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SUPERVISION OF DESIGNATED SAFEGUARDING LEADS IN PRIMARY SCHOOLS IN BOLTON

February 2021





What Works for Children's Social Care

Acknowledgements

We would like to thank the schools and DSLs who participated in this research, along with the supervising social worker and the team at Bolton Council.

Funding

Department for Education, England.

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CONTENTS

EXECUTIVE SUMMARY	4	Experiences	29
Additional Findings	5	Future	31
Cost	6		
INTRODUCTION	7	CONCLUSION	33
Background and Problem Statement	7	Impact evaluation and IPE integration	34
Intervention and Theory of Change	7	Interpretation	34
Effect of the Covid-19 pandemic	11	Limitations and lessons learned	34
Impact Evaluation	11	Future research and publications	36
METHODS	14	REFERENCES	37
Design	14	APPENDICES	38
Randomisation	16	Appendix A: Supervising Designated Safeguarding Leads – Memorandum of Understanding	39
Participants	16	Appendix B: Supervision and Safeguarding Support in Education – Guidance Document	43
IMPACT EVALUATION RESULTS	17	Annex 1: Example of a supervision agreement	53
Sample size / MDES calculations	17	Annex 2: Example of Supervision Family Record	54
Attrition	18	Annex 3: Example of supervision record	55
Characteristics	18	Appendix C: An Introduction to our Supervising Designated Leads (DSL) in Education Program	57
Outcomes and analysis	20	Appendix D: Randomisation code	66
IMPLEMENTATION AND PROCESS EVALUATION RESULTS	26	Appendix E: Histograms for secondary outcome measures	67
Organisational factors	26		



EXECUTIVE SUMMARY

This trial aims to establish the impact of providing a designated senior social worker to supervise Designated Safeguarding Leads (DSLs) in primary schools in Bolton. By providing supervision, this programme aims to improve the appropriateness and quality of contacts to children's social care. A further aim of the intervention was to increase confidence in decision-making and reduce anxiety among DSLs.

DSLs are responsible for safeguarding and child protection in schools, and are expected to:

- manage referrals;
- act as a liaison with safeguarding partners, including the appropriate local authority staff, as well as with 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, DSLs tend to receive limited supervision.

In this intervention, supervision was provided to DSLs in the form of one-to-one sessions, intended to take place on a monthly basis. These sessions were delivered by the designated social worker. Additional support, for example through emails and phone calls, was also offered.

The evaluation comprised a clustered randomised trial, with schools allocated to either the treatment group (receiving the supervision) or control group (not receiving the supervision). The trial included 94 primary schools in total, together accounting for almost 30,000 pupils. The primary outcome

assessed is contacts leading to no further action (measured as a proportion of pupils). Secondary outcomes considered include contacts leading to referral for assessment; total contacts; referrals for assessment leading to no further action; new Early Help plans; new Child in Need plans; new Section 47 enquiries and children becoming looked after.

The impact evaluation is complemented by qualitative work comprising a small number of interviews with DSLs and the supervising social worker, as well as a review of evaluation forms completed by some participating DSLs.

The evaluation started in April 2019 and was completed in August 2020, with the supervision sessions delivered over the period from October 2019 to March 2020.

The intervention being evaluated in this trial was developed by Bolton Council.





Key Conclusions

1. A key aim of the programme is to reduce inappropriate contacts to children's social care. To assess this, the evaluation uses data on contacts resulting in no further action. While this has its limitations, the underlying idea is that a fall in contacts leading to no further action can be used as a proxy for a fall in inappropriate contacts. Schools that were assigned to receive the programme did not see any statistically significant difference in the proportion of pupils for whom contacts led to no further action, compared with schools that did not receive the programme.
2. Results for secondary outcomes are more exploratory. They suggest modest reductions in section 47 enquiries and new child in need plans, although these are not significant at the conventional level. There were no statistically significant differences in: total contacts; contacts leading to referral for assessment; referrals for assessment leading to no further action; new Early Help plans; or children becoming looked after.
3. Qualitative evidence indicates that DSLs receiving the programme welcomed the support this offered with some reporting of increased confidence and improvements in mental wellbeing. However, this is based on a very small number of participants and may not be representative of all DSLs selected for the programme, and should therefore be treated as tentative.
4. Fewer than half of schools assigned to receive the intervention received all intended supervision sessions. In any future trial of the intervention, it will be important to ensure a clear explanation of the recruitment and randomisation procedures, to ensure DSLs and schools understand the reasons why they have been selected to participate.
5. The role of the supervising social worker is key to the programme's success. In scaling up and/or rolling out the intervention, careful consideration will need to be given to ensure consistency and to maximise effectiveness across different supervising social workers.
6. The findings of the study do not provide evidence of impact. It may be that impacts take longer to emerge. Further research, with a longer lead time and ideally in a time period less acutely affected by the Covid-19 pandemic, is recommended to resolve this ambiguity.

Additional Findings

It is perhaps unsurprising that no statistically significant impact is seen on the outcomes considered; the intervention, and outcomes, were measured over a very short period of time. Furthermore, in many schools assigned to receive the programme, fewer sessions took place than originally intended. Due to unforeseen delays in starting the programme, partway through the project plans were made to extend the intervention so that supervision sessions

would continue for the remainder of the school year. However, these plans had to be abandoned following the lockdown resulting from the Covid-19 pandemic. It may well be the case that potential impacts are only apparent at higher levels of dosage (that is, with a greater number of supervision sessions than took place in this study). It is possible that with greater dosages, and in the absence of the pandemic, effects could have been more substantial. However, further research would be needed to verify this.



The impact analysis was only designed to evaluate impacts on some of the anticipated outcomes specified in the logic model; the logic model also identifies outcomes of the programme for DSLs themselves and for families. Tentative evidence from the qualitative element of the research provides some indication of potential benefits, including in terms of increasing confidence and improving mental wellbeing among participating DSLs; as well as some support for the mechanisms identified in the logic model, such as increased understanding of social care processes among DSLs.

While existing studies have provided important insights into the provision of supervision to DSLs (e.g. Sturt and Rowe, 2018), there remains much to be learnt about the impact of supervision and to our knowledge, such a programme has not previously been evaluated through an RCT. Thus, this study represents an important contribution to the evidence base and highlights a need, at least among some DSLs, for greater support in their role.

One important lesson learned for any future evaluation of the programme is the importance of the initial recruitment process for schools, including the need to clearly explain the evaluation, and particularly the process of random selection. In addition, the role of the supervising social worker is a key factor for successful implementation. It will therefore be important in any larger trial, or future rollout, to consider means of ensuring consistency, and maximising effectiveness, across different supervising social workers.

Cost

No cost evaluation was undertaken as part of this trial.





INTRODUCTION

Background and Problem Statement

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

DSLs are responsible for safeguarding and child protection in schools, and are expected to: manage referrals; act as a liaison with safeguarding partners, including the appropriate local authority staff, as well as with head teachers and other school staff; undergo specialist training; raise awareness; and maintain child protection files (Department for Education, 2019).

The DSL role can involve having to make difficult decisions about vulnerable children in often complex circumstances. While statutory guidance requires DSLs to receive training for their role, access to supervision and support can be limited.

The intervention being evaluated in this trial was developed by Bolton Council, in recognition of the fact that the DSL role can be stressful for teachers. In this project, the local authority assigned a dedicated experienced social worker to supervise DSLs, with the aim of supporting children and families more effectively (by addressing issues earlier), improving the appropriateness and quality of contacts to children's social care. A further aim of the intervention was to increase confidence in decision-making and reduce anxiety among DSLs. Supervision was provided in the form of one-to-one sessions, intended to take place on a monthly basis. The intervention is described in more detail below.

Intervention and Theory of Change

Name

Supervision of Designated Safeguarding Leads in primary schools in Bolton

This programme offered formal supervision sessions to DSLs in the selected schools in the Bolton Council area for an initial period of around six months. 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 to children's social care (CSC).

Rationale

Statutory guidance developed in previous years has highlighted the importance of the role of a DSL, the training and support this individual ought to receive, and the critical role of supervision to ensure the best outcomes for the child and family at risk. The 'Keeping Children Safe in Education' guidance stipulates that DSLs ought to be senior members of a school's leadership team (Department for Education, 2019). This guidance also states that DSLs 'should be given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters...'. Further guidance such as 'Working Together to Safeguard Children' (HM Government, 2018) also emphasises that, 'effective practitioner supervision can play a critical role in ensuring a clear focus on a child's welfare. Supervision should support practitioners to reflect critically on the impact of their decisions on the child and their family.'

Despite this guidance, DSLs in Bolton 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 (Davis, 2019).



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' (UKCC, 1996). It serves to manage the emotional demands of the work, maintain relationships, and make difficult judgements and decisions often in light of conflicting information (Wonnacott, 2012). Supervision serves to reflect critically on one's own practice, receive emotional support, and to develop skills, knowledge and an increased understanding of the mechanisms of children's social care threshold limits and processes.

Aim of programme

The aims of the intervention are to:

- Improve knowledge and understanding of children's social care processes and issues (for example, in relation to levels of risk, Early Help processes, information provision to CSC), 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.

Due to the limited scope of this trial, only the first of these two aims was evaluated.

Materials

Bolton CSC have developed a series of documents and agreements for the implementation of the programme.

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 can be found within the separate further appendices file:

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

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
- Key functions of supervision
 - Management oversight and accountability
 - Continuing professional development
 - Multi-agency working
 - Voice of the 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 signed, and decisions to agree how to move forward;
3. DSLs attend formal, individual supervision sessions. A minimum of one session, and a maximum of six sessions.
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

The supervisor tasked with providing formal supervision to the DSLs is an experienced Social Worker, recruited into the role by Bolton Council. This person forms part of, and is line managed by, the local authority's Education Safeguarding Team. The supervisor was also in charge of scheduling sessions, and ensuring the programme moved forward as expected.

