in relation to safeguarding practices around child sexual abuse?
- Do participants feel the programme was worth their investment of time?

Across all of the above questions, we will also explore whether different patterns or themes were observed for primary and secondary schools.

Design

IPE Design Table	
Indicators	Data collection method
Research Question 1: Fidelity and adaption	
<ul style="list-style-type: none"> • 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? 	Case studies, endline survey. Attendance data from the supervisors; training observations and attendance data Case studies, interviews with Supervising Social Workers (SSWs) and LA stakeholders, endline survey.
Research Question 2: Programme differentiation	
<ul style="list-style-type: none"> • How does usual practice look prior to the intervention or compared to the control condition? • How do DSLs feel supported prior to the programme or compared to the control condition? • How was the level of stress and anxiety suffered by the DSLs compared to prior to the intervention or compared to the control condition? 	Case studies and surveys Case studies and surveys Case studies and surveys
Research Question 3: Reach and acceptability	

<ul style="list-style-type: none"> How are staff members chosen to participate in the programme, and what are their characteristics and role in terms of the wider DSL structure within the school? 	Case studies, interviews with SSWs.
<ul style="list-style-type: none"> To what extent are DSLs engaged in the programme, and what are the main barriers? To what extent do participants engage other school staff within the school and are they expected to? 	Case studies, interviews with SSWs, endline survey, SSW estimates of engagement
<ul style="list-style-type: none"> What are the main barriers to attend the sessions? If compliance is not achieved, what are the reasons why? (including contextual reasons, such as Covid-19) 	Case studies, interviews with SSWs, endline survey
<ul style="list-style-type: none"> What are the experiences of social workers delivering the programme? (e.g. how did they find the CSA training and delivering supervision sessions) 	Interviews with SSWs.
<ul style="list-style-type: none"> What are the experiences of DSLs and schools in general? (e.g. how did they find the CSA training and supervision sessions?) 	Case studies.
<ul style="list-style-type: none"> What's the experience of key stakeholders in Local Authorities delivering the programme? How does it fit into their wider support packages to schools? 	Interviews with Local Authority stakeholders.

Research Question 4: Mechanisms and outcomes

<ul style="list-style-type: none"> What are the perceived impacts of the intervention? How well do participating DSLs feel they have performed their role, including: <ul style="list-style-type: none"> in assessing threshold levels of concern, managing referrals appropriately to CSC, and other issues related to supporting children and families? in identifying and responding to indicators of potential child sexual abuse? How equipped do participating DSLs feel they are to perform their role, including in noticing a change in their level of anxiety and stress? Were there any other impacts or outcomes? Do school leaders and other staff (not receiving the programme) feel the intervention benefited the school? Do participants feel the programme was worth their investment of time? 	<p>Case studies, surveys.</p> <p>Case studies, surveys.</p> <p>Case studies, surveys.</p> <p>Case studies, interviews with SSWs, interviews with Local Authority stakeholders, endline survey.</p>
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Methods

The IPE will include the following data collection methods:

Method	Description and sample size	Time point
Case studies	25 school case studies (15 primary schools: 2 online/phone interviews in each; 10 secondary schools: 1 online focus group plus 2 additional interviews in each)	May - July 2022
Interviews	10 online or phone interviews with supervising social workers (SSWs).	May- July 2022

Interviews	10 online or phone interviews with key stakeholders in each LA.	May- July 2022
Baseline survey	Online survey with all DSLs in both control and treatment schools.	October/November 2021
Endline survey	Online survey with all DSLs in both control and treatment schools.	June 2022
Observation	Observation of DSL CSA training	November 2021
Observation	Observation of online Community of Practice (CoP) sessions.	November 2021 - July 2022
Review materials	Review of materials, including SSW estimates of 'need' (Dec 2021) and 'engagement' (June/July 2022).	November 2021 - July 2022

The baseline and endline surveys of all DSLs, in both control and treatment schools, will focus on establishing existing practices and experiences among DSLs, including whether they receive, or have received, other formal or informal support, and their wellbeing and confidence in their role. It will be important to see how practice and behaviour in the control group changes over time to inform comparison. The endline survey among treatment schools will also explore experiences of the intervention among DSLs, including any self-reported changes to practices, wellbeing and confidence. Surveys will be carried out online. At the point of conducting the baseline survey, the evaluation team did not hold DSL contact details, so the survey invitation was sent out to LAs who forwarded this to schools. It is planned, subject to data sharing approvals, that the evaluation team will hold DSL contact details at the point of conducting the endline survey and thus should be able to administer the endline survey directly.

The format of school 'case studies' will differ across primary and secondary schools, due to the different planned formats of the intervention in primary schools (individual supervision) and secondary schools (group supervision). In primary schools, this will comprise an interview with the DSL and an interview with a senior leader (online or phone). In secondary schools, this will comprise an online focus group with all, or some, members of the school's DSL supervision group as well as a follow-up interview with one DSL, and an interview with a senior school leader, both conducted online or by phone. The focus groups with all, or some, members of the school's DSL supervision group will allow in-depth exploration of their experiences as a group, in terms of compliance, experiences of implementation, and perceived outcomes. The individual follow-up interview will identify one DSL per case study with typical or unusual experiences as revealed in the focus group, to explore individual experiences in more depth. Interviews with school leaders will gather insights on previous practices and general support for the DSLs, as well as the school's perspective, including cost and staff time data. The case study schools will be sampled to ensure we capture potential variation across different LAs and schools with different contexts and characteristics, including school type, school size, type of area, proportion of pupils eligible for free school meals as well as variations in 'need' and 'engagement' scores by the supervising social workers (SSWs) (these scores are described later in this section).

We will conduct online or phone interviews with all SSWs (10 in total) asking about recruitment, their experiences of implementation, the CSA training, materials and monthly sessions, including discussions about the overall support they have provided to DSLs,

enabling us to triangulate findings and to explore variation across LAs. We will also interview key stakeholders within each LA (10 in total), to explore recruitment into the role of DSL supervisor, their perception of the value of the project and how the programme fits with other projects and initiatives. This stakeholder will be identified through discussion with the supervising social worker; in many cases, this is likely to be the original project lead for the LA.

We will review relevant intervention materials. This would, if possible, include a sample of record-keeping documents between supervisors and schools. This would provide further insights into the implementation of support sessions. This will include devising a compliance measure through collecting the data from SSWs about attendance and regularity of sessions. We will also ask supervisors to construct an 'engagement' and 'need' score for each school. The supervisors will be asked to estimate each school's perceived 'engagement' (i.e. to what extent they were engaged *during* the supervision sessions and seen to be using the insights to improve their practices) on the following scale:

- 1 – good, consistent engagement
- 2 – reasonable engagement
- 3 – some engagement
- 4 – little or no engagement

In addition, after getting to know the schools and DSLs following the first few sessions, each supervisor would estimate each school's perceived 'need' for the intervention (i.e. to what extent they were perceived to be needing additional support) on the following scale:

- 1 – great need
- 2 – reasonable need
- 3 – some need
- 4 – little or no need

Both scores will be collected, through an Excel sheet, that SSWs are asked to complete. The 'need' score will be collected after DSL supervision groups have done two monthly sessions (around December 2021) and the 'engagement' score will be collected towards the end of the programme (around June-July 2022).

Analysis

Qualitative data analysis: Interviews and focus groups will be digitally recorded with the agreement of participants and transcribed verbatim. We will analyse the data using a 'framework' approach, drawing themes and messages from an analysis of interview and focus group transcripts, training observation notes, and review of other materials collected by evaluation and project teams. The sampling of case study schools will be designed to ensure we capture potential variation across different LAs and schools with different contexts and characteristics. However, the findings may not, therefore, necessarily reflect the views of the wider population of treatment schools, but instead provide in-depth insights into the range and diversity of views, and the experiences of participants in the programme. The findings of the IPE will be presented with these strengths and limitations in mind.

Analysis of survey data: Survey data will be analysed separately for control and treatment groups and the analysis will include exploration of change over time between the baseline

and endline surveys. Where appropriate, comparisons will be made between results for control and treatment groups. The survey data will be analysed using descriptive analysis.

Cost Evaluation

Data for the cost evaluation will be collected from the participating LAs, schools and WWCS.

We will consider costs according to the cost categories specified in the WWCS cost analysis guidance; namely staff costs for implementation; facilities, equipment and materials; and other programme costs. Costs relating solely to the evaluation will not be included.

We will identify direct costs, for example, the cost of funding the social work manager's time and travel costs for delivering supervision sessions (where applicable), as well as the cost of the CSA training. We will also explore whether there are hidden costs, for example, if more time was required from the social worker than planned, or if any other costs such as printing materials or providing resources were incurred.

While costs will primarily be reported from the perspective of the LAs, we will also explore costs from the perspective of schools and document the time that is required from DSLs in participating. It will be important to consider this in the context of how the programme may have affected overall time on their DSL role; while attending supervision sessions requires time, if this improves confidence and decision-making, it could possibly reduce overall time on DSL duties. On the other hand, it could increase time spent if, for example, it leads to more referrals. We will also consider whether there are any prerequisites, such as providing a suitable space for supervision to take place.

We will obtain information on costs by working with the LAs to understand expenditure on the intervention. In addition, the interviews and surveys that form part of the IPE will provide a further opportunity to explore costs, particularly from the perspective of DSLs, social workers and schools.

The information gathered will be combined to produce estimates of cost per school and cost per pupil. In estimating annual costs, it will also be critical to understand whether the programme would be intended as a one-off, or whether it would continue on an ongoing basis (and if so, whether the format may change after the first year). This will also entail considering which costs may be start-up costs and which would be incurred on a recurring basis.

It will also be important to understand expectations about how the programme may be funded if it were to be rolled out more widely, and whether this would be a service paid for by schools, or provided by LAs. While the evaluation will estimate the cost of the intervention as delivered in the trial, it will be important to understand any expectations about how this could change if repeated in future.

Our cost analysis will focus on a financial analysis, providing information on the costs of the intervention. At this stage, we anticipate that monetising benefits would be challenging and thus anticipate focusing on a financial analysis, rather than a value for money (VFM) analysis, but will explore the potential for additionally undertaking a VFM analysis during the evaluation.

Risks

Risk	Mitigation
Difficulties engaging schools that have been randomised to the intervention group, which may reduce anticipated number of schools receiving the intervention, and/or the duration of the intervention, if schools come on board later than anticipated (medium):	Support given to LAs to help with engagement of schools, based on lessons learned from previous DSL trials (for example, templates for initial letters to schools)
Difficulties in obtaining necessary data, especially where data collection systems differ across LAs (medium-high)	Discussions with each LA to understand data that is held/can be shared. Most attention will focus on obtaining accurate data for the primary outcome. If the necessary data are not available, this affects the ability of the impact evaluation to conduct a robust analysis – for example, if there were substantial missing data, this could both reduce sample sizes but also introduce bias. We will work closely with LAs in order to understand data availability before data collection, so that any consequences for the evaluation can be discussed at a relatively early stage.
Defining the intervention/consistency across LAs (medium)	Induction sessions and provision of guidance to supervisors to outline key features of the supervision programme. The IPE will also seek to capture variation in implementation.
Contamination across intervention and control groups (low-medium)	The school-based nature of the intervention should mean that contamination is minimised, but we cannot rule out the possibility that schools share information with one another. The importance of maintaining treatment and control groups will be clearly communicated to LAs.
Reluctance of schools to participate in surveys and interviews, and in particular, difficulties in engaging control schools in participating in surveys (medium)	The requirements of the evaluation will be clearly communicated to schools. Surveys and interviews will be designed to be as short as feasible to minimise burden wherever possible. We will work flexibly to accommodate the schedules of interviewees wherever possible. Engaging control schools is likely to be particularly challenging. To mitigate this as far as feasible, again it will also be important to keep surveys brief, to be clear in communications and to emphasise the value of their participation.

Ethics & Participation

We take seriously the ethical issues raised in the research. NIESR adheres to the Ethics Guidelines of the Social Research Association. An ethics application describing the evaluation was prepared by the evaluation team and submitted to the NIESR Research Ethics Committee for review in July 2021; ethical approval was granted in September 2021.

Each participating LA is co-ordinating the recruitment of schools within its area. LAs were provided with an initial template letter for LAs to distribute to schools, and were later provided

with an information letter to distribute to schools, explaining the evaluation and what it involves. Schools are able to withdraw from the evaluation if they wish to do so.

Ethical issues and mitigations include:

- The research involves randomisation: as the LAs are providing the intervention to schools, it is considered that the LA can take the decision to randomly allocate schools to receive the supervision or not. A letter to schools explains what the evaluation involves, why this involves randomisation and what this means. Schools are also able to withdraw from being part of the evaluation.
- The research involves information about children and young people under the age of 18: the study does not involve direct contact with this group, but it will use data collected on their contact and outcomes with the social care system (and it is important to note the sensitive nature of any data relating to children's contact with the social care system and outcomes) This information will come from administrative data provided by the LA in an anonymised form; furthermore, it will be aggregated so that data are provided at school level, or for groups within schools. Nevertheless, it is still important to be aware of the risks of identification given the sensitive nature of the data. All data will be handled in accordance with the NIESR Data Security Policy. No individuals will be identified in the evaluation report or in any other outputs arising from the project
- The evaluation will collect data on wellbeing of DSLs, which could be considered sensitive: It will be emphasised to DSLs that they are able to withdraw from the research at any time and do not need to answer any questions they feel uncomfortable with. They will also be given reassurance regarding the confidentiality of the information provided, and that once collected, data will be anonymised in the analysis, and no individual or school will be identified in any reporting.
- Protecting participants from harm: it is possible, although considered unlikely, that discussions with DSLs regarding their experiences could raise issues which are sensitive or upsetting for the DSL. An approach for how any such incidents should be handled will be agreed among the team and we will identify potential resources to which the individual could be directed for support, in the unlikely event of this occurring. More generally, the evaluation will inevitably place some burdens on participants but schools will be informed of what the project entails before agreeing to take part, and wherever possible the study design aims to minimise burden on participants.