Supervision was undertaken with school DSLs. Where schools had multiple DSLs, the school was given the opportunity to choose which DSL to put forward for supervision. In around half of schools receiving the supervision, the DSL receiving the supervision was the headteacher.

How

Supervision sessions were intended to follow the same format for each session, and for each DSL. These sessions were individual supervision sessions, taking place face-to-face. All sessions were logged, and a written record was kept (Appendix B, 3).

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

Where

The supervision sessions took place within the schools of the DSLs. Where possible, the location of the sessions remained consistent throughout. The space used should be quiet and private, to minimise disruptions and allow for open discussion.

When

The formal supervision sessions were intended to take place at regular monthly intervals (every 4-6 weeks), for a maximum of 2 hours at a time. Sessions were offered between October 2019 and March 2020.

Tailoring/adaptation

Given the nature of supervision, the content of the sessions were tailored to the needs of each DSL, however the format and style of sessions was intended to be 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.



Logic model: Supervision of Designated Safeguarding Leads in primary schools in Bolton Council

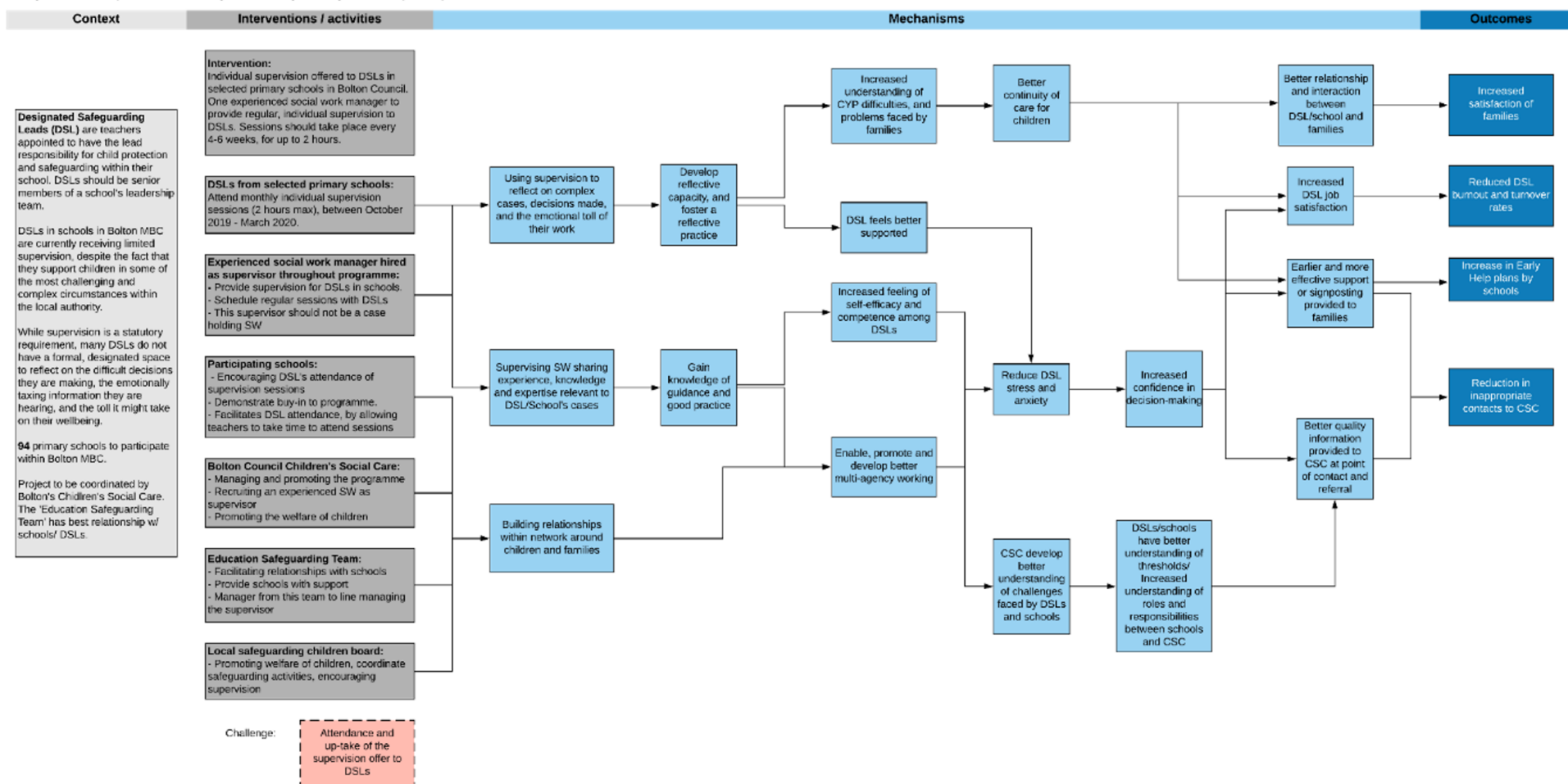


Figure 1. Logic Model



Effect of the Covid-19 pandemic

The original plan for the trial was that supervision sessions would take place between October 2019 and March 2020, with the impact evaluation analysing outcomes based on data covering the period from October 2019 to end of February 2020.

Just prior to the onset of the Covid-19 pandemic, a plan was put in place to extend the delivery of the programme, so that supervisory sessions would continue for the remainder of the 2019/2020 school year. In line with this, the timeframe for the evaluation would also be extended to enable the analysis to cover the extended timeframe for delivery.

The onset of the pandemic and lockdown necessitated changes to this plan, to delivery, to think about how schools could be most effectively supported, but also to re-think data collection requirements given burdens on both schools and the local authority at this time. It was decided that supervision would be provided remotely where needed, and extended to all schools in the trial (both the treatment and control groups), from April 2020. As a consequence, the impact evaluation would analyse data up until the end of March 2020 (effectively, as lockdown commenced).

In practice, the supervision involved fewer sessions than anticipated (a maximum of three supervision sessions plus an introductory appointment). These issues are discussed in further detail later in this report.

Impact Evaluation

Research questions

A key aim of the intervention is to reduce inappropriate contacts to children's social care. Establishing whether a contact is "inappropriate" is not straightforward; 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. To assess the impact of the intervention requires consideration of the impacts on contacts and referrals, as well as on the outcomes of these – so what action is (or is not) taken following the contact or assessment. This means the choice of outcome measure is complex, especially given the need to make use of measures available from administrative data. The trial opted to use contacts leading to no further action as the primary outcome, the underlying idea being that a fall in the proportion of contacts leading to no further action could be considered as a proxy measure for a fall in inappropriate contacts. While it is acknowledged that this is far from a perfect measure of appropriateness (the fact that a contact leads to no further action does not mean the contact was inappropriate), it is arguably the closest feasible proxy that can be obtained from existing collected data. We then supplement this by considering a range of secondary outcomes on referrals and their outcomes.

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

1. What is the effect of providing support¹ to DSLs in primary 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)?

It is also worth noting here 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.² Thus the contact is made by the DSL, but the decision as to whether this progresses

1 For clarity, the phrase "providing support to DSLs", means the provision of this programme providing supervision sessions for DSLs.

2 Bolton Children's Social Care Procedures Manual, available online at: <https://boltonchildcare.proceduresonline.com/chapters/contents.html>



to a referral is made by children's social care services.

The evaluation also set out to address the following research questions:

2. What is the effect of providing support to DSLs in primary schools on the proportion of pupils for whom an Early Help Plan is submitted?
3. What is the effect of providing support to DSLs in primary schools on the proportion of pupils for whom a new referral is made? (note that, as stated above, it is children's social care that determine whether a contact progresses to a referral)
4. What is the effect of providing support to DSLs in primary schools on the proportion of pupils for whom a new referral results in a Child in Need Assessment (section 17 start)?
5. What is the effect of providing support to DSLs in primary schools on the proportion of pupils for whom a new referral results in a Child Protection enquiry (section 47 start)?
6. What is the effect of providing support to DSLs in primary schools on the proportion of pupils for whom a new referral leads to a child becoming a Looked After Child?

The trial is registered on the Open Science Framework at: <https://osf.io/qwnt8>

In summer 2020, in addition to the planned impact evaluation, it was decided to also undertake interviews with the supervising social worker along with a small number of DSLs. Mid-project evaluation forms were also reviewed. These components were added to the evaluation with the aim of understanding experiences of the intervention and challenges in implementation, with a particular view to informing future scale-up of the programme. The relatively small-scale and late addition of this qualitative element should be kept in mind when interpreting findings.

As stated earlier, in addition to reducing inappropriate contacts, a key aim of the intervention is to reduce DSL stress and anxiety. Due to limited resources, this was not explored within the impact evaluation.³ The DSLs interviewed were asked for their views on any impact on their wellbeing, but as noted above, these findings can only be considered indicative.

Ethics & Participation

Ethical approval for the evaluation was granted by the NIESR Research Ethics Committee in June 2019. This required the submission of an application form by the evaluation team to the ethics committee outlining the key features of the project and setting out the ethical issues involved and associated mitigations. Some changes to plans to the approach for recruitment of schools took place following this; these changes were notified to the NIESR Research Ethics Committee in July 2019.

Bolton Council determined the primary schools within the local authority that were eligible to participate in the trial. This was almost all primary schools within Bolton, with the exception of a small number whom the local authority determined should not be included as other assistance was being provided in these cases. As the local authority was providing the intervention to schools, it was considered that the local authority could take the decision to randomly allocate schools to receive the supervision or not. Schools were informed of their allocation following randomisation (with randomisation conducted by the evaluation team) and received a letter from Bolton Council informing them about the project and what this involves. Schools could then choose to withdraw if they wished to do so.

Data protection

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

3 Consideration was given to administering a survey to explore this partway through the trial, but ultimately this did not go ahead due to the onset of the Covid-19 pandemic.



The evaluation required the local authority to share data with the evaluation team. This data was in the form of aggregated data at school level; the data did not identify individuals and contained no personal data. However, any potential risk of identification still needed to be considered, especially given the sensitive nature of data on children's social care outcomes. Data are stored securely in line with the principles set out in the NIESR Data Security Policy.

No personal data were intended to be processed as part of the original plans for the evaluation. In order to facilitate the interviews added to the evaluation in summer 2020, names and contact details of DSLs were provided to the evaluation team, once their consent to be interviewed had been established by WWCS. This information was used purely for facilitating the interviews.

Personnel

Delivery team

- **Wilson Litchmore** (Supervising Social Worker, Bolton Council)
- **Jacqueline Parkinson** (Education Safeguarding Officer, Bolton Council)
- **Simon Manseri** (Former Principal Social Worker, Bolton Council)

Evaluation team

- **Lucy Stokes** (Principal Economist, NIESR): Principal Investigator, leading on design, analysis and reporting
- **Richard Dorsett** (Professor of Economic Evaluation, University of Westminster, and NIESR Fellow): Expert advisor to the team
- **Chiara Manzoni** (Senior Social Researcher, NIESR): Implementation and process evaluation
- **Johnny Runge** (Senior Social Researcher, NIESR): Implementation and process evaluation

- **Lei Xu** (Economist, NIESR): analysis and impact evaluation





METHODS

Trial type and number of arms		Two-armed cluster randomised trial
Unit of randomisation		School-level
Stratification variables (if applicable)		Proportion of pupils eligible for Free School Meals (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)	Initial contacts; Referrals; Child in Need assessments; child protection assessments; Looked After Children; Submission of Early Help Plans
	Measure(s) (instrument, scale)	Local authority administrative data

Design

The evaluation uses a clustered randomised trial design. There are two trial arms; receiving the supervision and not receiving the supervision. Randomisation took place at school level with approximately half of primary schools being allocated to the treatment group (receiving the support of the designated social work manager) and half to the control group (who did not receive this support). This does not mean that control group schools did not have any access to support, their usual processes for contacting the local authority for advice still applied. Thus, the trial is evaluating the impact of providing the programme of supervision compared with "business-as-usual" among the control group.

The primary outcome is new contacts made which result in no further action (at the point of contact) between October 2019 and March 2020.

Secondary outcomes are:

- New initial contacts with the social care system
- Referrals to children's social care
- Referrals leading to a Child in Need assessment (section 17 starts)
- Referrals leading to a child protection enquiry (section 47 starts)
- Referrals leading to a child becoming a Looked After Child
- Submissions of Early Help Plans (Early Help Assessments completed)



These are all assessed for the same time period as for the primary outcome measure. The original protocol planned to measure outcomes over the period between October 2019 and February 2020; in practice it was possible to capture an additional month of outcome data and this was incorporated into the evaluation, recognising the relatively short period of time over which outcomes were being measured.

Data on all outcomes were obtained from administrative data already routinely collected by the local authority. This comprises monthly data for all specified outcomes for the period of the intervention. For each of the outcomes, data were provided on the number of contacts/referrals/

submissions for the relevant category, and then considered in the analysis as a proportion of pupils in the school.

In total, 94 primary schools were identified by Bolton Council to participate in the trial. All 94 schools were randomised, half of which (47 schools) were allocated to receive the intervention and half which did not. While not all of those schools allocated to the treatment group engaged, or engaged fully with the supervision sessions (as discussed later in this report), outcome data were available for all 94 schools. As the analysis is conducted on an intention-to-treat basis, all 94 schools are included.

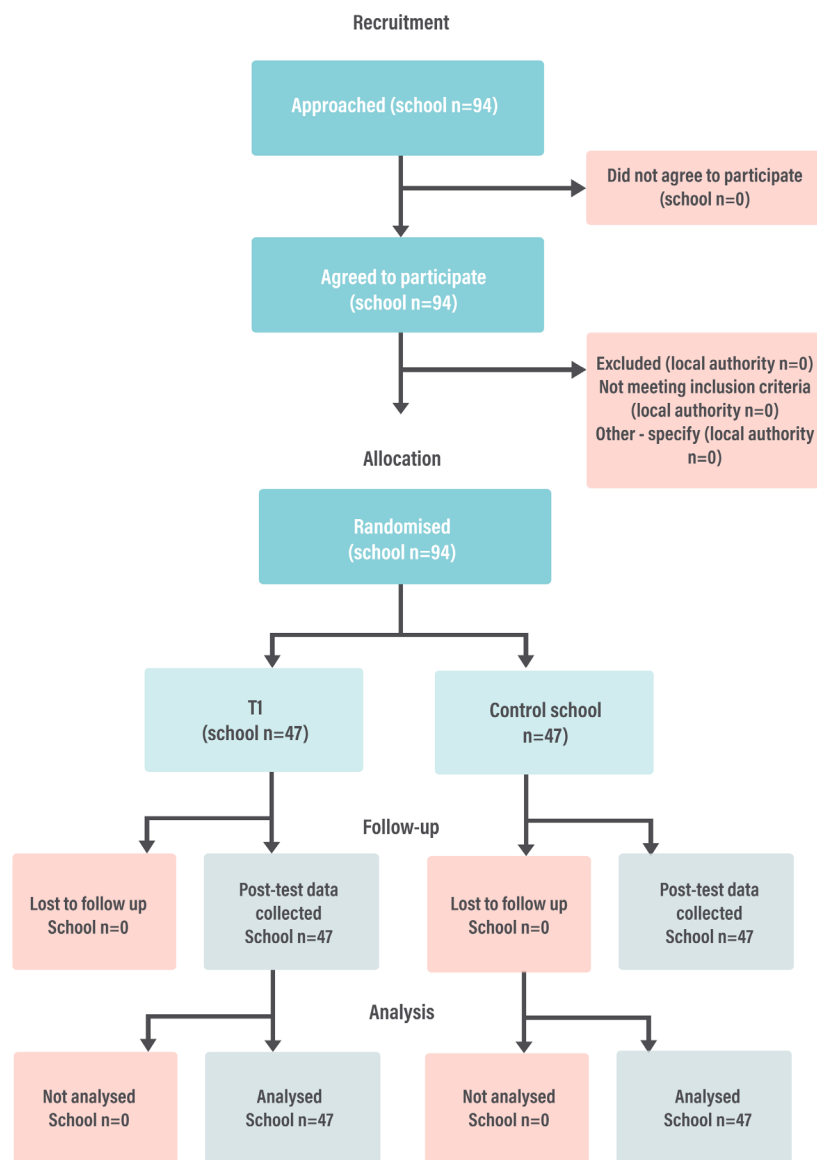


Figure 2. Trial design



Randomisation

Schools were randomised within blocks defined on the basis of the proportion of children eligible for free school meals (FSM). 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 fell 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 needed to take place, it was necessary to make use of data that were readily available instead.

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

Each school was assigned a randomly generated number;

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

Randomisation was conducted by the evaluation team; the code used to conduct the randomisation is provided in Appendix D.

Analysts were not blind to group allocation.

Participants

The trial took place in one local authority, Bolton.

Primary schools located within the Bolton local authority were eligible to participate. Schools were identified by Bolton Council. A small number of schools were not eligible for the trial as the local authority decided to provide alternative support in these cases (around seven schools). All

other primary schools (94 schools in total) in the local authority were eligible; all were expected to participate in the trial unless the school declined.





IMPACT EVALUATION RESULTS

		MDES (Proportion of a Standard Deviation)		
		Protocol	Randomisation	Analysis
MDES		0.10	0.10	0.06
Baseline/Endline correlations	Pupil	0	0	0
	School	R2 of 0.5	R2 of 0.5	R2 of 0.2
Intraclass correlations (ICCs)				
	School	0.05	0.05	0.01
Alpha		0.05	0.05	0.05
Power		0.8	0.8	0.8
One-sided or two-sided?		2-sided	2-sided	2-sided
Level of intervention clustering		School	School	School
Average cluster size		325	325	291
Sample Size (children)	Intervention	-	-	13,819
	Control	-	-	13,533
	Total	-	-	27,352
Sample Size (schools)	Intervention	47	47	47
	Control	47	47	47
	Total	94	94	94
Sample Size (Social Workers)	Intervention	n/a	n/a	n/a
	Control	n/a	n/a	n/a
	Total	n/a	n/a	n/a

Sample size / MDES calculations

The sample size for this trial was set by the number of schools within the participating local authority. After the exclusion of a small number of schools (as determined by the local authority), 94 primary schools were eligible for the trial. The MDES is therefore determined by the maximum available

sample. Based on the assumptions made above, this stands at 0.10 at the point of preparing the research protocol and at randomisation. At the point of analysis, the data provided indicated that there was a lower pre/post correlation, and ICC, than assumed for the calculations at the point of preparing the protocol. This meant that the MDES stood at 0.06 at the point of analysis.



Attrition

Outcome data are available for all 94 schools participating in the trial, and all schools randomised are included in the analysis (Table 1).

As discussed later in this report, not all schools assigned to the treatment group engaged or engaged fully with the supervision sessions, but all are included within the main analysis.

Table 1. School level attrition from the trial (primary outcome)

		Intervention	Control	Total
Number of schools	Randomised	47	47	94
	Analysed	47	47	94
Attrition (from randomisation to analysis)	Number	0	0	0
	Percentage	0	0	0

Characteristics

Table 2 presents the characteristics of schools assigned to the intervention and control groups. Unsurprisingly, given the location of the trial, the vast majority of the schools, regardless of which trial arm they were assigned to, were classified as being located in an urban major conurbation. Almost all of the remaining schools were located in urban city and town areas, with just one school located in a rural area. The distribution of schools by school type was fairly similar across treatment and control groups. Around one quarter of schools in both the treatment and control groups had been rated outstanding for overall effectiveness at their most recent Ofsted inspection, with the majority of the remainder rated good. Here there were some signs of imbalance, with 21 per cent of control schools rated as requiring improvement or inadequate, while four per cent of treatment schools fell into this category.