The evaluation will require the use of some personal data, although it is anticipated this will be limited to contact details of DSLs and any other school staff required in order to facilitate the intervention, as well as contact details of supervising social workers; please see data protection section below.

Registration

The trial will be registered on the Open Science Framework (OSF).

Data Protection

Our data protection statement for all research projects is available on the WWCS website. The Data Protection Statement is not the Data Protection Notice, this is provided to all research participants at the point of data collection unless data is collected indirectly from a participant. In all cases, a project specific Data Protection Notice is published and accessible on relevant project team websites.

Regulatory framework	
Relevant legislation	UK Data Protection Act 2018 (DPA) UK General Data Protection Regulation (GDPR)
Data Protection Identifier (DPID)	#2116, #2119, #2120, #2121, #2122, #2123
DPIA outcome/ risk level	Low
Type of data processing	Research activities in accordance to the remit of this protocol document.
Categories of data subjects	Nominated Employees (Designated Safeguarding Leads) Other relevant school staff Supervising social worker Other relevant local authority staff Research project team personal data.
Privacy notice	https://www.niesr.ac.uk/wp-content/uploads/2021/09/Data-Privacy-Notice-2121-DSL-FINAL.pdf
Personal data	
Lawful basis	Processing is necessary for the performance of a task carried out in the public interest (GDPR Article 6.1(e)) The legitimate interest of the Data Controller (GDPR Article 6.1(f)).
Justification for the lawful basis	<p>The parties shall rely on GDPR Article 6.1(e) "Public task" as a lawful basis for the purposes of:</p> <ul style="list-style-type: none"> ● Conducting research on the monthly supervision sessions for the Nominated Employee and assess whether there is an improvement to the wellbeing of the Nominated Employee and understand if there is a change in the frequency and type of social care referrals by schools. ● Conducting the project evaluation based on the data provided. <p>The parties shall rely on GDPR Article 6.1(f) "Legitimate Interest" as a lawful basis for processing in accordance with the following processing activities as stated in the Data Privacy Notice shared with data subjects:</p> <ul style="list-style-type: none"> ● To request "informed consent" for participation as part of ethical research practices. ● For NIESR or the Local Authority to contact data subjects to participate in an interview as part of the evaluation. ● For NIESR or the Local Authority to send data subjects invitations to complete surveys as part of the evaluation. ● To transcribe the audio captured from any recorded interviews with data subjects. ● To identify whether a data subject has agreed to participate in a survey. ● To identify a data subject's data, which would be deleted where possible, should a data subject no longer agree to have their data processed for the purpose of conducting the evaluation.

Special category data	
Lawful basis	Archiving, research and statistics (GDPR Article 9 (2) (j)) in accordance with the conditions of the UK Data Protection Act 2018 Schedule 1 Part 1.
Justification for the lawful basis	Our condition for processing special category personal data (wellbeing of DSLs) is that this is necessary for scientific research purposes and is in the public interest. In particular, these data will allow us to evaluate whether the programme has an impact on the wellbeing of DSLs.
Roles	
Data controller(s)	WWCSC (Joint controller) NIESR (Joint controller) Each participating local authority (in respect of data relating to their own local authority) (Independent controller(s))
Data processor(s)	Transcription services
Data sharing mode	The mode of sharing may vary by local authority, and may include secure email or password protected files; the exact means of transfer will be agreed between the parties sharing data by means of a signed Data Sharing Agreement. Technical and organisational measures for data protection compliance shall be adhered to for any transfers.
Archiving	
Archiving	Y
Archive used for this project	WWCSC archive instance in the Office for National Statistics Secure Research Service ("WWCSC Data Archive")
Linking to NPD and use of SRS	
Name of the organisation(s) submitting data to the NPD team	Not applicable
Name of the organisation(s) accessing the matched NPD data	Not applicable
Retention and Destruction	
Expected date of report publication	Early 2023
Retention Notice displayed to Data Subjects within the Data Protection Notice.	<p>Aside from storing data in the WWCSC data archive, described above, personal data will be retained for up to 6 months after the end of the research study which is currently scheduled for 31/12/2022.</p> <p>This is dependent on any potential extension to the delivery of this programme. Where this happens the latest date for deletion of data, outside of the data that has been archived, will be 30/06/27 or 5 years from the delivery of the final report, whichever is earlier.</p>

	Archived data within the ONS Secure Research Service shall remain in an anonymised form within the archive for an indefinite period of time.
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Personnel

Delivery team:

- What Works for Children's Social Care, CSA Centre and Wilson Litchmore and Bolton Council in a consultancy role for manual and resource development

Evaluation team:

The evaluation team comprises

- Lucy Stokes (Principal Economist, NIESR)
- Chiara Manzoni (Senior Social Researcher, NIESR)
- Johnny Runge (Senior Social Researcher, NIESR)
- Katharine Stockland (Senior Social Researcher, NIESR)
- Janine Boshoff (Economist, NIESR)
- Claudine Bowyer-Crane (Associate Research Director, NIESR)
- Richard Dorsett (Professor of Economic Evaluation, University of Westminster, and NIESR Fellow)

The evaluation will be led by Lucy Stokes, who will have overall responsibility for the project, leading on the design, analysis and reporting. Johnny Runge. Chiara Manzoni and Katharine Stockland will deliver the implementation and process evaluation. Janine Boshoff will work on the impact and cost analysis; Claudine Bowyer-Crane will provide expert input on design and reporting. Richard Dorsett will act as an expert advisor to the team.

Timeline

Dates	Activity	Staff Responsible/ Leading
Jul-Aug 2021	Recruitment of schools and social workers	LAs
Sep 2021	Randomisation	NIESR
Oct/Nov 2021	Baseline survey of DSLs	NIESR
Oct 2021- July 2022	Delivery of supervision programme	LAs
Jun-Jul 2022	School case studies; interviews with supervising social workers and key LA stakeholders	NIESR

Jun-Jul 2022	Follow-up survey of DSLs	NIESR
Jul-Aug 2022	Collection of administrative data on outcomes from LAs	NIESR and LAs
Nov 2022	Evaluation report submitted	NIESR

Trial Evaluation Protocol
Supervision of DSLs scale-up
Evaluator (institution): NIESR
Principal investigator(s): Lucy Stokes

Template last updated: June 2019

Supervision of Designated Safeguarding Leads scale-up

Intervention Developer	Bolton Council
Delivery Organisations	Greater Manchester Combined Authority
Evaluator	National Institute of Economic and Social Research
Principal Investigator	Lucy Stokes
Protocol Author(s)	Lucy Stokes, Richard Dorsett, Chiara Manzoni, Johnny Runge, Elena Lisauskaite
Type of Trial	Cluster randomised trial, randomised at the level of the school
Age or Status of Participants	Designated Safeguarding Leads (DSLs) in secondary schools
Number of Participating Local Authorities	10
Number of Children and Families	Approximately 155,000 pupils in around 160 schools
Primary Outcome(s)	Contacts resulting in no further action (at the point of contact)
Secondary Outcome(s)	Contacts; Referrals; Child in Need assessments; Child Protection assessments; Looked After Children; Submission of Early Help Plans; DSL wellbeing
Contextual Factors	The trial is taking place in up to ten local authorities within Greater Manchester. The report will present selected characteristics for the participating local authorities, including school characteristics, to help understand the differing area contexts, as well as aiding understanding of how applicable results may be for other areas.

Summary

This trial aims to establish the impact of providing a designated social worker to supervise Designated Safeguarding Leads (DSLs) in secondary schools in Greater Manchester. The evaluation comprises a randomised controlled trial, along with an implementation and process evaluation, and analysis of costs. The intervention will be delivered to schools from January 2021 to December 2021. The final evaluation report will be submitted in March 2022.

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Background and Problem Statement

This trial aims to establish the impact of providing a designated social worker to supervise Designated Safeguarding Leads (DSLs) in secondary schools in Greater Manchester.

DSLs are responsible for safeguarding and child protection in schools, and are expected to: manage referrals; act as a liaison with safeguarding partners including local authority case managers, head teachers and other school staff; undergo specialist training; raise awareness; and maintain child protection files.¹

Although the role can involve having to make difficult decisions about vulnerable children in often complex circumstances, anecdotally at least, the provision of formal supervision for DSLs can be limited. In this project, each local authority will assign a dedicated social work manager to supervise DSLs to support children and families more effectively (by addressing issues earlier), and with the aim of improving the appropriateness and quality of contacts to children's social care. It is also hoped that the intervention will result in increased confidence in decision-making and reduced anxiety among DSLs. Supervision will be provided in the form of one-to-one sessions, taking place on a monthly basis. The intervention being evaluated in this trial (described in more detail below) was developed by Bolton Council. This study builds on a pilot study providing supervision to DSLs in schools in Bolton in 2019/20, although the pilot took place in primary schools, whereas in this study, all supervision will take place in secondary schools.²

Intervention and Theory of Change

Name: Supervision of Designated Safeguarding Leads scale-up

This programme offers formal supervision sessions for DSLs in the selected secondary schools in the Greater Manchester area, starting in the school year 2020-21. DSLs are the members of staff in each school tasked with the lead responsibility for safeguarding and protection of young people, which includes responsibility for referring cases that meet threshold levels of concern onto children's social care (CSC). This programme builds on the initial pilot programme delivered to primary schools in Bolton in the school year 2019-20.

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. 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...'.³ Further guidance such as 'Working Together to Safeguard Children' also emphasises that 'effective practitioner supervision can play a

¹ Department for Education (September 2019). *Keeping children safe in education: Statutory guidance for schools and colleges*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835733/Keeping_children_safe_in_education_2019.pdf

² Further details of the pilot study can be found at:
<https://whatworks-csc.org.uk/research-project/supervision-of-designated-safeguarding-leads-in-primary-schools/>

³ Department for Education (September 2019). *Keeping children safe in education: Statutory guidance for schools and colleges*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835733/Keeping_children_safe_in_education_2019.pdf

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.'⁴

Despite this guidance, many DSLs do not receive formal supervision to support them specifically with their child safeguarding responsibilities and are often ill equipped and undertrained to carry out their role most effectively. DSLs support children in challenging and complex circumstances, and this can often be stressful, challenging and emotionally taxing for the DSLs themselves.⁵

Supervision

Supervision is defined by this programme as an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice. 'Supervision aims to identify solutions to problems, improve practice and increase understanding of professional issues'.⁶ It serves to manage the emotional demands of the work, maintain relationships, and make difficult judgements and decisions often in light of conflicting information.⁷ Supervision serves to reflect critically on one's own practice, receive emotional support, and to develop skills, knowledge and an increased understanding of the mechanisms of children's social care threshold limits and processes.

Aim of programme

The aims of the intervention are to:

- Improve knowledge and understanding of children's social care processes and issues, resulting in reductions in inappropriate contacts to children's social care.
- Reduce DSL stress and anxiety, resulting in reduced rates of DSL burnout and turnover

Materials

Bolton CSC developed a series of documents and agreements for the implementation of the pilot programme in primary schools, which have been updated and refined for delivery in this scale-up:

Firstly, agreements and contracts have been drafted for supervisors and supervisees, in order for all involved to have an understanding of the processes, and of expectations of roles and responsibilities. Evidence suggests that partnerships that enter into a formal agreement tend to be more sustainable. Such agreements and record keeping documents are listed below, and attached as appendices:

- Memorandum of understanding (Appendix A)
- Supervision agreement (Appendix B, 1)
- Record of supervision (Appendix B, 2 & 3)

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

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

- Objectives
- Supervision standards
- Principles of effective supervision

⁴ HM Government (July, 2018). *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

⁵ See for example: <https://www.tes.com/news/wellbeing-who-safeguards-safeguarding-leads>
⁶ UKCC (1996). *Position Statement on Clinical Supervision for Nursing and Health Visiting*. London: United Kingdom Central Council for Nursing, Midwifery and Health Visiting.

⁷ Wonnacott, J. (2012). *Mastering social work supervision*. London: Jessica Kingsley

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

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

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

Procedure:

1. Initial supervision dates agreed between DSL and supervisor. Further supervision appointments to be scheduled in advance;
2. Supervision contracts (including the memorandum of understanding) signed, and decisions to agree how to move forward;
3. DSLs to attend formal, individual supervision sessions. A minimum of one session, and a likely maximum of around 7 sessions within the timeframe of the trial (roughly one year). Sessions would be intended to take place every 4-6 weeks.
4. DSLs to reach out if need for further informal supervision.
5. DSLs and supervisors expected to keep a record of sessions attended - logging these into the contact log, preparing and completing worksheets as necessary.

Who

Each participating local authority is recruiting an experienced social work manager to provide the supervision. This supervisor will also be in charge of scheduling sessions, and ensuring the programme moves forward as expected. The supervisors will receive training in the programme, delivered by the social work manager in the previous Bolton trial as well as the lead at GMCA.

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

How

Supervision sessions will follow the same format for each session, and for each DSL. These sessions will be individual supervision sessions for each school, taking place face-to-face (sessions may need to happen remotely depending on Covid-19 restrictions). All sessions will be logged, and a written record will be kept.

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

Where

The supervision sessions will take place within the schools of the DSLs (although may happen remotely due to Covid-19 restrictions). Where possible, the location of the sessions should remain consistent throughout, and ensure the space used is quiet and private, to minimise disruptions and allow for open discussion.

When

The formal supervision sessions should take place at regular monthly intervals (every 4-6 weeks), for a maximum of 2 hours at a time. Sessions will be offered between January 2021 and December 2021.⁸

Tailoring/adaptation

Given the nature of supervision, the content of the sessions will be tailored to the needs of each DSL, however the format and style of sessions will remain constant throughout.