There were no substantive differences by trial arm in terms of school composition, such as the percentage of pupils eligible for FSM, or the percentage for whom English was not their first language. Performance at end of KS2 was also

similar on average in both treatment and control schools. Treatment and control schools also showed similar average outcomes in terms of the number of contacts that had led to no further action in the previous academic year, with on average 17.6 contacts in the treatment schools and 14 in control schools (this apparent difference is not statistically significant). There was also no substantive difference when considering contacts leading to no further action as a proportion of pupils in the school.

Overall, this indicates that on the basis of most of the characteristics considered the sample was balanced at baseline (with the exception of Ofsted ratings for the percentage of schools rated as requiring improvement or inadequate, as noted above). As all schools randomised remain in the trial, this also applies at the point of analysis as the sample is unchanged.

The indication of some degree of imbalance in Ofsted ratings between the treatment and control groups could have implications for the results, if school overall effectiveness ratings are associated with need for and referrals to CSC services. On average, Ofsted ratings tend to be lower in



schools serving a higher proportion of pupils from disadvantaged backgrounds (Hutchinson, 2016), and thus we may also anticipate higher need for CSC services among this group. However, as noted above, on average the percentage of pupils eligible for FSM was similar in both treatment and control groups. In addition, if the difference in Ofsted ratings between treatment and control schools is considered as a whole (rather than just the proportion requiring improvement or inadequate), this difference is not statistically significant at conventional levels.

The table also presents, where data are available, averages for state-funded primary schools in England as a whole. As noted above, given its location schools in the trial were more likely to be in urban areas. On average, schools in the sample appeared slightly larger than the average for English primary schools as a whole, and with a slightly higher average percentage of pupils eligible for FSM. Further characteristics of Bolton local authority are discussed within the later section of this report exploring contextual factors.

Table 2. Baseline characteristics of groups as randomised and analysed

School-level (categorical)	National-level mean	Intervention group		Control group	
		n/N (missing)	Count (%)	n/N (missing)	Count (%)
Ofsted overall effectiveness¹:					
Outstanding	18%	12/47 (0)	12 (26%)	11/47 (0)	11 (23%)
Good	70%	33/47 (0)	33 (70%)	26/47 (0)	26 (55%)
Requires improvement	10%	2/47 (0)	2 (4%)	7/47 (0)	7 (15%)
Inadequate	3%	0/47 (0)	0 (0%)	3/47 (0)	3 (6%)
School type²:					
Academy converter	25%	8/47 (0)	8 (17%)	7/47 (0)	7 (15%)
Academy sponsor led	9%	1/47 (0)	1 (2%)	4/47 (0)	4 (9%)
Community school	36%	22/47 (0)	22 (47%)	16/47 (0)	16 (34%)
Foundation school	3%	0/47 (0)	0 (0%)	0/47 (0)	0 (0%)
Free schools	1%	1/47 (0)	1 (2%)	1/47 (0)	1 (2%)
Voluntary aided	16%	13/47 (0)	13 (28%)	17/47 (0)	17 (36%)
Voluntary controlled	10%	2/47 (0)	2 (4%)	2/47 (0)	2 (4%)
Urban/rural location²:					
Rural town and fringe	11%	0/47 (0)	0 (0%)	1/47 (0)	1 (2%)
Urban city and town	38%	5/47 (0)	5 (11%)	4/47 (0)	4 (9%)



Urban major conurbation	29%	42/47 (0)	42 (89%)	42/47 (0)	42 (89%)
School-level (continuous)		n/N (missing)	Mean (SD)	n/N (missing)	Mean (SD)
Pupil composition³:					
% pupils ever eligible for FSM in past 6 years	23.0	47/47 (0)	26.7 (14.1)	47/47 (0)	28.5 (16.7)
Number of pupils on roll	281.9	47/47 (0)	330.4 (116.1)	47/47 (0)	322.6 (160.3)
% pupils where English is not first language	21.2	47/47 (0)	28.9 (29.4)	47/47 (0)	22.7 (27.7)
% eligible pupils with SEN support	12.6	47/47 (0)	12.0 (5.6)	47/47 (0)	11.9 (6.6)
KS2 performance 2019: % reaching expected standard	65	47/47 (0)	63.1 (16.6)	44/47 (3)	67.2 (12.2)
KS2 performance 2019: % reaching higher standard	11	47/47 (0)	10.0 (6.4)	44/47 (3)	12.5 (7.2)
Prior social care outcomes (2018/19)⁴:					
Number of contacts leading to no further action (NFA)	-	47/47 (0)	17.6 (13.9)	47/47 (0)	14.0 (10.6)
Contacts leading to NFA as % of pupils in school	-	47/47 (0)	5.2 (3.3)	47/47 (0)	4.8 (4.1)

Notes and sources:

1. Ofsted inspection ratings as at 31 August 2019; based on most recent inspection.
2. Based on 2020 School Census (January 2020). National averages are those for state-funded primary schools in England.
3. As reported in DfE school performance tables, 2019. National averages are those for state-funded primary schools in England.
4. Based on data provided by Bolton Council.

Outcomes and analysis

Primary analysis

The trial protocol specified that information on school characteristics (for example, number of pupils by year group) would be used to construct a dataset effectively at “pupil” level. Data on outcomes obtained at school level would then be assigned to the dataset. For example, if there are 100 pupils in a school, and there are 5 contacts

to children’s social care services which lead to no further action, the dataset for that school will contain 100 rows, and the outcome indicator (in this example the number of contacts which lead to NFA) would be set to 1 for 5 of the rows and 0 for the remaining 95 rows.

The only characteristic available for both the outcome measures, and for all pupils in each school, was year group. In running the analysis, we effectively replicated the approach set out above



by weighting schools according to the number of pupils (using the fweights command in stata). These two approaches are equivalent in terms of the results they produce. Furthermore, inclusion of the year group breakdown does not alter the results and so for our main analysis we revert to a simpler model which weights according to the total number of pupils in the school.

Other aspects of the analysis remain the same as set out in the protocol. The estimated impact is 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 is carried out using linear regression, with standard errors clustered by school.

The regression models control for prior social care outcomes, based on the previous school year (at school level). For each outcome measure, we use the equivalent measure for the previous school year. The models also include a dummy variable capturing treatment allocation and strata indicators.

As there is one primary outcome measure, multiple comparison adjustments have not been applied.

Table 3 summarises the results of the primary analysis. The mean values of the primary outcome (contacts leading to no further action, as a proportion of pupils) are similar in the treatment and control groups, standing at 0.0118 in the treatment group and 0.0123 in the control group. The distribution of the primary outcome measure in the treatment and control group is presented in Figure 3.

The results of the analysis indicate a non-statistically significant impact of the intervention on the primary outcome measure, with a very small negative effect (an effect size of -0.013). A negative effect would here have a favourable interpretation, reducing contacts leading to no further action (as a proportion of pupils). However, the size of this effect is very small in magnitude. Further details underlying the effect size estimation are provided in Appendix Table 1.

Table 3. Primary analysis

	Unadjusted means				Effect size			
	Intervention group		Control group					
Outcome	n (missing)	Mean (95% CI)	n (missing)	Mean (95% CI)	Total n (intervention; control)	% point change in outcome (95% CI) OR risk ratio for binary outcomes	Glass's Delta ⁴ (95% CI)	p-value
Contacts leading to no further action (as proportion of pupils)	Schools: 47 (0) Pupils: 13,819 (0)	0.0118 (0.011, 0.014)	Schools: 47 (0) Pupils: 13,533 (0)	0.0123 (0.010, 0.014)	27,352 (13,819; 13,533)	-0.140 (-0.522, 0.243)	-0.013 (-0.047, 0.022)	0.470

4 As per our statistical guidance, for trials of different types - for example clustered trials, or when additional covariates are used, we continue to recommend using Glass's Delta, calculated using unconditional (that is, unadjusted) standard deviations.

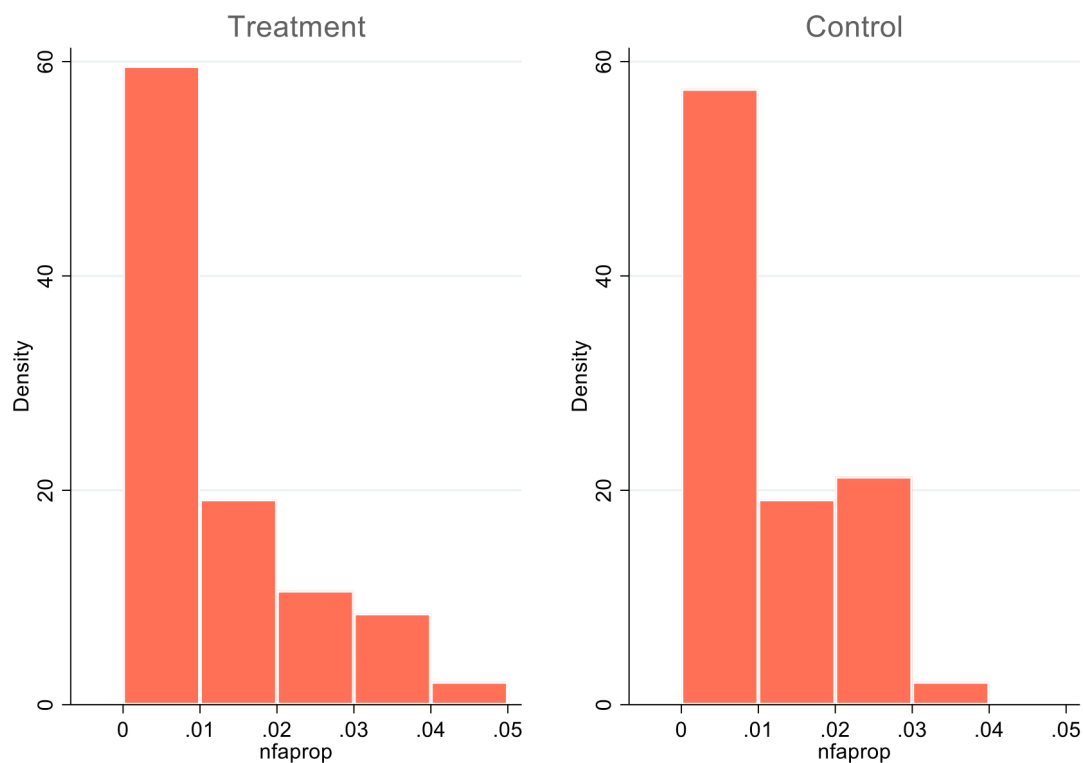


Figure 2. Contacts leading to NFA as proportion of pupils, by trial arm

Secondary analysis

Table 4 presents the results of the secondary analyses. There were no statistically significant impacts (at conventional levels of statistical significance) on any of the measured outcomes, and effect sizes are small. Histograms for each of the secondary outcome measures by treatment and control group are presented in Appendix E.