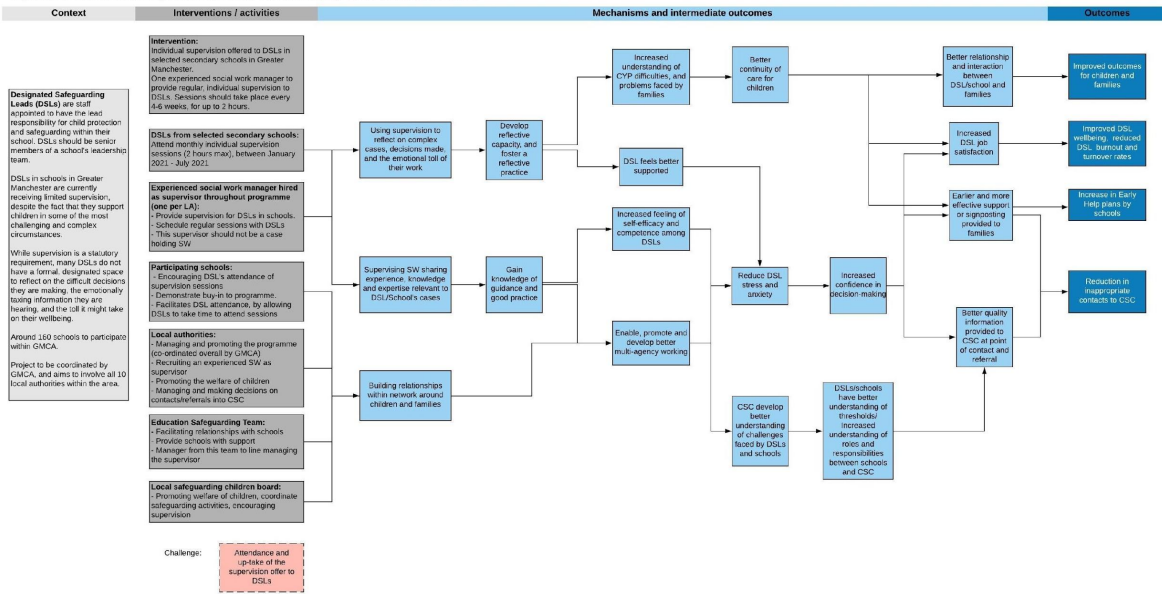
Logic model

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

⁸ Note that the original intention was to deliver sessions within the school year from October 2020 to July 2021; but following a slower than anticipated start sessions started to commence from January 2021 and will now continue until end December 2021.

Figure 1

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



Impact Evaluation

Research questions

A key aim of the intervention is to reduce inappropriate contacts to children's social care. While it is relatively straightforward to count number of contacts made (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.

The key questions to address here are whether contacts are being made for the right children, 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.

One way of capturing appropriate contacts is to consider these as appropriate where these lead to referral or some form of further action (or conversely, as "inappropriate" where these do not lead to any further action). We use this as the basis for our primary outcome, to explore whether there is a change in contacts not leading to referral or further action. It is also worth noting the distinction made between contacts and referrals. An initial contact is 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 the social worker or manager considers 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.

One weakness of such a 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. To address this, we propose also exploring whether there is any change in contacts made from sources other than schools.

In order to explore the extent of early action taken, we will explore impacts on the submission of Early Help plans.

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

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

The evaluation will also address the following secondary research questions:

- What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom an Early Help Plan is submitted?
- What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom a new contact is made?
- What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom a new referral is made?
- What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom a new referral results in a Child in Need Assessment (section 17 start)?
- What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom a new referral results in a Child Protection enquiry (section 47 start)?
- What is the effect of providing support to DSLs in secondary schools on the proportion of pupils for whom a new referral leads to a child becoming a Looked After Child?

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

It should be noted that the ability to address the research questions above clearly depends on being able to access the necessary data. This protocol reflects the intended questions we aim to address in this trial, but it may be necessary to review these following consultation with all participating local authorities, if there are issues relating to data availability. If changes are required as a result, these will be documented in an update to the trial protocol prior to analysis.

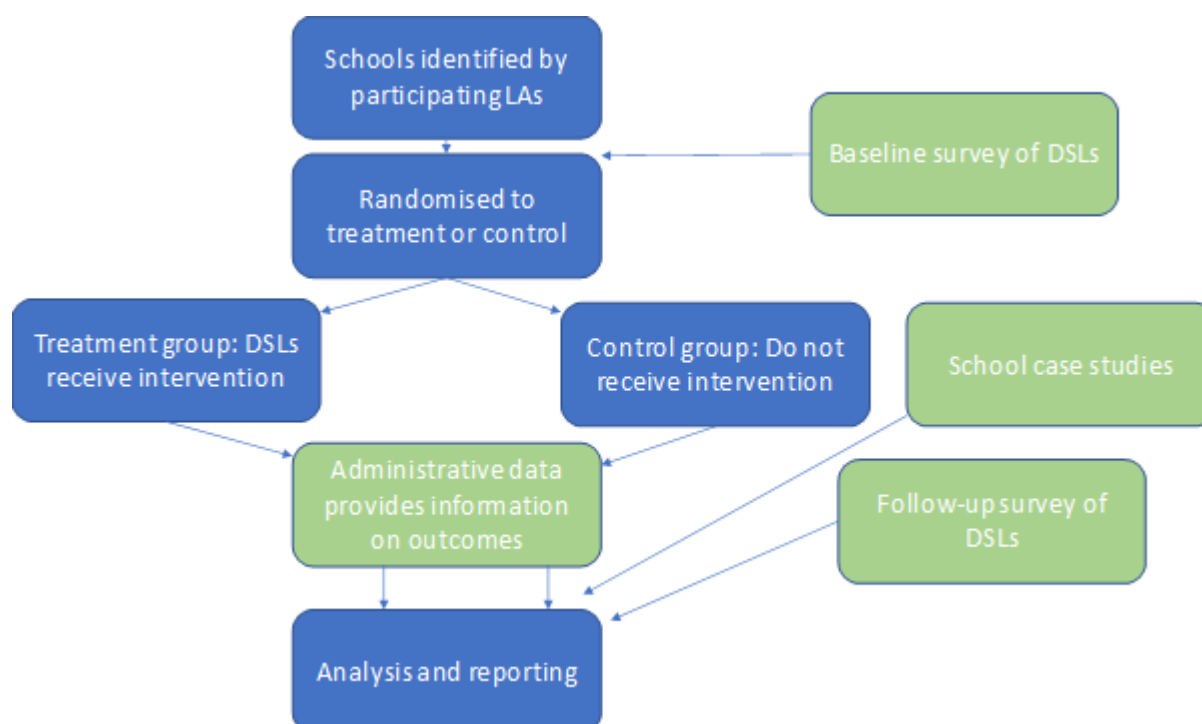
Design

Trial type and number of arms		2-armed randomised trial
Unit of randomisation		School
Stratification variables (if applicable)		Local authority and proportion of pupils in school eligible for FSM
Primary outcome	variable	Proportion of pupils for whom a new contact is made which results in no further action (at the point of contact)
	measure (instrument, scale)	Local authority administrative data
Secondary outcome(s)	variable(s)	DSL wellbeing; Proportion of pupils for whom Early Help Plan submitted; Proportion of pupils for whom new contact is made; Proportion of pupils for whom new referral is made; Proportion of pupils for whom new referral leads to Child in Need assessment; Proportion of pupils for whom new referral leads to Child Protection enquiry; Proportion of pupils for whom new referral leads to becoming Looked After Child;
	measure(s) (instrument, scale)	Wellbeing: pre and post intervention surveys of DSLs All other outcomes: local authority administrative data

The evaluation will be conducted as a randomised control trial. There will be two trial arms; receiving the supervision and not receiving the supervision. Randomisation will take place at school level with approximately half of schools being allocated to the treatment group (receiving the support of the designated social work manager) and half to the control group (who would not receive this support).

The primary outcome for the trial will be the proportion of pupils for whom a new contact is made that does not lead to further action. The secondary outcomes to be considered are DSL wellbeing; new contacts, new referrals to social care, Child in Need plans, Child Protection plans, Looked After Children and submission of Early Help Plans (with all except DSL wellbeing measured as a proportion of pupils). We describe these outcomes in greater detail in the section on outcome measures below. Data on all outcomes will be obtained from administrative data held by the local authorities, except for wellbeing which will be collected through surveys administered by the evaluation team, pre and post intervention.

The diagram below summarises the key stages of the trial (data collection points are shaded in green, please note this includes data collection for both the impact evaluation and the implementation and process evaluation):



Randomisation

Schools will be randomised within blocks defined on the basis of local authority and the proportion of children eligible for free school meals (FSM). Two FSM groups will be determined: 'high' and 'low' – with schools ranked by the proportion of pupils eligible for FSM, with thresholds for the 'high' and 'low' groups then chosen so that half of all schools within each local authority fall into each group. This blocking is used in order to reduce the risk of imbalance between the treatment and control groups when randomising schools. Stratifying on the basis of previous social care activity may have been beneficial, but due to the timeframe within which randomisation needs to take place, it is necessary to make use of readily available data. Furthermore, it may be necessary to randomise schools within batches, depending on progress of recruitment by local authority.

Randomisation of schools, to achieve a 50:50 allocation, will be performed as follows:

Each school will be assigned a randomly generated number;

- Schools will be sorted by block and random number
- The first school will be randomised to treatment or control

- Each subsequent school will be assigned to have the opposite outcome of the previous school.

The randomisation process will be recorded in the syntax and log files used to carry out the randomisation. Analysts will not be blind to group allocation.

Participants

All ten local authorities within Greater Manchester are eligible to participate, with all mainstream secondary schools located within these local authorities eligible to take part. Schools will be identified by each participating local authority; all will be expected to participate in the trial unless the school declines. The nature of the intervention is such that it potentially applies to all children within all schools, thus all children within selected schools will be included in our sample.

Sample size / MDES calculations

		MDES (Proportion of a Standard Deviation)
MDES		0.4
Baseline/Endline correlations	School	R ² = 0.2
Alpha		0.05
Power		0.8
One-sided or two-sided?		2-sided
Level of intervention clustering		School
Sample Size (schools)	Intervention	80
	Control	80
	Total	160

The sample size for this trial is set by the number of schools within the participating local authorities. For the purpose of the power calculations, it is assumed that 160 schools will take part (the number of secondary schools within Greater Manchester). The MDES is therefore determined by the maximum available sample. Based on the assumption made above, this stands at 0.4 (this is in units of school-level standard deviation rather than pupil-level). This corresponds to a pupil-based MDES of 0.07.

Outcome measures

The primary outcome will be the number of new contacts made which result in no further action (at the point of contact) as a proportion of the number of pupils between January 2021 and December 2021.

Secondary outcomes will be:

- New submissions of Early Help Plans (as a proportion of pupils)
- New initial contacts with the social care system (as a proportion of pupils)
- New referrals to children's social care (as a proportion of pupils)
- New referrals leading to a Child in Need assessment (section 17 starts) (as a proportion of pupils)
- New referrals leading to a child protection enquiry (section 47 starts) (as a proportion of pupils)
- New referrals leading to a child becoming a Looked After Child (as a proportion of pupils)
- DSL wellbeing

With the exception of DSL wellbeing, information on both primary and secondary outcomes will be obtained from administrative data that is already routinely collected by the participating local authorities. These will all be assessed for the same time period as for the primary outcome measure. It should be noted that for all outcomes, this protocol reflects the intended outcomes we aim to capture in this trial, but it will be necessary to review these following consultations with all participating local authorities if there are issues relating to data availability.

Wellbeing of DSLs will be captured through a survey of DSLs administered by the evaluation team, with post-intervention measured towards the end of the programme in late 2021. The wellbeing measure to be used as a secondary outcome is a measure of work-related wellbeing that has been used in previous nationally representative surveys of employees in British workplaces⁹ and aim to capture job-related anxiety-contentment and job-related depression-enthusiasm (Warr, 2007¹⁰). The questions underlying these measures can be found in the baseline survey (Appendix D, Q8). These will be 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).¹¹

Analysis plan

The estimated impact will be based on the difference between the intervention and control groups, regardless of contamination of the control schools or drop out by intervention schools. This is in order to estimate the "intention to treat" (ITT) effect.

The analysis will be carried out using linear regression. The regression models used for the primary analysis will include controls for proportion of pupils with no further action at contact, defined as per our primary outcome measure, but based on the previous year (at school level). The models will also include a dummy variable capturing treatment allocation and strata indicators. The estimated impact is recovered from the coefficient on the treatment variable.

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

⁹ van Wanrooy, B., Bewley, H., Bryson, A., Forth, J., Stokes, L. and Wood, S. (2013) *Employment Relations in the Shadow of Recession: Findings from the 2011 Workplace Employment Relations Study*, Palgrave MacMillan.

¹⁰ Warr, P. (2007) *Work, Happiness and Unhappiness*, London: Taylor & Francis.

¹¹ To add further context, the survey also asks a set of questions relating to how the DSL feels specifically about their DSL role, including how satisfied they are in the role, and whether they perceive effects of the role on their job satisfaction and wellbeing; descriptive statistics on responses to these questions will be presented at baseline and follow-up as part of the IPE.

Effect sizes will be reported, expressed as a proportion of the school-level standard deviation in the control group (Glass's Delta), as per the WWCS Evaluation Guidance.

As there is one primary outcome measure the analyses will not be subject to multiple comparison adjustments.

Secondary Analysis

The analysis will be repeated for each of the secondary outcome measures 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. The same approach will effectively be adopted for analysis of DSL wellbeing, this model will control for wellbeing as measured prior to the start of the intervention (October 2020). As a number of secondary outcomes are being considered, we will adjust for multiple comparisons, using the Hochberg step-up procedure as detailed in the WWCS Statistical Analysis Guidance.

Depending on data availability, we propose two additional subgroup analyses:

Firstly, if it is possible to obtain data on outcomes (contacts, referrals) by year group within schools, we will conduct analyses separately for different year groups to explore whether there is evidence of differential effects for pupils of different ages. This would be explored both through the inclusion of an interaction term, but also through running separate models for each year group.

Secondly, we will explore whether there are differences in outcomes according to the length of time someone has held the DSL role in their school (based on information collected in the survey which uses the categories less than 1 year; 1-2 years; 3-4 years; 5-6 years; 7-9 years; 10 or more years. Depending on sample sizes, it may prove necessary to combine some of the above groups). This will help to inform whether the benefits of supervision may differ according to experience of the DSL.

Since the trial is not adequately powered for this sub-group analysis, any findings will be interpreted in this context.

Interim analyses will also be conducted and reported, following the approach set out above, based on outcome data measured to end July 2021. This will cover primary and secondary outcomes specified above, with the exception of DSL wellbeing, as this will not be measured until towards the end of programme delivery.

Analysis of Harms

While it is hoped that the intervention will generate benefits, it is also of relevance to consider whether there may be unintended negative effects or potential harms as a result. Drawing on the framework set out by Lorenc and Oliver (2014)¹², potential harms can be considered in terms of direct harms, psychological harms, equity harms, group and social harms and opportunity cost harms.

It is thought unlikely that the intervention would generate direct harm. The guidance and support is intended to improve and support decision-making and actions by DSLs. Nevertheless, the consideration of a range of outcomes in terms of contacts and referrals, will enable assessment of whether there are any signs of negative, rather than positive or null effects.

¹² Lorenc, T. and Oliver, K. (2014) Adverse effects of public health interventions: a conceptual framework, *Journal of Epidemiology and Community Health* 2014;68:288–290.

In terms of psychological harms, while the intervention aims to support the wellbeing of DSLs, it is conceivable that focusing on the role in greater depth could have the opposite effect and increase anxiety. As the evaluation is collecting information on wellbeing, it should be possible to assess this empirically. Clearly, in the light of any concerns for any participants' welfare arising during the study, this would be investigated and appropriate actions agreed by the organisations involved.

Equity harms could arise if the intervention benefits some groups more than others. Rather than being considered harmful, any evidence on whether the intervention has greater effects on particular subgroups could help inform any future implementation of the programme.

Group or social harms are perhaps less likely given the generally one-to-one nature of the intervention. However, given that multiple staff within schools are likely to contribute to the safeguarding process, it will be important to consider whether there are any harms generated to those individuals not receiving the supervision. School case studies conducted as part of the IPE will aim to explore views of multiple school staff and not just the individual receiving the supervision.

Finally, there is inevitably the potential for opportunity cost harms. The resources used to fund the intervention could potentially be used for other means; although the impact of this is extremely difficult to assess without information on how funds would otherwise have been used. It is perhaps useful though, and more practical, to consider whether those receiving the intervention felt that the benefits generated outweighed the additional time this may have required from them; this will be explored as part of the cost analysis.

Exploratory Analysis

As described above, our primary analysis will focus on identifying an intention to treat effect, but we will additionally test the robustness of our results to exclude any schools who drop out from receiving the intervention.

A record of attendance by DSLs at supervision sessions will be maintained by the social workers. The evaluation team will use this information to explore compliance with the intervention. We will attempt to identify the impacts of attending sessions, and hence of compliance, by 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 participants in the control group, and varying between 0 and 1 for the treatment group, where participants in schools whose DSL attended no sessions are scored 0, and those that attend all sessions are scored 1. If a DSL attends half the sessions, for example, they are scored 0.5. Note that this becomes a nonexperimental analysis. We will estimate the complier average causal effect using an instrumental variables approach.

Depending on whether it is possible for local authorities to provide the relevant data, we will also explore whether results are sensitive to the time period over which outcomes are measured. The primary analysis will focus on outcomes measured over the full intervention period, but we will 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.

Some (two) of the local authorities are also taking part in the concurrent Social Workers in Schools (SWIS) trial. In view of this, we will also incorporate a dummy variable for participation in SWIS, as well as an interaction term capturing receipt of treatment and participation in SWIS, as otherwise the estimates of the effect of the treatment (the DSL programme) may be biased. We will also run a subgroup analysis for those local authorities not taking part in the SWIS trial.

We will also run an extended version of our primary analysis that also controls for other school characteristics, where these are accessible through publicly available data, including school type, size and pupil composition (for example, percentage of pupils with English as an additional language).

Depending on how sessions are ultimately delivered, in the light of ongoing restrictions relating to Covid-19, we will consider whether there is any evidence of difference in impact for remote rather than face-to-face sessions.

We will also conduct a sensitivity analysis for any local authorities that may start later (if they end up taking part in the trial.) Here we would test sensitivity to excluding the local authorities that started later from the trial.

Contextual Factors Analysis

The trial is taking place within one area of the country, but comprises up to 10 local authorities. It will be helpful to consider how applicable the findings are likely to be for other areas. To help inform this, the final report will include some discussion of the characteristics of Greater Manchester compared with other local authorities in England, using, for example, published statistics by local authority on the number of assessments and referrals by children's social care services. The report will also present characteristics of participating schools by local authority, for example, the distribution of Ofsted inspection ratings. This information will also help to aid understanding of contextual factors that may differ between the local authorities taking part in the trial.

Implementation and process evaluation

Aims

The overarching aim of the implementation and process evaluation (IPE) is to show how the programme is delivered and implemented, the factors that informed this, and any perceived impact it had upon DSLs and their practices. In addition, the IPE monitors the activity of the control group to establish what was done in the absence of the programme. The IPE also aims to bring greater clarity to the quantitative impact findings and to understand the reasons behind them. The IPE will also look for evidence of perceived effectiveness and issues which would need to be considered for a wider rollout and future delivery.

Research Questions

The IPE will explore the following research questions:

Fidelity and adaptation

- Is the programme delivered as intended?
- What is the best measure to assess compliance with the intervention? (e.g. DSL attendance data for monthly supervision sessions).
- 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 (to what extent is support provided to DSLs different to the support given to DSLs prior to the introduction of the programme, or in the control condition):

- How does usual practice look prior to the intervention or compared to the control condition?
- How do DSLs feel supported prior to the programme or compared to the control condition?
- How was the level of stress and anxiety suffered by the DSLs prior to the intervention or compared to the control condition?

Reach and acceptability (who the intervention reached and what the experience was of those delivering and receiving the intervention)

- How are individual DSLs 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 participants DSLs engage other DSLs within the school and are they expected to?
- What are the main barriers to attend the sessions? If compliance is not achieved, what are the reasons why? (including contextual reasons, such as Covid-19)
- What's the experience of social workers delivering the programme? How was the intervention received by participants and by the school in general?

Mechanisms and outcomes

- What are the perceived impacts of the intervention?
 - How well do participating DSLs feel they have performed their role, including in assessing threshold levels of concern, managing referrals appropriately to CSC, and other issues related to supporting children and families?
 - How equipped do participating DSLs feel they are to perform their role, including in noticing an improvement in their level of anxiety and stress?
 - Do other DSLs (who were not chosen to have monthly supervision sessions) and other school leaders and teachers feel the intervention benefited the school?
- Do participants feel the programme was worth their investment of time?

Design and Methods

Alongside the impact evaluation, an implementation and process evaluation (IPE) will be carried out. The following methods will be used for the IPE:

Baseline and endline surveys will be conducted with all DSLs in both control and treatment schools. The surveys will be administered online and sent out to the contacts for each school. Schools will be asked to forward to all DSLs within the school. An email address will be available to respondents for any queries or concerns they may have. The baseline survey will be conducted pre-randomisation (early-October 2020) and will therefore be identical for control and treatment schools. It will be short (around 5-10 minutes to complete) and focus on establishing existing practices among DSLs including whether they receive, or have received, other formal or informal support; as well as experiences among DSLs including their confidence and wellbeing in the role. The endline survey will be carried out at the end of the programme in late 2021. For control schools, the endline survey will be sent out to all DSLs. It will be short (around 5 minutes to complete) and very similar to the baseline survey, to assess whether their practices and support have changed during the intervention. For treatment schools, the endline survey will be sent out to all participating DSLs. This will be a longer survey (around 10 minutes to complete), including similar questions to the control group survey as well as questions to explore their experiences of implementation, including fidelity, engagement, and perceived outcomes. These surveys will, importantly, also gather data on outcome measures for the impact analysis. The baseline survey can be found in

Appendix D. For DSLs in treatment schools, an additional light-touch survey administered in summer 2021 will aim to capture emerging experiences.

We will conduct 20 case studies of treatment schools, involving semi-structured interviews with participating DSLs and other relevant school staff, for instance a school leader and a member of teaching staff without senior responsibility (around 60 interviews in total). The interviews with DSLs will allow in-depth exploration of their experiences, in terms of compliance, experiences of implementation, and perceived outcomes. We will also interview school leaders and other school staff to gather insights on how they experience the DSL's advice and support on child welfare and child protection matters, as well as the school perspective including any cost and staff time data. The interviews will be conducted online or over the phone to minimise burden on schools and due to potential restrictions due to Covid-19. Some interviews will take place between April and July 2021, with the remainder taking place towards the end of the programme, in the Autumn 2021 term. Sampling will be designed to ensure we capture potential variation across different LAs and schools with different contexts and characteristics, such as school size, school type, number of DSLs, geography (rural/urban) and disadvantage (high/medium/low FSM).

We will interview all senior social workers responsible for the delivery of the programme (10 in total) and we will ask them about their experiences with implementation, materials and monthly sessions. This will include exploring how participating DSLs were selected, the overall support they provided to DSLs and the engagement among DSLs, enabling us to triangulate findings. We will aim to interview the majority of the social workers in the summer 2021 term, and then again towards the end of the programme in the Autumn 2021 term.

We will review relevant intervention materials. This will include a sample of record-keeping documents between supervisors and supervisees. This would provide further insights into the implementation of support sessions. This will include devising a compliance measure through collecting the data from supervisors about attendance and regularity of sessions. We will also ask supervisors to construct an 'engagement' and 'need' score for each DSL. The supervisors will be asked to estimate each DSL's perceived 'engagement' (i.e. to what extent they were engaged during the supervision sessions and seen to be using the insights to improve their practices) on the following scale:

- 1 – good, consistent engagement;
- 2 – reasonable engagement;
- 3 – some engagement; or
- 4 – little or no engagement

In addition, each supervisor would estimate each DSL's perceived 'need' (i.e. to what extent the DSL, following the first few sessions, were perceived to be needing additional support) on the following scale:

- 1 – great need;
- 2 – reasonable need;
- 3 – some need; or
- 4 – little or no need

Both scores will be collected, through an Excel sheet, that DSLs are asked to complete. The 'need' score will be collected after DSLs have done two monthly sessions and the 'engagement' score will be collected towards the end of the programme.

The following table summarises how the methods described above will be used to address each of the research questions, along with suggestions for indicators as to how these will be assessed.

Research question	Indicator	Data collection method
<i>Fidelity and compliance</i>		
Number of sessions attended	Level of engagement	Attendance data from the supervisors' evaluation
Can the programme be rolled out on a larger scale, or would anything need to be adapted?	Adaptions required going forward	In-depth interviews and surveys
<i>Programme differentiation</i>		
How the practice looks like prior to the intervention	DSLs in practice	In-depth interviews and surveys
How DSLs feel supported prior to the programme or in the control condition	Level of support	In-depth interviews and surveys
<i>Implementation</i>		
How the sessions were delivered, barriers to attend,	Experiences of implementation	In-depth interviews
<i>Mechanisms and outcomes</i>		
How DSLs feel they have performed their role	Perceived impact on performance	In-depth interviews
Level of stress and anxiety	Impact on wellbeing	In-depth interviews and surveys
Other DSLs and school leaders and teachers feel the intervention benefited the school	Impact for the school	In-depth interviews and surveys
Participants' feelings about the time invested	Impact on workload	In-depth interviews and surveys

Analysis

Qualitative data analysis: Interviews will be digitally recorded with the agreement of participants and transcribed verbatim. We will analyse the data using a 'framework' approach, drawing themes and messages from an analysis of interview transcripts and review of other materials collected by evaluation and project teams. The sampling of case study schools will be designed to ensure we capture potential variation across different LAs and schools with different contexts and characteristics. However, the findings may not, therefore, necessarily reflect the views of the wider population of treatment schools. Nevertheless, taken together with the baseline and endline survey data, we believe the qualitative data collected through the case studies provide useful insights into the range and diversity of views, and the experience of participants in the programme. The findings of the IPE should be considered with these strengths and limitations in mind.

Analysis of survey data: Survey data will be analysed separately for control and treatment groups and the analysis will include exploration of change over time between the baseline and endline surveys. Where appropriate, comparisons will be made between results for control and treatment groups. The survey data will be analysed using descriptive analysis.

Cost evaluation

Data for the cost evaluation will be collected from the participating LAs, GMCA, schools and WWCS.

We will identify direct costs, for example, the cost of funding the social work manager's time and travel costs for delivering supervision sessions (where applicable).

We will also explore whether there are hidden costs, for example, if more time was required from the social worker than planned, or if any other costs such as printing materials or providing resources were incurred.

While costs will primarily be reported from the perspective of the local authorities, we will also explore costs from the perspective of schools and document the time that is required from DSLs in participating. It will be important to consider this in the context of how the programme may have affected overall time on their DSL role; while attending supervision sessions requires time, if this improves confidence and decision-making, it could possibly reduce overall time on DSL duties. We will also consider whether there are any pre-requisites, such as providing a suitable space for supervision to take place.

We will obtain information on costs by working with the LAs to understand expenditure on the intervention. In addition, the interviews and surveys that form part of the IPE will provide a further opportunity to explore costs, particularly from the perspective of DSLs, social workers and schools.

The information gathered will be combined to produce estimates of cost per school and cost per pupil. In estimating annual costs, it will also be critical to understand whether the programme would be intended as a one-off, or whether it would continue on an ongoing basis (and if so, whether the format may change after the first year).

It will also be important to understand expectations about how the programme may be funded if it were to be rolled out more widely, and whether this would be a service paid for by schools, or provided by LAs. While the evaluation will estimate the cost of the intervention as delivered in the trial, it will be important to understand any expectations about how this could

change if repeated in future, especially for example, if some elements are adapted due to Covid-19 restrictions (such as remote rather than face-to-face supervision sessions).

Ethics & Participation

We take seriously the ethical issues raised in the research. NIESR adheres to the Ethics Guidelines of the Social Research Association. An ethics application describing the evaluation was prepared by the evaluation team and submitted to the NIESR Research Ethics Committee for review; this was approved in October 2020.