Given the number of secondary outcomes considered, there is arguably a multiple testing issue when considering so many outcomes. However, since none of the estimated effects are significant, there is no need to make such adjustments.

Sub-group analyses

No subgroup analyses were planned or have been conducted.

Analysis in the presence of non-compliance

A record of attendance by DSLs at supervision sessions was maintained by the supervising social worker. As documented in the trial protocol, we use this information to explore compliance with the intervention.

Among the 47 schools allocated to receive the programme, one declined to participate, and for one information on attendance at sessions was not available. Of the remaining 45 schools, 18 attended the introduction plus three supervision sessions, a further 8 schools attended the introduction plus two supervision sessions, 6 attended the introduction plus one supervision session and 13 attended the introductory meeting only (Table 5).



Table 4. Secondary analysis

	Unadjusted means				Effect size			
	Intervention group		Control group					
Outcome	n (missing)	Mean (95% CI)	n (missing)	Mean (95% CI)	Total n (intervention; control)	% point change in outcome (95% CI) OR risk ratio for binary outcomes	Glass's Delta ⁵ (95% CI)	p-value
Contacts*	Schools: 47 (0)	0.0321	Schools: 47 (0)	0.0331	27,352 (13,819; 13,533)	-0.353 (-1.042, 0.335)	-0.020 (-0.058, 0.018)	0.310
	Pupils: 13,819 (0)		Pupils: 13,533 (0)					
Referrals (contacts leading to referral for assessment)	Schools: 47 (0)	0.0202	Schools: 47 (0)	0.0208	27,352 (13,819; 13,533)	-0.190 (-0.706, 0.326)	-0.013 (-0.049, 0.022)	0.466
	Pupils: 13,819 (0)		Pupils: 13,533 (0)					
Referrals for assessment leading to NFA	Schools: 47 (0)	0.0049	Schools: 47 (0)	0.0045	27,352 (13,819; 13,533)	0.002 (-0.183, 0.220)	0.003 (-0.027, 0.032)	0.857
	Pupils: 13,819 (0)		Pupils: 13,533 (0)					
Early Help assessments completed	Schools: 47 (0)	0.0742	Schools: 47 (0)	0.0672	27,352 (13,819; 13,533)	-0.020 (-1.274, 1.235)	-0.001 (-0.050, 0.049)	0.975
	Pupils: 13,819 (0)		Pupils: 13,533 (0)					
New Child in Need plans	Schools: 47 (0)	0.0111	Schools: 47 (0)	0.0146	27,352 (13,819; 13,533)	-0.435 (-0.929, 0.059)	-0.036 (-0.077, 0.004)	0.083
	Pupils: 13,819 (0)		Pupils: 13,533 (0)					
Child protection: new S47 Enquiries	Schools: 47 (0)	0.0047	Schools: 47 (0)	0.0067	27,352 (13,819; 13,533)	-0.235 (-0.484, 0.016)	-0.029 (-0.059, 0.001)	0.064
	Pupils: 13,819 (0)		Pupils: 13,533 (0)					
Children becoming Looked After	Schools: 47 (0)	0.0011	Schools: 47 (0)	0.0007	27,352 (13,819; 13,533)	0.033 (-0.055, 0.120)	0.012 (-0.020, 0.044)	0.462
	Pupils: 13,819 (0)		Pupils: 13,533 (0)					

*Calculated as contacts leading to NFA plus contacts leading to referral for assessment



Table 5. Attendance at supervision sessions

Introductory meeting only	13
Introduction plus one supervision session	6
Introduction plus two supervision sessions	8
Introduction plus three supervision sessions	18
Declined to participate/missing information on attendance	2
Total	47

We 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. Note that a dose response analysis of this type is not experimental, and so findings cannot be interpreted causally in the same way as the main findings.

We count the introductory appointment as one session, so the maximum number of "sessions" attended is 4. This dosage variable has no statistically significant association with the primary outcome (regression coefficient=-0.003; p-value=0.243).

There is therefore no indication, based on this analysis, that impacts were greater for those schools receiving more supervision sessions. However, as the maximum number of supervision sessions received during the intervention period was three sessions, and as even this was lower than originally planned, it may be that any

potential impacts would require higher levels of dosage (or effectively, more sessions) than observed during this trial.

Missing data analysis

Outcome data are available for all schools participating in the trial, therefore no missing data analysis is conducted.

Additional analyses and robustness checks

Our primary and secondary analyses above explore contacts for all children in the school, regardless of source, rather than limiting analysis to only children for whom contacts were made by the school. This aimed to capture any effects of signposting and early help by DSLs on contacts for children overall in these schools. The protocol noted that if available, data on contact source would also be explored. While it was attempted to record whether the contact source was the school, or other source, in practice, there were difficulties for the local authority team in accurately determining the original source. We therefore do not analyse the information by contact source in this report.



The protocol also noted that if data allowed, we would explore whether there may be time lags in effects. We re-run our analysis models for the primary outcome based on the latter half of the time period only, that is, using outcomes for January to March 2020 only. However, this still shows no impact of the intervention (effect size=-0.001, p-value=0.967)

As data were available by year group, we also explored whether there appeared to be any age effects across schools. However this showed no significant age variation, and no additional variance was explained by the inclusion of age dummies.

Finally, we also ran a simpler version of our main models, at school level, without weighting for the number of pupils. The substantive findings from these models are unchanged, in that they do not suggest any significant impact of the programme on the outcomes considered.

Contextual factor analysis

Earlier in this report we discussed the characteristics of the schools participating in the trial, and noted some of the features of the sample, given the location of the trial in one particular local authority. The local authority is predominantly urban, and has greater levels of deprivation, on average, compared with England as a whole. This was partly reflected in the slightly higher percentage of pupils who had been eligible for free school meals during the previous six years. It is also apparent in other statistics; the Department for Education's Local Authority Interactive Tool indicates that in 2019, 32 per cent of children in Bolton were living in low income families, compared with 18 per cent for England as a whole.

In its most recent inspection of Local Authority Children's Services in 2018, Bolton was rated good for its overall effectiveness. In 2019, the children in need rate (measured per 10,000) stood at 348.5. This is above the English average of 334.2, but below the average for the North West of 389.3. There were 642 Looked After Children, representing a rate of 95 per 10,000, above the

England average of 65 per 10,000 but in line with that for the North West as a whole of 94.

There was a total of 4,105 referrals to children's social services in Bolton in 2019. This represents a rate of 606.6 per 10,000, compared with 544.5 for England as a whole and an average of 584.3 for the North West. Almost a fifth (18.7 per cent) of referrals were closed with no further action; a higher rate than for England as a whole (8.1 per cent) and for the North West region (5.3 per cent). Just over a fifth (21.7 per cent) of referrals which resulted in an assessment led to the child not being assessed as in need (lower than the England average of 29.1 per cent).

The percentage of re-referrals to children's social care within 12 months was in line with the average for England and the North West, standing at 22 per cent. For around 20 per cent of completed referrals, the source of referral was the school (just slightly higher than the England average of 18 per cent).





IMPLEMENTATION AND PROCESS EVALUATION RESULTS

The findings presented in this section are based on the qualitative data collected from semi-structured interviews with DSLs and by reviewing evaluation forms completed by those DSLs who received three supervision sessions as part of the programme. All interviews were digitally recorded with the agreement of participants and transcribed verbatim. We analysed the data, drawing themes and messages from the interview transcripts, alongside reviewing the evaluation reports collected by the senior social worker.

The evaluation team carried out telephone and online interviews with a total of four DSLs working in four different primary schools in Bolton. Two DSLs were Head Teachers while two were Pastoral Managers. The semi-structured interviews explored the experiences and perspectives of DSLs, to assess the extent to which the intervention had led to changes in their practice and to explore the perceived impacts of the intervention. In order to gain a better understanding of the context of the intervention, we also interviewed the senior social worker designated to supervise all DSLs who were assigned to take part in the programme.

As discussed earlier in this report, this qualitative component was not planned as part of the initial evaluation but was added in the final stages, to explore experiences of the intervention in more depth and to inform future scale-up of the programme. As such, the interview request was sent out during the summer holiday only to a limited group of DSLs who completed the programme. The number of DSLs who took part in this qualitative component is therefore very small compared to the number assigned to receive the programme. The qualitative component can be described as light-touch, and it is likely that the

DSLs who were interviewed are not representative of all DSLs allocated to the intervention group; in fact, it is likely that part of the reason they agreed to be interviewed was that they liked the programme and wanted the support to continue. As such, the findings may not necessarily reflect the views of the wider group of schools allocated to receive intervention. It is also worth noting that two out of the four DSLs interviewed had a well-established professional relationship with the senior social worker supervisor, built as part of a previous coaching and mentoring programme.