All 10 local authorities within Greater Manchester have been invited to participate by the GMCA. Each participating local authority is then co-ordinating the recruitment of schools within its area. Local authorities have been provided with an information sheet to distribute to schools, which explains the evaluation and what it involves. This also gives schools the opportunity to withdraw from the evaluation.

Ethical issues and mitigations include:

- The research involves randomisation: as the local authorities are providing the intervention to schools, it is considered that the local authority can take the decision to randomly allocate schools to receive the supervision or not. An information sheet for schools explains what the evaluation involves, why this involves randomisation and what this means. This also gives schools the opportunity to withdraw from being part of the evaluation.
- The research involves children and young people under the age of 18: the study does not involve direct contact with this group, but it will use data collected on their contact and outcomes with the social care system (and it is important to note the sensitive nature of any data relating to children's contact with the social care system and outcomes) This information will come from administrative data provided by the local authority in an anonymised form; furthermore, it will be aggregated so that data are provided at school level, or for groups within schools. Nevertheless, it is still important to be aware of the risks of identification given the sensitive nature of the data. All data will be handled in accordance with the NIESR Data Security Policy. No individuals will be identified in the evaluation report or in any other outputs arising from the project
- The evaluation will collect data on wellbeing of DSLs, which could be considered sensitive: It will be emphasised to DSLs that they are able to withdraw from the research at any time and do not need to answer any questions they feel uncomfortable with. They will also be given reassurance regarding the confidentiality of the information provided, and that once collected, data will be anonymised in the analysis, and no individual or school will be identified in any reporting.
- Protecting participants from harm: it is possible, although considered unlikely, that discussions with DSLs regarding their experiences could raise issues which are sensitive or upsetting for the DSL. An approach for how any such incidents should be handled will be agreed among the team and we will identify potential resources to which the individual could be directed for support, in the unlikely event of this occurring. More generally, the evaluation will inevitably place some burdens on participants but schools will be informed of what the project entails before agreeing to take part, and wherever possible the study design aims to minimise burden on participants.

The evaluation will require the use of some personal data, although this will be limited to contact details of DSLs and any other school staff required in order to facilitate the intervention; this is discussed separately under data protection.

Registration

The trial will be registered on the Open Science Framework (OSF).

Data protection

We recognise that data protection is of the utmost importance and are fully committed to complying with the Data Protection Act 2018 and GDPR legislation.

Personal data will include the contact details of DSLs and other school staff in order to facilitate the intervention. Our legal basis for processing these data is legitimate interests. This is because we have a legitimate interest in processing the personal data in order to conduct the evaluation, the processing identified is necessary in order to meet this purpose, and there are minimal impacts of the processing on the individuals involved (and which we have taken steps to ensure). Our condition for processing special category personal data (wellbeing) is that this is necessary for scientific research purposes and is in the public interest. In particular, these data will allow us to evaluate whether the programme has an impact on the wellbeing of DSLs. Where feasible (in the surveys and interviews that form part of the evaluation), we will ask individuals for their consent to use their data for the purposes of this evaluation.

The evaluation will require the local authority to share data with the evaluation team. This will be in the form of aggregated data at school level, or for groups within schools (e.g. for whole year groups); the data will not identify individuals. However, any potential risk of identification needs to be considered, especially given the sensitive nature of data on children's social care outcomes. Data will be stored and transferred in line with the principles set out in the NIESR Data Security Policy.

At the end of the trial, data will be transferred to the WWCS secure data archive, hosted by the Office of National Statistics (ONS) Secure Research Service.

A privacy notice for the project explains to participants what information we are collecting and why, how their data will be used and stored, and the ability to withdraw their data at any point during the evaluation. This is available online at:

<https://www.niesr.ac.uk/sites/default/files/files/DSL%20scale-up%20privacy%20notice.pdf>

Personnel

Delivery team:

- Chantel Brown (GMCA)
- Wilson Litchmore (Supervisor to DSLs in Schools, Bolton Council)

Evaluation team:

The evaluation team comprises

- Lucy Stokes (Principal Economist, NIESR)
- Chiara Manzoni (Senior Social Researcher, NIESR)
- Johnny Runge (Senior Social Researcher, NIESR)
- Elena Lisauskaite (Economist, NIESR)
- Claudine Bowyer-Crane (Associate Research Director, NIESR)
- Richard Dorsett (Professor of Economic Evaluation, University of Westminster, and NIESR Fellow)

The evaluation will be led by Lucy Stokes, who will have overall responsibility for the project, leading on the design, analysis and reporting. Chiara Manzoni and Johnny Runge will co-lead the implementation and process evaluation. Elena Lisauskaite will work on the

impact and cost analysis; Claudine Bowyer-Crane will provide expert input on design and reporting. Richard Dorsett will act as an expert advisor to the team.

Timeline

Dates	Activity	Staff responsible/leading
August-October 2020	Recruitment of participating schools	GMCA and local authorities
November-December 2020	Baseline survey of DSLs	NIESR
November-December 2020	Randomisation	NIESR
October 2020 – December 2021	Delivery of programme*	GMCA and local authorities
April 2021 – December 2021	School case studies and interviews; interviews with supervising social workers	NIESR
June – July 2021	Follow-up survey of DSLs (treatment group only)	NIESR
July – August 2021	First collection of administrative data on outcomes from local authorities	NIESR and local authorities
September 2021	Interim analysis and reporting	NIESR
November – December 2021	Final survey of DSLs	NIESR
December 2021 – January 2022	Second collection of administrative data on outcomes from local authorities	NIESR and local authorities
March 2022	Evaluation report submitted	NIESR

*Supervision sessions beginning from January 2021

Supervising Designated Safeguarding Leads in Education

Memorandum of Understanding

V3

Memorandum of Understanding

1. Introduction

This Memorandum of Understanding (MOU) establishes the responsibilities and expectations of Bolton Council and _____ Secondary school in the delivery of supervision to the Designated Safeguarding Lead (DSL) in your school.

2. Why are formalising the partnership with schools?

For the project to be successful, we want to a form partnership with schools that:

- Are sustainable
- Have impact
- Are mutually beneficial

Evidence suggests that partnerships that enter into a formal agreement tend to be better formed and more sustainable. We know we have good existing and meaningful partnerships with your school, and we believe this will help us to explore whether this way of working could be adopted more widely to other schools.

We would like to formalise our arrangement with schools in order to clarify the activities and benefits of the project for all involved to raise the ambition for what can be achieved through this approach.

The way we intend to do this this is through agreeing something called ‘a memorandum of understanding’ (MOU) to ensure that the promised outcomes of our partnership:

- Are fully delivered
- Can be evaluated

3. The benefits of a MOU

There are several benefits to formalising our partnership through an MOU.

On accountability and governance, it provides:

- Clarity for all partners about what each is putting in, what each is getting out and the timeframe for doing so.
- The opportunity for school governing boards to scrutinise and agree to the work – this can be helpful for gaining governor support.
- A document that can be shared with all stakeholders to give clarity about what the partnership involves, and how their school is benefiting from and contributing to the partnership

On sustainability, it provides:

- A tool for integrating the work into the strategy and ethos of both the school and LA
- An opportunity to safeguard the partnership
- An opportunity to build a shared responsibility

On evaluation, it provides an opportunity to build impact evaluation into the partnerships from the outset and setting out clearly the achievements it hopes to realise.

4. Common concerns

It is common for schools to be put off by the formal nature, and at times, the detail of a MOU. These concerns should not overshadow the benefits of formalising a partnership.

It is important to keep 2 important points in mind:

- A MOU is not a legally binding document
- It is a statement of serious intent – agreed voluntarily by equal partners – of the commitment, resources, and other considerations that each of the parties will bring.

- It has moral force but does not create legal obligations.

Project Background

The council successfully bid for funding from 'What Works for Children's Social Care' (WW-CSC) for the project which will test a new model for supporting schools in their duties to safeguard children and young people.

Aims and Objectives

The aim is for families to get (Early) help as soon as a problem emerges at any stage in a child or young person's life, so things do not escalate and get worse – ensuring *the right support is provided at the right time, in the right way*; diverting families from statutory social work intervention and offering an alternative which is more appropriate and where the referral is dealt with speedily and delay is avoided.

It's important that our helping early offer is holistic, looking at the wider needs of the family and how to provide support which is part of a continuum enabling us to respond to the different levels of need children and families may experience. Having a collaborative approach is key.

We believe collaborative working through a 'restorative practice approach' focuses our attention on developing a 'good' relationship with your school. This approach will enable us to learn from previous experiences examining how attitudes, beliefs and behaviours have contributed to a culture that doesn't cultivate healthier working relationships. We hope this work will lead to better outcomes for children and stronger partnership working.

1. Designated Safeguarding Leads

DSLs are staff members within each school tasked with ensuring the safety of young people and working with social care where appropriate. The project is founded on the recognition that in supporting DSL's in intervening early and tackling the causes, not the symptoms is critical to improving children and families' lives from their school community.

It is hoped that this support leads to more timely referrals to social services, and referrals that appropriately minimise social services involvement in family life, and more provision of early help to support families that might be struggling ultimately reducing the demand and subsequent costs on services.

2. Definition

Supervision is an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team; undertaken by suitably trained professionals.

3. Supervising Designated Safeguarding Leads – Structure and Expectations

Supervision to be offered to the named Designated Safeguarding Lead for child protection in your Secondary school. There are different types of supervision, e.g. informal and formal, group supervision, peer supervision. This framework is specific in addressing 'formal supervision' i.e. one to one supervision between LA supervisor and DSL. The supervision is a partnership between the Designated Safeguarding Lead, the Supervisor, the School and the Local Authority.

[See Supervision and Safeguarding Support in Education - Guidance Document](#)

4. Purpose

The purpose is for professionals to:

- Reflect on practice.
- Improve the quality of their work.
- Increase understanding of professional issues.
- Achieve agreed objectives and outcomes.

5. Clientele

The school will have responsibility for identifying the children, young people and their families where their needs are complex and long-standing but where the criteria for statutory intervention under the Children's Act (1989) is not met but is currently managed at Early Help*. In particular, the project would like the schools to focus on the following groups of people:

- Parents who are experiencing problems related to poor mental health;
- Family conflict;
- Substance misuse;
- Domestic abuse and which is impacting upon their parenting;
- Children and young people excluded from school; with poor educational outcome; with behavioral and social and emotional issues;
- Children at risk or already involved in crime and anti-social behaviour;
- Children on the margins of the care system – either likely to enter care or returning home after a period in care.

6. Function/Provision

It is important to note that the school was identified as part of a randomised controlled trial. As stated, the provision will be providing supervision to identified DSL's. The engagement process will be open and transparent working together with the schools towards achieving a positive outcome from this opportunity.

7. Analysis of Need

A comprehensive analysis of need will be pivotal to the project in order to plan how we can support schools in terms of providing them with the tools to deal with these more effectively 'in house'; and working with them to help them understand the threshold limits and the mechanisms of social care referrals.

8. Feedback and evaluation

Evaluating projects and programmes can be a transformational step in making sure the work you do is of the highest quality, making it as effective as possible, based on robust evidence. The findings will help to shape the work that is done in the future and focus attention on how to achieve the intended outcomes and impact.

In the context of the work, an effective evaluation and good feedback mechanisms will help to identify the type support needed and to who.

9. Complaints

If the School has any issue with aspects of the service or advice given this can be initially discussed informally with the project lead. If you remain unsatisfied with the service a formal complaint can be made in line with the standard Bolton Council procedure.

<https://www.bolton.gov.uk/complaints/health-education-social-care-complaints>

10. Advice and information

The project is designed to provide advice, guidance and support to schools. Any implementation of this advice must be in line with the schools existing policies and procedures and be in line with the

corporate families safeguarding procedures. Any liability pertaining from the implementation of this advice lies within the school.

11. Disclaimer

It should be noted that by signing this document or by participating in the project, the partners are not committing to any legally binding obligations. It is intended that the partners remain independent of each other and that their collaboration and use of the term 'partner' does not constitute the creation of a legal entity, nor authorise the entry into a commitment for or on behalf of each other.

Signed on behalf of Bolton Children services

.....Date
[NAME, POSITION]

Signed on behalf of

school

.....Date
[NAME, POSITION]

Appendix B: Supervision guidance

Supervision and Safeguarding Support in Education Guidance Document

V4

Date: Oct 2020

Understanding what works? A supervision framework for Designated Safeguarding Leads.

Introduction

We know that good practice involves the ability to develop and maintain relationships, to manage the emotional demands of the work and to make judgements and decisions, often in the light of conflicting information (Wonnacott 2012). This is demanding work and will only be effective if practitioners are encouraged and supported to reflect critically on their practice and to continue to develop their knowledge and skills.

Supervision is a fundamental task in supporting the development of staff's skills and practices in work with children, young people and families and the safeguarding of those in their care.

It is important that supervision provides support, challenges practitioners to critically reflect on their cases and develops an inquisitive approach to their work and is based on a good understanding of the key elements of effective supervision, as well as the evidence and research that underpins good practice.

Definition of Supervision

Supervision can mean different things to different people but essentially it is an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice. "Supervision aims to identify solutions to problems, improve practice and increase understanding of professional issues" UKCC (1996).

Statutory Guidance

The document, **'Working Together to Safeguard Children'** (2018) states; 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.

The Statutory Framework for **'Early Years Foundation Stage – EYFS'** (2017) states that, 'Providers must put appropriate arrangements in place for the supervision of staff who have contact with children and families. Effective supervision provides support, coaching and training for the practitioner and promotes the interests of children. Supervision should foster a culture of mutual support, teamwork and continuous improvement, which encourages the confidential discussion of sensitive issues.'

'Keeping Children Safe in Education' (2018) states that Designated Safeguarding Leads, '...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...'

The Objectives of Reflective Effective Supervision

Professional supervision is a process in which the supervisor enables, guides, and facilitates the Designated Safeguarding Lead (DSL) development and need for support, in meeting certain organisational, professional and personal objectives. This occurs during formal prearranged meetings.

These objectives are:

- To continually improve the quality of services to, and outcomes for, children, young people and families;
- To ensure the DSL is clear about roles and responsibilities;
- To recognise the impact of what can be emotionally demanding work with children, young people and families on the DSL and agree ways to manage these pressures/demands;
- To debrief and offer support following significant events that have impacted on the DSL;
- To consider the DSL's personal safety when undertaking his / her work and take action;
- To identify the DSL's learning and development needs and arrange to meet them through the use of self-directed learning, courses, coaching, mentoring, job shadowing, research and literature;
- To signpost the DSL to useful literature and research, and the policy and procedures, to support evidence informed practice;
- To provide feedback to the DSL's on his / her practice and performance and identify any actions for improvement/development, and acknowledge evidence of professional development and competence;
- To monitor the DSL's progress in meeting the continuing professional development.
- To put in place appropriate safeguards as necessary to ensure work is carried out safely;
- To consider the resources the DSL has available to do their job and discuss issues arising where they are not adequate;
- To provide a safe environment in which practice can be discussed and reviewed. Professional challenge about casework practice, assessment, analysis and decision

making between the DSL and supervisor is an essential part of effective supervision and should take place in a respectful and child/young person focused manner;

- Professional supervision is the key process for balancing professional autonomy with responsibility to the service user, professional ethics and standards, along with accountability to Children, Schools and Families and society as a whole.

Supervision Standards

In order to achieve the objectives outlined above, we have developed 8 Standards to ensure effective supervision.

1. The relationship between the supervisor and DSL is strong and effective;
2. Supervision is organised and evidenced through good recording;
3. Supervision is a planned and purposeful activity and ensures that work/tasks are completed to the required standard;
4. Supervision facilitates effective social and emotional support;
5. Supervision facilitates critical reflection and analysis;
6. Supervision promotes a commitment to diversity in all aspects of work;
7. Supervision supports continuing professional development;
8. Supervision facilitates a continued improvement in the quality of services to, and outcomes for, children, young people and their families.

Principles of Effective Supervision

All DSL will have a written supervision agreement which is consistent with this professional supervision policy. (Please see **Appendix 1: Supervision Agreement**).

Supervision must -

- Focus on the child.
- Ensure consistency with local authority and school/college procedures.
- Provide a safe environment for reflection and professional challenge.
- Acknowledge the emotional impact of the work.
- Recognise and manage feelings and beliefs which may affect the safeguarding of children.
- To ensure equality of opportunity it is necessary to have an understanding, and to work sensitively and knowledgeably, with diversity to identify the particular issues for a child and his / her family, taking account of experiences and family context.
- Supervision should reflect understanding and commitment to diversity and equalities issues.
- Identify when a case potentially needs to be escalated concerns about case progress or other aspects of case management, including ineffective multi-agency working.

Understanding what works? A supervision framework for Designated Safeguarding Leads in Education	
Principle elements	
Collaboration	Value of working in partnership.
Autonomy	Exercising professional autonomy within a framework of accountability, decisions, planning and actions on the basis of a sound assessment and robust evidence.
Empathy	Systemic approach which emphasises relationships as key to understanding family's experiences.

Purposefulness	The quality of knowing what you intend to do, or the behaviour that shows this, in order to achieve more meaningful and sustainable changes for families.
Clarity about concerns	Understanding threshold and the management of risk to support critical decision making based on sound evidence.
Child focus	Keeping the child in focus when making decisions about their lives.

Safeguarding supervision will always keep a focus on the best interests of the children in the school and promote their safety and well-being.

The Key Functions of safeguarding supervision are: **Management Oversight and Accountability**

- The child is central to all decision-making activity within the supervision process, so that children receive child focused services that meet their needs.
- The frequency of supervision sessions meets projects standards (minimum 1 during the duration of the project).
- Practitioners experience supervision as providing an opportunity to reflect, to receive professional challenge and to be supported in providing challenge to others.
- The supervision process evidences management oversight and support that assesses practitioners' compliance, and, professional competence/confidence with regard to adhering to local policies, protocols and procedures, and promotes timely progression of the case.
- The supervision process checks interventions are working effectively to improve outcomes for children:
 - Intervention plans are adhered to, and staff contribute to any reassessment of the plan, so that they have a positive impact on the child and address the diverse needs of children and young people, including effective communication.
 - Swift, effective action is taken when plans are not working or a deterioration is recognised, and potential vulnerabilities are identified and countered.
 - Parental non-compliance and/or disguised compliance is recognised and acted upon, reported to children's social work appropriately and recorded.

- To provide reflective space to offload in order to analyse on-going concerns and specific incidents, to assess risk and need and to provide an important check and balance on decision making and planning.
- To review workloads and issues relating to workplace and working practices can be identified and discussed; checking out that our processes are fit for purpose. This includes triangulation of evidence bases and reviewing needs against thresholds.

Continuing Professional Development

Practitioners have the knowledge to apply correctly the thresholds and referral processes to support effective and accountable practice, so that -

- Safeguarding children performance and practice is competent, accountable and soundly based in research and practice knowledge; and that staff fully understand their roles, and responsibilities and the scope of their professional and statutory duties.
- Professional development needs with respect to safeguarding practice are considered and supported, including learning from serious case reviews.
- Practitioners are aware of the threshold's guidance, know where to find it and use it to support the making of high quality, evidence-based referrals.
- Practitioners are aware of how to make appropriate referrals to all relevant agencies, including safeguarding referrals and out of hours' services.
- Practitioners are clear about the requirement to obtain consent.
- Practitioners are aware of the need to receive feedback on a referral made and take action to pursue feedback where it is not received.
- Practitioners are aware of where to go for advice regarding a referral if he/she needs clarification; where advice is sought this is recorded.

Multi-agency working

To check out the quality of information sharing including core group work, MASE, early help and other appropriate multi-agency meetings so that –

- There is appropriate involvement and engagement in cases.
- Practitioners are aware of, understand and apply information sharing protocols.

- Practitioners review the evidence, prepare reports (using relevant templates) and actively contribute to multi-agency meetings.
- Records of multi-agency meetings are obtained, relevant actions are followed through and reported on as necessary.
- Practitioners are aware of the Bolton LSCB dispute resolution procedures and use these effectively.

Voice of the Child

- Professionals consider what life is like for the child.
- The child's wishes and feelings are gathered and considered in an age appropriate way.
- Wider diversity issues are appropriately identified, understood, addressed and recorded.

Personal Support

- To provide reflective space for the DSL to discuss and work through the personal impact of the safeguarding role and responsibilities. This includes support to address the emotional impact of the work where required.
- Clarify boundaries between support, counselling, consultation and confidentiality in supervision.
- Help the DSL to explore emotional blocks/barriers to their work.
- Create a safe climate for the DSL to reflect on their practice and the impact it has on them as a person.

Roles and Responsibilities

The 'supervisor' is responsible for -

- Sharing the responsibility for making the supervisory relationship work.
- Ensuring confidentiality, subject to child and staff safety.
- Creating an effective, sensitive and supportive supervision.
- Providing suitable time and location.
- Agreeing timescales within which supervision takes place.
- Eliminating interruptions.
- Maintaining accurate and clear records.
- Recording supervision.
- Ensuring that where a change in line management occurs, a handover process is arranged between all parties concerned.
- Ensuring that issues relating to diversity are addressed constructively and positively and provide an opportunity for staff to raise issues about their experience and diversity.

The 'DSL' is responsible for –

- Sharing the responsibility for making the supervisory relationship work.
- Attending regularly, on time and participating actively; being open and honest, raising concerns and seeking support where needed.
- Accepting the mandate to be supervised and being accountable for any actions.
- Preparing appropriately for supervision sessions.
- Ensuring the recording of supervision is reflective of the particular meeting.
- Actively participating in an effective sensitive and supportive supervision.
- Aiming to meet the school's professional standards and ensure the school's professional standards are met.

Supervision Model & Methods

The Model of Supervision is based upon Wonnacott's (2012) 4x4x4 model and is designed to be a practical tool which helps to promote reflective supervision. It acknowledges the interdependence of all four functions of supervision, their impact on key stakeholders and the four stages of the supervision cycle. The supervision cycle is a process for delivering supervision which ensures a focus on all of the four functions.

The framework includes:

The four stakeholders in supervision: Service users, Staff, Head\School and Partner organisations

The four functions of supervision: Management, Development, Support and Mediation

The four elements of the supervision cycle: Experience, Reflection, Analysis and Action

The supervisory cycle

Experience, Reflection, Analysis and Action

The four stages of the supervision cycle promote reflective practice, critical thinking and secure decision making. Using it as a basis for discussions can therefore be considered for effective supervision on casework and other opportunities for learning.

Experience	Working with the DSL to understand what is happening in their current practice. Where this relates directly to work with children\family, it is an opportunity to make sure that their perspective is introduced into the discussion.
Reflection	Engaging with the DSL to explore their feelings, reactions and intuitive responses. This is an opportunity to discuss any anxieties and acknowledge situations where stress may be impacting on their work. Where the discussion relates to specific work with children\family, it is an opportunity to explore any assumptions and biases that might be driving their practice. This can be an important element of working with diversity and promoting anti-oppressive practice.
Analysis	Helping the DSL to consider the meaning of the current situation and use their knowledge of similar situations to inform their thinking.
Action	Working with the DSL to identify where they wish the work to get to and how they are going to get there. Action will result in a need to carry out\inform SMART plans.

Supervision will be undertaken with DSL's responsible for or working with identified vulnerable children and/or their families subject to Early Help support through case work at Early Help. This will not include children who are subject to a child protection, children with social care involvement and children looked after (LAC).

This guidance is primarily where 'one to one' supervision that takes place in private at a pre-arranged time with an agreed agenda and preparation on behalf of both parties. Supervision of DSL's will be offered externally by the project's social worker. Internally supervision of staff delivered within school may continue depending on the school's policy \ management structure. This provision is not to supersede or replace any existing supervision arrangements, structures or policies that occur with regard to the support of the DSL's.

External supervision of DSL's

This will be supervision from the project social worker as part of the agreed supportive structure. The headteacher will maintain oversight of this arrangement. Supervision records should in this case be shared with the DSL's manager who has agreed this supervision arrangement, in order to maintain oversight and ensure actions are followed through.

Other methods of supervision

It is recognised that supervision is an on-going process that takes place in other ways. The two other main methods are outlined below. They have a place but should not replace planned, formal, recorded, one to one session.

Group safeguarding supervision

In some cases, it may be necessary to conduct a group safeguarding supervision. This is a session where there may be several staff involved in direct child protection/safeguarding work with a specific child/ family. There are many benefits to be gained from group supervision including problem solving, peer group learning and giving and receiving strong feedback within a supportive setting.

In group supervision the roles and responsibilities of the supervisor and supervisees should be the same with the added principles:

- The group should clarify and agree the boundaries of confidentiality
- The records should reflect that this was a group supervision.

Convening group supervision is not a recorded outcome of this project.

Unplanned or “ad-hoc” supervision

The frequency of the project supervision means that staff may have to 'check something out' with a supervisor, obtain a decision or gain permission to do something in between formal supervision sessions. In addition, where there are additional or escalating concerns for a child, the DSL may feel the need to communicate more frequently about thresholds, decision making, disagreements between agencies etc.

This form of supervision is a normal and acceptable part of the supervisor\DSL relationship. However, the following points should be considered when unplanned or ad-hoc supervision occurs:

- Any decisions made with regard to a child or family should be clearly recorded. (Please see **Appendix 2: Family record**).
- This does not negate or replace the formal agreed supervision sessions.
- The number of contacts (phone calls, emails etc) will be monitored and recorded.

Frequency of Safeguarding Supervision

The frequency of supervision will be a minimum of one session during the duration of the project. This does not replace or negate the DSL's supervision in regard to non-DSL related matters, duties or their performance, worker specific and non-child-related discussions, professional development and personal issues.

The supervisor and DSL will agree on the duration of the supervision taking into account individual experience and the complexity of individual cases.

If there are non-DSL specific circumstances such as personal difficulties, difficult professional relationships within school, performance issues or health related issues, supervisor to signpost DSL to their Staff care policy.

Supervision Agreement

A sample supervision contracts is provided in **Appendix 1**. At the contracting / introduction meeting, the supervision contract will be discussed by all parties (this may include the DSL's manager\headteacher), signed and copied to the file.

Preparing for supervision

Both parties should prepare themselves for the meeting including:

- Review previous notes and agreed actions – on-going between sessions.
- Hold any preparatory discussions if needed, to ensure the meeting has maximum impact.

- Alert each other if there are new 'significant' agenda items.
- Parents' consent gained before their details can be explicitly shared with supervisor.

Supervision Agenda

Each person in supervision will have their own style and approach, the following agenda is provided as a checklist to ensure that all core items are covered.

- Welcome and informal opener.
- Setting agenda – both parties to input.
- General offload and information sharing.
- Review notes and agreed actions from previous meeting.
- Specific case load issues discussed.
- Check core group meetings etc. attended, minutes received. Any drift and delay? Has this been acted upon? Step down arrangements in place and being monitored?
- Problem solving and finding solutions.
- Recognise and celebrate achievement.
- AOB.