The evaluation forms were issued at what was, at the time, considered the midpoint of the trial, when DSLs had received three supervision sessions (DSLs reached this point at differing times). In total, evaluation forms were issued to, and returned by, twelve DSLs.

The findings reported here should therefore be considered with these limitations in mind.

Organisational factors

In total, 46 out of the 47 primary schools that were randomly allocated to the treatment group took part in the programme; that is, they at least attended the introductory appointment. The senior social worker explained that only one setting decided not to be part of the programme from its outset because *'they didn't see it as a priority'*. However, even if almost all schools took part to some extent, only 18 settings received all three one-to-one supervision sessions offered as part of the programme. Due to the Covid-19 pandemic, supervision sessions booked from late March onwards were typically suspended.⁵

⁵ Records indicate that a small number of supervision sessions took place following the implementation of lockdown.



The 46 DSLs joined the project at different times; some schools were new to the programme and needed more time to discuss and decide about their involvement; some schools had an established relationship with Bolton Council, while others questioned whether they needed supervision. As a result, some schools had completed multiple sessions while others were still considering their options. The senior social worker explained that the schools that started later in the programme were typically more aware of what the sessions entailed because they had spoken to other schools already receiving the programme. Because of the delay in the recruitment of schools, the project had been planned to be extended from March to July, but those sessions were subsequently cancelled due to the onset of the Covid-19 pandemic.

Reflecting on the reasons for the delay in recruitment, the senior social worker delivering the supervision stressed that among Bolton's schools there had been a degree of uncertainty as to why some schools were selected and some schools were not. As a result, there had been some degree of distrust as the rationale of the selection process was unclear. Our interviews with DSLs also showed that they were not fully aware of how and why they had been selected for the programme. In reality, almost all primary schools in the Bolton local authority had been selected, and then randomly allocated to the treatment group (who received the support from the senior social worker) or the control group (who did not receive this support). In practice, the interviews suggested a lack of clear information about how schools were selected. This led some of the interviewed DSLs to believe they had been selected specifically due to their previous relationship with the supervising social worker, and others were confused why they had been selected due to their low level of safeguarding concerns and possibly lesser need than other schools. There is also a risk that control schools may have been frustrated or confused about their exclusion from the programme (although this cannot be stated definitively as no interviews with control group schools took place).

The supervision sessions were intended to take place once a month and were offered to one DSL per school. Almost all schools had also wanted to have an initial session, before the supervision, to talk about the programme, which added to the planned workload. While in primary schools the Head Teacher normally performs the DSL role, in some cases the role is delegated to a member of staff such as the SENCO, the Pastoral Manager, or the Deputy Head Teacher. Around half (23) of the 46 DSLs were Head Teachers, and some were teachers designated to the role by the Head Teacher. Among the four DSLs who were interviewed, two were Head Teachers and two were Pastoral Managers in schools where the Head Teacher also acted as a DSL, but in practice, most of the frontline work was carried out by the Pastoral Manager.

The supervision sessions lasted two hours. Among the DSLs interviewed, the sessions had usually been organised for the end of the school day, which suited the DSLs best and reduced the risk of being interrupted or having to reschedule. The senior social worker explained that the face to face, one-to-one supervision sessions were delivered following the same structure across all schools. All DSLs attended a first introductory meeting where the senior social worker explained what to expect and how to prepare for the supervision. DSLs were asked to identify a family that was at an Early Help level, and ask for the family's consent in advance, so they could discuss some of the issues and practices related to that family, including thresholds, concerns and plans. The DSLs explained that the subsequent sessions were centred on their needs and development and tailored to their circumstances. The DSLs said that the focus of the sessions had been to learn about the social worker perspective, and to discuss their performance, processes and practices as well as sharing their experiences and speaking about different cases and different families. One DSL described it as a professional conversation, in which they had gone through her cases with a fine-tooth comb, evaluating and discussing her performance and decisions. Some of the DSLs emphasised that it was a very supportive environment which was not



judgemental or condescending in any way, which was important to them. One DSL described it as more of a '*coaching session*' than '*supervision session*', and saw this as a positive. This may reflect a disparity between what DSLs perceive supervision to involve and how this operates in practice.

The senior social worker reported that during the sessions several themes became apparent, with one of these relating to the DSLs' limited understanding of the practicalities of the safeguarding process, and in particular what happens once somebody makes a referral. To address this, as part of the programme DSLs were offered the opportunity to shadow the team of social care workers in charge of the triage of referrals. Among the four DSLs interviewed, one had taken this up. This DSL said it had been an excellent experience, which had made her realise the intense pressure on social workers and the amount of calls they received, and made her more aware of safeguarding processes and multi-agency working in practice. The senior social worker reported that from the feedback he received in the evaluation forms, DSLs welcomed the offer and found the shadowing experience useful and informative.

The senior social worker explained that to fully support DSLs they could email or call him and ask questions or discuss practical cases.⁶ Some DSLs took him up on this offer. A review of the logs of remote support maintained by the supervising social worker showed that 12 of the schools in the treatment group had had some form of additional support outside of the supervision sessions. Among the four DSLs interviewed, the extent to which they had taken him up on this offer varied, but all welcomed the opportunity to do so. For two of the DSLs, having this point of contact and this social worker expertise at hand was seen as the most useful part of the programme. They explained the social worker was always available to speak and provide advice about issues related to child welfare, ranging from discussing specific

cases, how to deal with upcoming meetings or calls, or ahead of contacting or referring to children's social services. As an example, one of the DSLs said she had called the senior social worker during lockdown to discuss concerns about a case where she was the lead professional. The DSL felt that without the social worker's help the case would have continued for longer. The social worker had also observed and supported this DSL during a couple of meetings with parents and agencies where she was the lead professional. She described this support as helpful, particularly being able to discuss her performance afterwards.



Another DSL said the social worker had offered support by phone and email, but she had never needed to take this up. This was partly due to the low level of safeguarding concerns within the school, but also because she had a network of support within the school and trust, among previous, and very experienced, DSLs. However, she still saw it as useful to have this point of contact, and would like to be able to call the social worker in the future for advice in some situations due to his experience. The social worker had also offered to accompany the DSL at a Child Action

⁶ As noted earlier, in interpreting the findings, it is important to bear in mind that control schools would have had access to their usual forms of support, i.e. the study explores the difference between the additional support provided by the programme compared with business-as-usual, rather than no support.



Meeting to offer support, but she felt she already had a good relationship with the family and did not want to risk this by bringing in a social worker.

DSLs expressed mixed views when asked whether the programme required them to invest additional time in their already busy schedules in addition to the monthly two-hour sessions. One DSL felt the amount of time spent outside the sessions was very limited, especially given the social worker prepared and completed all the paperwork. Another DSL said her workload outside the sessions was still the same, but she felt more confident in her role. Another DSL said that additional time was required to prepare for the sessions or to carry out actions agreed during the sessions. For instance, she had gone back and looked at existing cases with her new perspective and knowledge, and revisited and improved existing school policies. While this had taken some time, she felt this would prevent problems further down the line, so the time was invested effectively. Overall, all four DSLs said the programme had generated considerable benefit, compared to the time they had invested in it.

The four DSLs interviewed had acted as DSLs for 3, 8, 15, and 20 years, respectively. Apart from the regular statutory DSL training, and some support from Head Teachers and other staff, the DSLs had not received much formal support. One DSL described the DSL role as a '*lonely role*', and another said her favourite part of the statutory training was to meet and share experiences with other DSL colleagues. As already mentioned, two out of the four DSLs had recently received support, as they had been part of a previous coaching and mentoring programme with the supervising social worker.

Experiences

The DSLs interviewed invariably described the programme as '*excellent*', '*great*' and those who completed the programme and filled the evaluation forms similarly described it as '*very useful*' and '*valuable*'. In one instance the programme was perceived as a '*life-saver*' as that DSL had been '*almost on my knees*' due

to an increasing workload as a result of her DSL duties. She had become lead professional on an increasing number of cases, as she felt the threshold for referrals seemed to be getting higher. The interviews, similar to the information provided in the evaluation forms, revealed a number of themes, including a perceived reduction in inappropriate contacts to children's social services and provision of better information, an improvement in understanding of the social worker perspective and threshold levels, an increased focus on Early Help initiatives and working with families, and an improvement in mental wellbeing. These themes are described further below.

As a result of the project, all four DSLs felt they now made fewer inappropriate contacts to children's social services. The DSLs described how they had typically called children's social services for advice or approval and used them as a 'security blanket' or form of reassurance whenever a case appeared. Now, all DSLs said they felt more confident and reassured to resist inappropriate contacts. They had increased their knowledge of the thresholds, and gained a better understanding of social workers' backgrounds and perspectives as well as their processes. As a result, they felt more confident in dealing with issues themselves before the point of referral. They attributed this increase in confidence to the programme and the support of the supervising social worker.

When DSLs did contact children's social services, they also felt they were better prepared for the call, in particular by having all the necessary information at hand, and not just information about the specific incidence that had instigated the call. For instance, one of the DSLs said she now had all the information in front of her, ready to read out, and ready to answer any questions. In the past, she had rung and explained about the incident, and typically social workers started asking questions that she was not prepared for. Another DSL said that her improved knowledge about children's social services made her able to predict what advice they were likely to give and what questions they would ask. Again, this was



attributed to the programme and the support of the social worker, and in particular advice about having all information and documentation at hand, including being able to present a more complete picture of the child's life and personal circumstances. A couple of the DSLs interviewed felt they had useful discussions with the supervising social worker about cases in which they felt social services had not acted in an appropriate way. In some cases, this had made them understand their perspectives, while in other cases, it had given them the confidence to go back to social services.