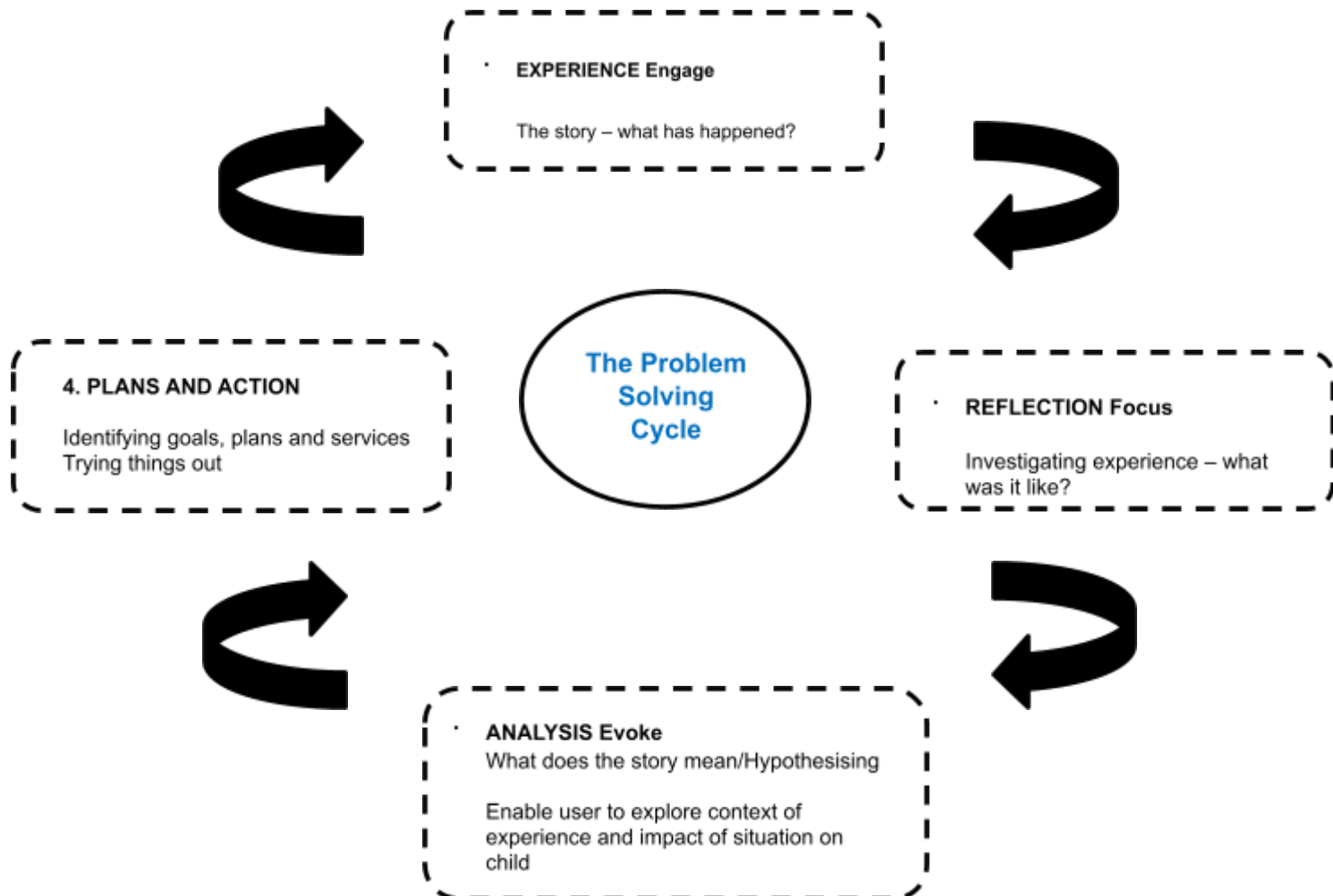
Location/environment

Creating the right environment is an important element but we must accept that this is not always possible within school; however, we should strive to:

- Have a quiet private space to allow for open discussion.
- Ensure a relaxed atmosphere possibly with refreshments.
- Try to avoid telephone interruptions.
- Prioritise this time and avoid interruptions.
- Make sure you keep to agreed starting and stopping times.
- Consider the time of day supervision is scheduled.

The problem-solving cycle

The following model is included to provide a method to ensure reflection and analysis on cases. Often the stages of reflection and analysis are not included, and the tendency is to jump directly from the experience to plans and action.



Recording

(Please see **Appendix 3: Supervision record**)

Recording should follow the principle that-

- All supervision sessions must be recorded by the supervisor.
- Records of supervision should be signed and dated by supervisor and DSL.
- All records of supervision are confidential and should be stored securely by the supervisor. They will be subject to inspection and audit.
- Records should ensure management decisions of individual cases through supervision are recorded on the appropriate child's file.
- DSL must gain parents' consent before their details can be explicitly shared with supervisor.

Quality Assurance

Supervision files will be subject to inspection and audit.

Appendix 1: Example of a supervision agreement

Supervision Contract\Agreement

This is an agreement betweenand
.....which outlines the agreement for the two-way supervision process.

1. Formal supervision will take place on..... for a maximum of 2 hours. The venue will normally be at your school.
2. Additional ad-hoc supervision will be available as and when required. Any decisions made during such supervision will be recorded.
3. Supervision dates will be mutually agreed in advance.

If supervision has to be cancelled for any reason, it is the responsibility of both parties to rearrange as soon as possible.

We will try and ensure that the supervision time is uninterrupted (barring emergencies) and that privacy can be maintained.

A joint agenda will be prepared at the start of each supervision session. Both parties are expected to prepare and bring relevant issues for discussion.

A record will be kept of supervision discussions will be stored electronically in the designated secure drive. The names of the children (but not the detail) will be noted on the personal supervision record.

DSL must gain parents consent before their details can be explicitly shared with Supervisor.

Ordinarily, only the parties to the supervision record will have access to it. It is not, however, a confidential document and may be used in a different context e.g. for audit purposes, legal proceedings, SCR etc.

Signature of Supervisor:

.....

Signature of Supervisee:

.....

Date:.....

Appendix 2: Example of Supervision Family Record

..... School

Designated Safeguarding Lead Supervision Recording Individual CYP/Family Record

Record of Case Supervision

Name of CYP/Family			
D.O.B. of CYP			
Supervision Date			
Supervisee			
Supervisor/Manager			
Concerns (include establishing what the concerns are, and if the case is not moving forward ('stuck') or drift/delay)			
Actions agreed	Yes	No	Not applicable
Actions completed	Yes	No	Not applicable
Concerns referred to supervisor's manager	Yes	No	Not applicable
This form stored in supervisee's supervision file (TBA)	Yes	No	Not applicable
Copy of form placed on child's record (TBA)	Yes	No	Not applicable

Signature of Supervisor:

.....

Signature of Supervisee:

.....

Date:

Appendix 3: Example of supervision record

Record of Safeguarding Supervision

DSL	
Supervisor	
Date	

Agenda Items

1. Review of agreed action points from last meeting/matters arising
2. Supervision Prompt Sheet
3. Discussion under 3 key functions
4. AOB and date of next meeting

Review of previous supervision session	
Progress on actions	
Notes of discussion	
Management e.g. <ul style="list-style-type: none">● Reviewing performance in relation to safeguarding practice● Application of safeguarding policies and procedures● Safeguarding roles and responsibilities● Development and monitoring of action plans● Monitoring safeguarding workload	

Professional Development e.g. <ul style="list-style-type: none"> • Identifying preferred learning style and barriers to learning • Assessing development needs and identifying learning opportunities • Giving and receiving constructive feedback on performance • Reflecting on learning opportunities undertaken and applying that learning to the workplace 			
Support e.g. <ul style="list-style-type: none"> • Enabling and empowering expression of feelings in relation to the work role • Discussion of personal issues impacting on performance at work 			
Names of individual children discussed: <i>The details of a discussion of an individual child should be recorded in the child's individual record once DSL has gained parents' consent.</i>			
Actions agreed			
Management	Agreed Actions	By whom	By when
Professional Development	Agreed Actions	By whom	By when
Support	Agreed Actions	By whom	By when

--	--	--	--

DSL's signature

Supervisor's signature

Date of Next Meeting

Appendix 4: Virtual Supervision

Practical ways to provide Virtual Supervision

In the last few months, we have seen a significant shift and the use of online technology to connect with others. Where we previously sat opposite in the same room for one-to-one supervision, we are now more likely to be talking to each other on a computer screen or speaking on the phone.

'Virtual supervision' refers to any supervision which does not take place face-to-face. This might therefore refer to any supervision which you undertake using a video link (through platforms such as Teams, Skype or Zoom).

Whilst virtual supervision can seem daunting at first, it is important to remember that effective supervision is personal, emotionally informed, and reflective regardless of whether you connect virtually or in person. There is no need to reinvent the wheel - many of the supervision strategies you used before can easily be adapted to virtual supervision.

We recommend reviewing the supervision contract with the DSL before implementing virtual supervisions. This is to ensure that it reflects how the supervision process has changed.

When undertaking supervision virtually, please also consider the following factors:

Preparation - Ensure that you let the DSL know what will be covered in the meeting, so they have time to prepare.

Frequency – Agree that the frequency of supervisions remains the same. However, it is recommended to regularly discuss this (potentially you may decide to meet more frequently).

Equipment - Ensure that the DSL has access to IT equipment that will enable good picture and sound quality.

Ensure that the DSL feels confident in having a virtual meeting and comfortable with the technology that best suits them.

Consider swapping to an alternative format if the issue persists or if this becomes a longer-term issue, consider reverting to meeting in person but adhere to any social distancing rules that apply. You may have to consider the meeting taking place outside of the school 'bubble'.

Confidentiality - Agree that you and the DSL implement procedures preventing the disclosure of confidential information. The supervisor and DSL must be in a secure and private location while conducting supervisory sessions or consultations. At the start of the supervision, it is important to highlight some of the challenges of supervising virtually. Given that many supervisors and DSL may be working at home around family members, home schooling, pets, and deliveries – it is important to acknowledge who else may be privy to your confidential discussions and therefore your ability to speak freely.

References

Appendix C: Introduction to the programme

An Introduction to our Supervising Designated Leads (DSL) in Education Project

V4

An Introduction to our Supervising Designated Leads (DSL) in Education Project

1. Introduction

Designated Safeguarding leads require and have a right to supervision. Effective supervision will ensure organisational and professional goals are achieved within a context of support and accountability.

2. Aims

Supervision can be defined as 'a means of making explicit the aims of the parties to work toward agreed goals in agreed ways'.

Both parties must work towards a shared perception of, and commitment towards, supervision based on clarity about agreed roles, responsibilities and expectations. The responsibilities of both supervisor and supervisee are listed below.

Supervisors and supervisees have a joint responsibility to constructively contribute to the supervisory process and need to be familiar with this policy and procedure.

Supervision should be a positive experience that enables supervisor and supervisee to develop a common understanding of how they will work together.

3. Objectives

1. To ensure clarity about roles and responsibilities.
2. To ensure we meet objectives.
3. To ensure quality of service to service users.
4. To develop a suitable climate for practice.
5. To assist professional development.
6. To help reduce stress in the workplace.
7. To ensure we have the resources to carry out our work.
8. To promote effective staff care.
9. To monitor and manage workload - including work planning and the use of time.
10. To provide support and guidance on individual cases/projects.

11. To discuss any personal issues which may be impacting on the individual's performance at work.

4. 'The Key Principles of Supervision are

- The best interests of the families and the service are at the heart of the supervision.
- Supervision is a shared responsibility.
- Supervision is regular with minimal interruptions.
- Supervision involves the four functions: management, development, mediation and support.
- Supervision promotes anti-oppressive practice.

5. Method

Central to the policy is the emphasis on Contract. This will apply to all staff and form the basis of an agreed framework for individual supervision. The Supervision Contract form will be agreed and signed by both parties.

Supervision will consider and reflect on the performance of the supervisee, providing constructive feedback on work completed.

Supervision is the appropriate forum to ensure that staff have the support that they need to deal with issues relating to any complaints, discrimination or racism from service users, customers or colleagues.

In order to promote effective supervision, a structure has been developed which will provide all staff with an opportunity to meet with their line manager at specified intervals for formal, agenda based, and supervision sessions.

6. Rights and Responsibilities of Designated Safeguarding Lead

- To receive effective and sensitive supervision.
- To be treated in an anti-oppression manner.
- To have own feelings and opinions.
- To learn from mistakes, to be unsure or not to know.
- To be listened to.
- To be briefed about changes.

- To have experience and contribution acknowledged.
- To participate in problem solving by reflecting and explore options.
- To challenge decisions, they do not agree with and reach a resolution with the supervisor.
- The right to call on a third party, usually the supervisee's line manager, if the supervisee is unhappy with the quality of supervision, the supervisor's practice or there are other issues that they feel have not been resolved. In such circumstances the supervisee will be respected for their decision to seek an alternative way to resolve their concerns.

7. Responsibilities of Supervisor and Designated Safeguarding Lead

- To share responsibility for making supervision work.
- To accept the mandate to be supervised/accountable (supervisee).
- To negotiate a supervisory contract.
- To attend regularly and on time.
- To have an agenda and participate actively.
- To be open and share information.
- To seek and use guidance and knowledge appropriately.
- To promote anti-oppressive practice and behaviour.
- To take responsibility for own feelings.
- To work towards achieving agreed action plans.
- To inform supervisor/supervisee if plans cannot be achieved.
- To promote the best interests of the service users.
- To accept responsibility for own performance.
- To be active in the pursuit of own development (supervisee).
- To be clear and honest in seeking assistance.
- To be responsible for own learning (supervisee).
- To give and accept constructive feedback.
- To identify own potential (supervisee).

- To use time effectively and in accordance with agency expectations.
- To take appropriate action to care for self.

8. Professional and Personal Development

The Directorate recognises the value and importance for staff to have opportunities for professional and personal growth and development within their work.

During supervision, sufficient time should be allocated to consider training needs and planning how areas for further development can be addressed. Where appropriate both parties can agree development time outside of supervision. It is necessary to have a clear purpose in allocating this time and for it to be discussed in supervision sessions that follow.

In allocating development time, the supervisor must consider the impact on current workloads and other team members. There will be times when current work demands will over-ride the allocation of development time.

9. Recording Supervision

Supervision must be recorded with written evidence of discussions that take place and decisions/plans agreed. A copy of the supervision record must be given to the supervisee.

Where appropriate decisions made during supervision about a young person should be recorded and stored on the young person's file, ideally in RAISE.

10. Confidentiality within Supervision

It is important for staff to be comfortable in discussing all aspects of their work. To encourage this, there needs to be clarity as to what will happen to information discussed. The supervisor must clarify this with all employees.

As a general rule, information shared within supervision will be treated as confidential in that it should be handled with sensitivity, and only shared on a 'need to know' basis. In most circumstances this will be clear to both parties, but its practical application will depend on developing trust and partnership between supervisor and supervisee.