The DSLs often felt more confident in working with families, and focusing on Early Help and working with other agencies before issues escalated to social care. For instance, all four DSLs interviewed expressed more confidence in working within the Multi-Agency Screening and Safeguarding Service (MASSS). DSLs explained that they had spoken about multi-agency working with the social worker, including how it works and becoming more aware of the different agencies that are available to support families. One DSL explained her previous struggle in navigating this system. Before multi-agency working was introduced a few years previously, she had a designated social worker that she knew and built a relationship with. Since the introduction of multi-agency working, she felt there was more turnover among social workers and no common point of contact. The sessions with the social worker had helped her understand multi-agency working better, and made her more comfortable working within this framework. Another DSL shared these experiences, and felt she was now carrying out multi-agency working properly, and it had made a real difference to her practices during lockdown, compared to past experiences where she felt the contacts were made separately between social workers and agencies and between social workers and DSLs, rather than across.

The DSLs also felt more able to support families effectively. This included an improved willingness and confidence to contact families and explain the situation to them in the first place. One DSL described how she had previously been

more cautious and less likely to speak candidly to families. Another DSL said she already had fairly good knowledge about children and family support, but the advice had changed her interaction with families. It had made her more confident, and she had changed to an open door policy with families and children. Often, these improvements were attributed directly to discussions during support sessions, in which DSLs had discussed specific cases and families, on an anonymous basis, with the social worker. They had received valuable advice and reassurance about how to work with these families, including in the Early Help or even pre-Early Help stage. This meant that they were more confident in providing Early Help. For instance, one DSL said that when children had been observed saying something concerning but for social services 'low level', she felt more confident



in speaking to the parents and investigating the circumstances rather than calling social services straight away. A couple of the DSLs also spoke about their improved use of Early Help forms, including one DSL who said the social worker had taught her to see Early Help as a stage of providing help and prevention rather than a form or another layer of bureaucracy. Sometimes in the past, the presence and fear of the form would prevent teachers from actually providing the help in the first place. Now, she felt confident to encourage teachers to provide help, and then



make sure that the form would be filled out later if other services needed to be involved. Another example was a DSL who had used the insights from the sessions to go back and look through documentation, with a fresh perspective and improved knowledge, and felt the cases made more sense now.

Three out of four DSLs interviewed had seen a significant improvement in their mental health. DSLs spoke about their increased confidence in the role and the reassurance provided by the social worker, which had made them doubt themselves less in the role. For the DSLs, this has '*reduced stress*', made them '*sleep better*' (rather than '*rolling around in my sleep thinking about cases and my decisions, and whether they were right*') and reduced the frequency of bringing home concerns about cases. For one of these DSLs, she said she had not necessarily realised before the project that the role was associated with a high stress level, for instance when attending meetings with families, but now felt less stressed and more confident in handling different situations. One out of the four DSLs interviewed said it had not impacted her mental wellbeing. This had always been good, helped by the fact that they did not have many safeguarding concerns or cases in the school. However, she added that she could imagine the project would be beneficial for mental wellbeing among DSLs with more cases, especially to provide confidence and reassurance.

The DSLs had typically not cascaded the programme to colleagues, in a direct sense through training or support sessions. But all DSLs interviewed felt that, as they had become more confident and knowledgeable in their role, they interacted better with teachers and other staff, and provided them with better support and advice.

Reflecting on his experience of delivery and on what worked best, the senior social worker explained that the one-to-one supervisions gave DSLs a space to talk about their cases and share practices. However, he stressed that the discussions were also about DSLs' feelings and emotions and these types of talks are not always

straightforward and are built on trust. Building new relationships with DSLs that had not been in contact with him previously took more time and effort compared to those with whom he had an established professional relationship.

Future

All four DSLs said they would recommend, and in some cases '*highly recommend*', the programme to other schools. They had themselves benefited from the programme, and hoped other schools would be given the opportunity to get the same support. A similar wish emerged from the evaluation forms, alongside hopes for ongoing support. A couple of the DSLs interviewed were aware that the programme was currently being scaled-up in secondary schools. They said they were sure it would also be helpful in secondary schools, but hoped it was not at the expense of primary schools like theirs, as it was important and often more effective to catch problems among families and children early.

Three of the DSLs also hoped that the programme and support would continue for themselves. One of the DSLs, who described the programme as a '*life-changer*', said she was really worried about losing the support from the social worker, as it had made a massive difference to her and in her handling of cases on a day-to-day basis. Another DSL said the four sessions had brought up so many issues she wanted to discuss. If the programme continued, she felt she would get a better grasp of the issues, and that her improved practices would become more embedded. Another DSL, who didn't feel she necessarily needed more support sessions, said she would find it helpful to be able to continue the relationship with the social worker, especially being able to call in the future and ask for advice on complicated cases. However, all these DSLs also said that while they wanted the support to continue, their improvement in confidence and practices would be long-lasting and embedded going forward. In our interview with the senior social worker, the continuation of the programme was also discussed. He said that the programme had '*created a need*' explaining that among all



DSLs there is a level of expectation that the programme would continue. He also reflected on the fact that while he was pleased with all the very positive feedback received by those who completed the programme, most of the DSLs received less than three supervision sessions and half of primary schools in Bolton didn't receive the support.

Finally, a few DSLs highlighted the experience and personality of the designated social worker, and his ability to connect with the DSLs and form a trusting relationship, as an important part of the programme. He was described as great in running informal and non-judgemental sessions. In the evaluation forms, DSLs described the social worker supervisor as '*knowledgeable*', '*dedicated*', '*approachable*' and '*professional*', and his approach as '*non-judgemental*' and '*supportive*'. Looking forward to future scale-ups of the programme, one DSL interviewed said about its potential success: '*I think it would very much depend on who the person was that was leading the project. [The social worker] is very personable, very real, very honest, very direct*'. While future scale-ups can, of course, replicate this by recruiting experienced and skilled social workers, larger trials may see variations in effectiveness.



CONCLUSION

Table 6. Key conclusions

Key Conclusions

1. A key aim of the programme is to reduce inappropriate contacts to children's social care. To assess this, the evaluation uses data on contacts resulting in no further action. While this has its limitations, the underlying idea is that a fall in contacts leading to no further action can be used as a proxy for a fall in inappropriate contacts. Schools that were assigned to receive the programme did not see any statistically significant difference in the proportion of pupils for whom contacts led to no further action, compared with schools that did not receive the programme.
2. Results for secondary outcomes are more exploratory. They suggest modest reductions in section 47 enquiries and new child in need plans, although these are not significant at the conventional level. There were no statistically significant differences in: total contacts; contacts leading to referral for assessment; referrals for assessment leading to no further action; new Early Help plans; or children becoming looked after.
3. Qualitative evidence indicates that DSLs receiving the programme welcomed the support this offered with some reporting of increased confidence and improvements in mental wellbeing. However, this is based on a very small number of participants and may not be representative of all DSLs selected for the programme, and should therefore be treated as tentative.
4. Fewer than half of schools assigned to receive the intervention received all intended supervision sessions. In any future trial of the intervention, it will be important to ensure a clear explanation of the recruitment and randomisation procedures, to ensure DSLs and schools understand the reasons why they have been selected to participate.
5. The role of the supervising social worker is key to the programme's success. In scaling up and/or rolling out the intervention, careful consideration will need to be given to ensure consistency and to maximise effectiveness across different supervising social workers.
6. The findings of the study do not provide evidence of impact. It may be that impacts take longer to emerge. Further research, with a longer lead time and ideally in a time period less acutely affected by the Covid-19 pandemic, is recommended to resolve this ambiguity.



Impact evaluation and IPE integration

The impact analysis shows no statistically significant impact of the programme on the outcomes considered as part of this trial. The impact analysis was, however, only designed to evaluate impacts on some of the anticipated outcomes identified in the logic model, focusing on those that related to the goal of reducing inappropriate contacts to children's social care. Furthermore, as discussed below, issues relating to the implementation of the programme mean that caution should be taken in interpreting the results.

The logic model also identifies outcomes of the programme for DSLs themselves and for families. The trial was not designed to identify impacts on these outcomes, which would be valuable areas for future exploration. Tentative evidence from the qualitative element of the research provides some indication of potential benefits in terms of increasing confidence and improving mental wellbeing among participating DSLs.

There is as yet (as the trial was not designed for this purpose), little evidence on the mechanisms through which the supervision works and may lead to the proposed outcomes in the logic model. However, findings from the qualitative component of the study do point to some level of support for aspects of the model, including increased understanding of children's social care processes among DSLs and a sense of feeling more supported.

Interpretation

The broad aim of the impact evaluation was to assess whether the programme would result in a reduction in inappropriate contacts to children's social care. The primary outcome explored was contacts leading to no further action, measured as a proportion of pupils. This was supplemented by a number of secondary outcomes relating to contacts, referrals and the outcomes of assessments.

The evaluation shows no substantive impact of the programme on the measured outcomes.

However, there are a number of factors to bear in mind in interpreting these results. As noted in the original trial protocol, the intervention was evaluated over a short period of time. It may well take longer for the intervention to begin to change DSL behaviour and for this to become evident in their actions. Furthermore, there were delays in starting the supervision sessions. This meant many schools received fewer than three sessions, and for all treatment schools, sessions took place less frequently than the monthly basis that was originally intended. It should be noted that the compliance analysis does not provide evidence of any impact associated with receiving a greater number of supervision sessions; however, it may be that impacts would only be observed with a greater number of sessions than experienced during this trial. In interpreting the findings, it is also important to bear in mind that schools in the control group would still have access to their usual forms of support; thus the trial is evaluating the impact of the programme compared to "business-as-usual".

The qualitative findings from the study do add weight to what is already known about the need among DSLs for greater support in their role, and show that the programme was welcomed. While we are unable to comment on the extent to which the findings would apply for all DSLs, at least in some instances the programme was perceived to have a positive effect on the wellbeing of DSLs, and was also perceived to lead to better performance in the role (based on the DSLs' own views).