11. Dealing with Problems

It is important that both parties take prompt action to overcome difficulties within supervision. Supervisor and supervisee need to be aware of potential blocks to effective supervision such as interruptions and lack of space. They should consider how to tackle these.

Where difficulties do arise, it is the responsibility of supervisor and supervisee to address these in an open and positive manner.

It is also important that both parties listen to each other and do not personalise problems.

If the supervisor and supervisee encounter difficulties, they cannot resolve it is everyone's interest to involve a third party (usually the supervisor's line manager) to help resolve any issues.

12. Informal Supervision

The supervision policy focuses on formal supervision, but many decisions are made informally between supervisor and supervisee.

Whilst informal supervision is an important aspect in the development of the relationship between supervisor and supervisee it is necessary to consider how informal decisions are recorded. This is the responsibility of both parties who will agree whether a written record is required and who is responsible for recording this.

13. Desired Outcomes from a Supervision

- Formal supervision will take place at regular intervals (every 4-6 weeks).
- An agreed, written record exists.
- Where applicable service user files have record of decisions made in supervision.
- Both parties work towards agreed Children's Services, professional objectives.

Assists process of professional development.

14. Virtual supervision

‘Virtual supervision’ refers to any supervision which does not take place face-to-face. This might therefore refer to any supervision which you undertake using a video link (through platforms such as Teams, Skype or Zoom).

At the First Session

With Headteacher and nominated DSL(s)

Task to be complete	DSL	Supervisor
Contracting / outlining the relationship meeting.		
Identify and outline specific learning goals from the relationship.		
Define expectations.		
Determine accountability measures.		
Establish ground rules		
Defining and maintaining confidentiality.		
Establishing protocols to work through difficult situations.		
Discuss follow-up.		
Sessions and actions.		
Confirm time frames / Frequency of meetings.		
Ownership and accountability.		
Preparation, before the session and accountability after the session.		
Consent		

What documents do I need for the sessions?

Supervisor	DSL
DSL Time Log.	DSL Preparation Sheet (to be sent before the session).
Supervision Session Framework (to be used in the session).	DSL Session Worksheet (potentially to be used in the session).
Supervision Session Framework (to be used in the session).	DSL Evaluation Form.

Supervision Contract\Agreement

This is an agreement betweenand
.....which outlines the agreement for the two-way supervision
process.

4. Formal supervision will take place on..... for a maximum of 2 hours. The venue
will normally be at your school.
5. Additional ad-hoc supervision will be available as and when required. Any decisions
made during such supervision will be recorded.
6. Supervision dates will be mutually agreed in advance.

If supervision must be cancelled for any reason, it is the responsibility of both parties to
rearrange as soon as possible.

We will try and ensure that the supervision time is uninterrupted (barring emergencies) and
that privacy can be maintained.

A joint agenda will be prepared at the start of each supervision session. Both parties are
expected to prepare and bring relevant issues for discussion.

A record will be kept of supervision discussions will be stored electronically in the designated
secure drive. The names of the children (but not the detail) will be noted on the personal
supervision record.

DSL must gain parents' consent before their details can be explicitly shared with Supervisor.

Ordinarily, only the parties to the supervision record will have access to it. It is not, however,
a confidential document and may be used in a different context e.g. for audit purposes, legal
proceedings, SCR etc.

Signature of Supervisor:

.....

Signature of Supervisee:

.....

Date:.....

Designated Safeguarding Lead Supervision Recording Individual CYP/Family Record

Record of Case Supervision (*parent's consent has been established*)

Name of CYP/Family			
D.O.B. of CYP			
Supervision Date			
Supervisee			
Supervisor/Manager			
Concerns (include establishing what the concerns are, and if the case is not moving forward ('stuck') or drift/delay)			
Actions agreed	Yes	No	Not applicable
Actions completed	Yes	No	Not applicable
Concerns referred to supervisor's manager	Yes	No	Not applicable
This form stored in supervisee's supervision file (TBA)	Yes	No	Not applicable
Copy of form placed on child's record (TBA)	Yes	No	Not applicable

Signature of Supervisor:

.....

Signature of Supervisee:

.....

Date:

Record of Safeguarding Supervision

DSL	
Supervisor	
Date	

Agenda Items

5. Review of agreed action points from last meeting/matters arising
6. Supervision Prompt Sheet
7. Discussion under 3 key functions
8. AOB and date of next meeting

Review of previous supervision session	
Progress on actions	
Notes of discussion	
Management e.g. <ul style="list-style-type: none"> ● Reviewing performance in relation to safeguarding practice ● Application of safeguarding policies and procedures ● Safeguarding roles and responsibilities ● Development and monitoring of action plans ● Monitoring safeguarding workload 	
Professional Development e.g. <ul style="list-style-type: none"> ● Identifying preferred learning style and barriers to learning ● Assessing development needs and identifying learning opportunities ● Giving and receiving constructive feedback on performance ● Reflecting on learning opportunities undertaken and applying that learning to the workplace 	

Support e.g. <ul style="list-style-type: none"> • Enabling and empowering expression of feelings in relation to the work role • Discussion of personal issues impacting on performance at work 			
Names of individual children discussed: <i>The details of a discussion of an individual child should be recorded in the child's individual record once DSL has gained parents' consent.</i>			
Actions agreed			
Management	Agreed Actions	By whom	By when
Professional Development	Agreed Actions	By whom	By when
Support	Agreed Actions	By whom	By when

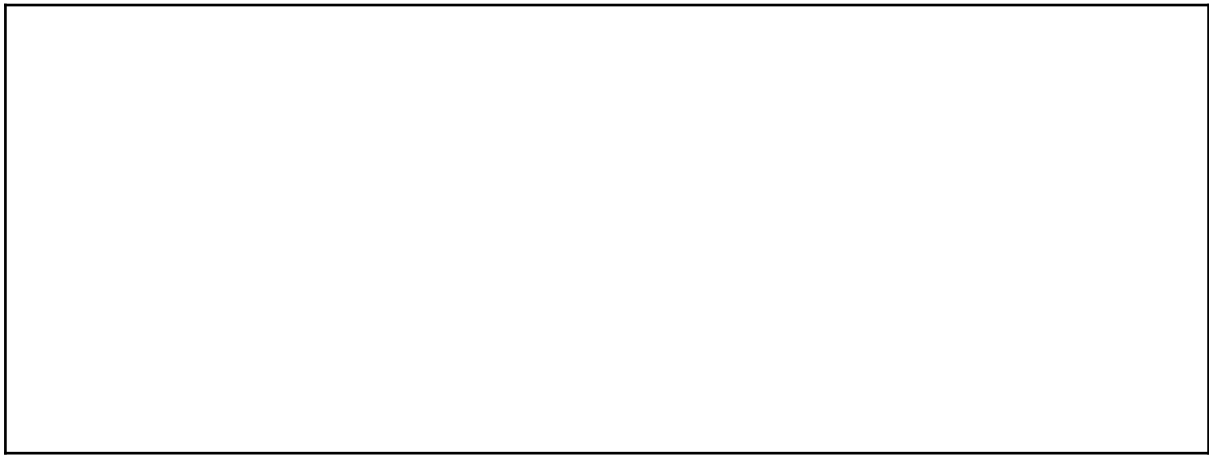
DSL's signature

Supervisor's signature

Date of Next Meeting

DSL Preparation Sheet

DSL Name:		Date:
Challenges/Topics I would like to explore in the session		
How to:		
How to:		
How to:		
The Green Zone	The Amber Zone	The Red Zone
Issues in the Green Zone:		Issues in the Red Zone:
Steps I can take to tackle these issues are:		Steps I can take to tackle these issues are:
Any other thoughts around challenges/topics I would like to explore in the session based on my preparation?		



DSL Session Worksheet

DSL Name:	Date:
Supervisor Name:	Duration of session:
The Challenges / Agenda for the Session:	
Actions to take for the next Session	
Incomplete from previous Session?	
Insights during this session	

DSL Time Log

School:

Date	Format of supervision	Duration of session (min)	Session no.	Comments

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DSL Evaluation Form

DSL Name:	
Supervisor Name:	
Date:	
Hours Spent:	
Please explain in your own words how you experienced the process	
What was the personal value you gain from the experience?	
What was the value you believe the organisation gained as a result of the supervision you received?	
Three things you want to acknowledge yourself for	
Three things you want to acknowledge your supervisor for	
Three pieces of specific feedback for your supervisor	
What, if anything, would have made the process better	

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Appendix D: Baseline survey

Survey about your role and experiences as Designated Safeguarding Lead (DSL)

Local authorities in Greater Manchester are taking part in a research project, funded by What Works for Children's Social Care, to explore how Designated Safeguarding Leads (DSLs) in secondary schools may be better supported in their roles. The programme involves supervision sessions for DSLs, delivered by a social work manager.

The programme is being independently evaluated by a team from the National Institute of Economic and Social Research (NIESR). The evaluation includes a randomised controlled trial (RCT). This means that schools will be randomly selected to receive the programme or not, with approximately half of schools receiving the programme. Further details about the evaluation can be found in the information sheet provided to your school.

As part of the evaluation, DSLs in all secondary schools in the participating areas are being asked to complete a short survey. We therefore kindly ask you, as one of your school's DSLs, to fill out this survey. It has 16 brief questions and should take no more than 5-10 minutes to complete. Your responses will not, in any way, affect whether your school is selected for the programme. We are simply interested in learning about your role and experiences as a Designated Safeguarding Lead (DSL).

All answers are strictly confidential. Your data will be held securely in accordance with the Data Protection Act 2018 and the GDPR. Your employer will not see your responses. This information will be used for research purposes only as part of the evaluation and no individual or school will be identified in any publication arising from the research. For further information about how your data is being used as part of this project, the project privacy notice is available [here](#).

We would be very grateful if you could complete the survey by Friday 13th November. If you have any questions, or if you later change your mind about taking part in the research and/or would like your data to be deleted or rectified, please email johnny.runge@niesr.ac.uk

Q1. Please read and tick the following boxes as appropriate:

- I have read and understood the above information
- I voluntarily agree to participate in this research

About you

Q2. What is your name?

Q3. What is the name of your school? (please give full name, as some school names are very similar)

Q4. How long have you worked at your current school?

- Less than 1 year
- 1-2 years
- 3-4 years
- 5-6 years
- 7-9 years
- More than 10 years

Q5. And how long have you worked in education in total? (total years of experience in education)

- Less than 1 year
- 1-2 years
- 3-4 years
- 5-6 years
- 7-9 years
- More than 10 years

Q6. What are your current role(s)? (select all that apply)

- Teacher
- Teaching assistant
- Designated Safeguarding Lead (DSL)
- Head Teacher
- Deputy Head Teacher
- Senior Leadership Team
- Pastoral Manager
- Special education needs co-ordinator (SENCO)
- Designated teacher for looked after and previously looked after children (LCA)
- Careers leader
- Head of Year
- Head of Department
- Other (please specify)

Q7. How long have you been a Designated Safeguarding Lead (DSL)?
(in your current school; overall)

- Less than 1 year
- 1-2 years
- 3-4 years
- 5-6 years
- 7-9 years
- More than 10 years

Wellbeing at work in general

Q8. 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)

- all of the time
- most of the time
- some of the time
- occasionally
- never

About your role as Designated Safeguarding Lead (DSL)

Q9. Overall, how satisfied or dissatisfied are you in your role as Designated Safeguarding Lead (DSL)?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

Q10. Overall, how does your role as Designated Safeguarding Lead (DSL) affect your job satisfaction and wellbeing? Please indicate to what extent you agree with each statement.

(The DSL role negatively affects my job satisfaction)

(The DSL role negatively affects my wellbeing)

(The DSL role makes me anxious or stressed)

(I find the DSL role to be rewarding and meaningful)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Q11. Overall, how confident are you in performing the role of Designated Safeguarding Lead (DSL)?

- Very confident
- Fairly confident
- Neither confident nor unconfident
- Not very confident

- Not confident at all

Q12. How confident are you about the following aspects of the DSL role, if applicable?
(understanding levels of risk/need and when the level escalates to a threshold that requires a referral to Social Care)

(providing high quality information about concerns/risk/need to Children's Social Care services at point of contact and referral, to effectively demonstrate the need for statutory services.)

(understanding Early Help processes and effectively engaging with these to develop early help assessment and plans and provide early help interventions)

(understanding processes and procedures around child protection case conferences and reviews)

(providing support and advice to other staff)

(effectively communicating with and supporting families)

(understanding your school's role in providing Early Help interventions)

(understanding Children's Social Care processes and issues)

(keeping detailed, accurate and secure records of Early Help assessments, concerns and referrals)

- Very confident
- Fairly confident
- Neither confident nor unconfident
- Not very confident
- Not confident at all
- Not applicable – this is not part of my current responsibilities as DSL

About your role as Designated Safeguarding Lead (DSL)

Q13. Apart from the formal DSL training and refresher training, what type of formal or informal training or support, if any, have you received to support you in performing the DSL role? (select all that apply)

- Training course by local authority
- Training course by NSPCC
- Training course by other provider
- Support from Head Teacher or other SLT members
- Support from other DSLs within your school
- Support from DSLs from other schools
- No additional training received
- Other (please specify)

Q14. Overall, to what extent has the overall package of training and support you have received prepared you for the DSL role?

- Very well prepared
- Well prepared
- Neutral
- Poorly prepared
- Very poorly prepared

Q15. Do you think you would benefit from having monthly one-to-one supervision sessions with a social work manager, to discuss children's social care processes and issues, including thresholds, referrals, working with safeguarding partners, early help plans, and so on? [note: your answer to this question will not, in any way, affect whether your school will be selected to participate in the programme. This will be randomised.]

- Yes – I think it would benefit me considerably
- Yes – I think it would benefit me somewhat
- No – I don't think this would benefit me
- Don't know/not sure

(Why do you think/not think this would be the case?)

Q16. (optional) Finally, please write here, in open text, if there is anything you want to add about your experiences as a Designated Safeguarding Lead (DSL), including about your confidence in the role, how it affects your wellbeing, and whether you feel you have received the necessary amount of training/support.