While existing studies have provided important insights into the provision of supervision to DSLs (e.g. Sturt and Rowe, 2018), there remains much to be learnt about the impact of supervision and to our knowledge, such a programme has not previously been evaluated through an RCT. Thus, this study represents an important contribution to the evidence base.

Limitations and lessons learned

The results of the trial need to be interpreted with the limitations of the evaluation in mind.



Focusing first on the impact evaluation, the use of administrative data on outcomes brings some benefits, for example, this meant there was no attrition from the trial, with outcome data available for all randomised schools. It also reduces data collection burdens on schools. However, it is worth reflecting on the extent to which these measures are accurately capturing the aim of the intervention, to reduce inappropriate contacts to children's social care. Firstly, data on contacts are based on all sources, not just those made by the school. This was largely driven by data limitations, as well as a desire to capture any indirect effects on contacts from other sources, but it is a less direct measure of impact on contacts made by schools. Furthermore, the fact that a contact does not lead to further action does not necessarily mean that the contact was inappropriate. In addition, interpreting effects on contacts is not straightforward: 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. However, the fact that we see limited signs of impact across the range of contact and referral measures considered points to little effect. There were some indications of imbalance for Ofsted ratings of overall school effectiveness, with a smaller proportion of treatment schools rated as requiring improvement or inadequate than control schools. If schools rated more highly by Ofsted had less need for the programme, this may potentially understate any effect. On average however, levels of disadvantage were similar across the two groups, and treatment and control schools appeared fairly balanced on all other characteristics considered.

As noted above, schools did not generally receive the number of supervision sessions that had originally been intended. Early in 2020, as the delays in recruitment and delivering sessions became apparent, it had been planned to extend the period over which supervision was delivered until the end of the school year. However, the onset of the Covid-19 pandemic meant this plan had to be re-visited and it was decided to

measure outcomes up to end March. As fewer sessions were delivered than intended this may have reduced our ability to detect an effect; it may be that any effects of the intervention would only be apparent with a greater number of sessions.



In interpreting the findings of the qualitative component of the research, it is important to bear in mind that the original study was not designed with an implementation and process evaluation. Instead, this was added at a late stage, with a particular focus on exploring some of the challenges in implementation as well as providing insights into DSLs' experiences of the programme. This means the findings are based on a very small number of interviews, and the DSLs that were able and willing to participate are unlikely to be representative of all who were selected to receive the programme.

It is also important to remember that the trial took place in one local authority only and that this limits the generalisability of results. Impacts may well vary in different areas. Contextual data for Bolton suggest that the percentage of referrals closed with no further action is higher than the average for England, which may provide some suggestion that there is more scope in Bolton



to reduce inappropriate contacts than in some other areas.

One important lesson learned for any future evaluation of the programme is the importance of the initial recruitment process for schools, including the need to explain the process of random selection, and to allow sufficient time for this. Given the key role of the supervising social worker, it will also be important in any larger trial, or future rollout, to consider means of ensuring consistency, and maximising effectiveness, across different supervising social workers.

Future research and publications

The study raises a number of questions that would be useful to address in future research.

These include a more robust understanding of whether the programme has impacts for DSLs themselves, particularly in terms of their own wellbeing and confidence in the role. This could include the use of standard wellbeing measures to assess impact. It will also be important for future research to address how the programme might work on a larger scale, where a greater number of supervising social workers would need to be involved, and how the programme may operate in different contexts. This may include exploring whether the intervention may be more effective in particular types of schools or areas, and also for different DSLs, perhaps depending on their level of existing experience in the role. Future avenues for research could also include using standardised measures of supervision and exploring participants' experiences of supervision in more depth.

It would also be valuable to explore further whether there is evidence of potential for the programme to reduce inappropriate contacts to children's social care, including whether such effects may be apparent over a longer timeframe and with a greater number of sessions. There would also be value in being able to distinguish between contacts and referrals made by schools from those made by other sources, providing an important insight into effects on contacts and referrals originating from different sources.



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APPENDICES

Appendix table 1: Effect size estimation, primary outcome

			Intervention group		Control group		Effect size
Outcome	Unadjusted differences in means	Adjusted differences in means	n (missing)	Variance of outcome	n (missing)	Variance of outcome	
Contacts leading to no further action	-0.00047	-0.00140	13,819 (0)	0.0117	13,533 (0)	0.0122	-0.013

Appendix table 2: Effect size estimation, secondary outcomes

			Intervention group		Control group		Effect size
Outcome	Unadjusted differences in means	Adjusted differences in means	n (missing)	Variance of outcome	n (missing)	Variance of outcome	
Contacts	-0.00105	-0.00354	13,819 (0)	0.0310	13,533 (0)	0.0320	-0.020
Referrals (contacts leading to referral for assessment)	-0.00057	-0.00190	13,819 (0)	0.0198	13,533 (0)	0.0203	-0.013
Referrals for assessment leading to NFA	0.00041	0.00018	13,819 (0)	0.0049	13,533 (0)	0.0045	0.003
Early Help assessments completed	0.00693	-0.00020	13,819 (0)	0.0687	13,533 (0)	0.0627	-0.001
New Child in Need plans	-0.00356	-0.00435	13,819 (0)	0.0109	13,533 (0)	0.0144	-0.036
Child protection: new S47 Enquiries	-0.00202	-0.00235	13,819 (0)	0.0047	13,533 (0)	0.0067	-0.029
Children becoming Looked After	0.00035	0.00033	13,819 (0)	0.0011	13,533 (0)	0.0007	0.012



Appendix A: Supervising Designated Safeguarding Leads – Memorandum of Understanding

Memorandum of Understanding

1. Introduction

This Memorandum of Understanding (MOU) establishes the responsibilities and expectations of Bolton Council and _____ primary 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 DSLs 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 primary 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 behavioural 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 of 47 primary schools across Bolton. 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 ofschool:

..... Date

[NAME, POSITION]



Appendix B: Supervision and Safeguarding Support in Education – Guidance Document

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.

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 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\amilies, 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\amilies, 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 head teacher 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 contract 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/head teacher), 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.

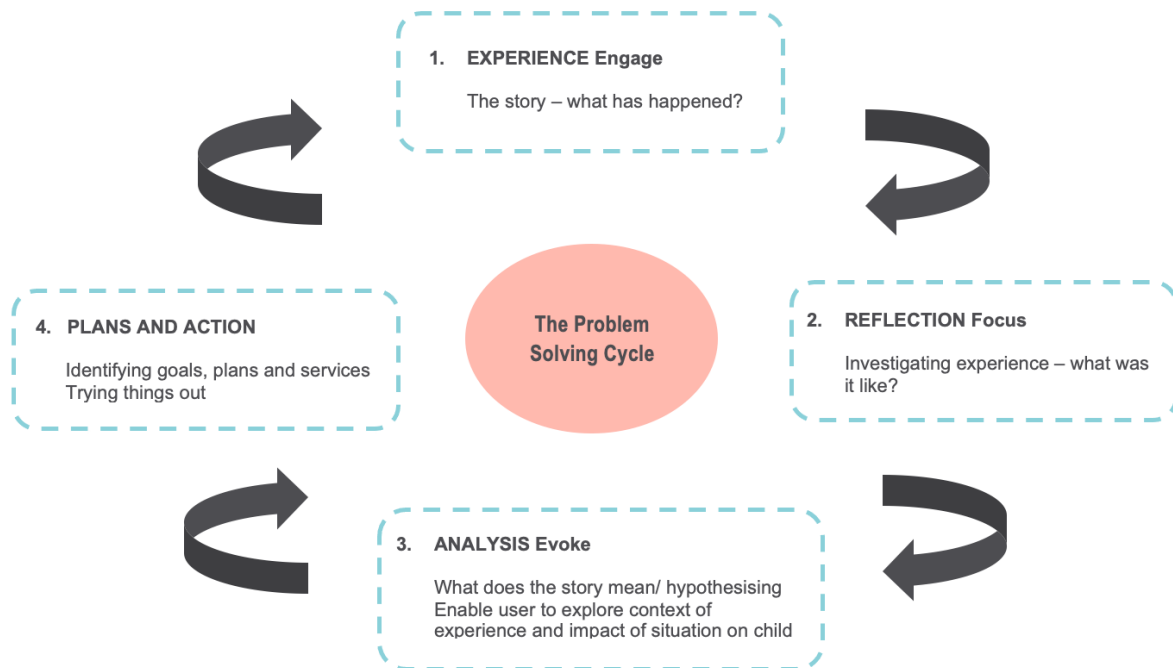
Location/environment

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.



Annex 1: Example of a supervision agreement

Supervision agreement

This is an agreement between and 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:.....



Annex 2: Example of Supervision Family Record

Designated Safeguarding Lead Supervision Recording

Individual CYP/Family Record

School name:

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:.....



Annex 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 C: An Introduction to our Supervising Designated Leads (DSL) in Education Program

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.



At the First Session

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 partnership Evaluation Form



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

Date	Phone / Face to Face/Email	Duration (min)	Session no.	Comments



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	



Appendix D: Randomisation code

```
set seed 3837398
use "Bolton_schools_setup.dta", clear

*Sort schools by FSM proportion

sort pnumfsmever
*Establish schools above and below median FSM proportion
*This results in two equally sized groups

egen medfsm=median(pnumfsmever)
gen fsmblock=1 if pnumfsmever<medfsm
replace fsmblock=2 if pnumfsmever>medfsm
ta fsmblock

gen randSeq=uniform()

sort fsmblock randSeq

* This next command sets T for all obs but we only use the value of
the first obs
gen T=randSeq>.5
* Alternate value of T for successive observations
replace T=1-T[_n-1] if _n>1
lab def T 0 "Control" 1 "Treated"
lab val T T
lab var T "Treated"
```




Appendix E: Histograms for secondary outcome measures

Figure E.1: All contacts, as a proportion of all pupils in school, by trial arm

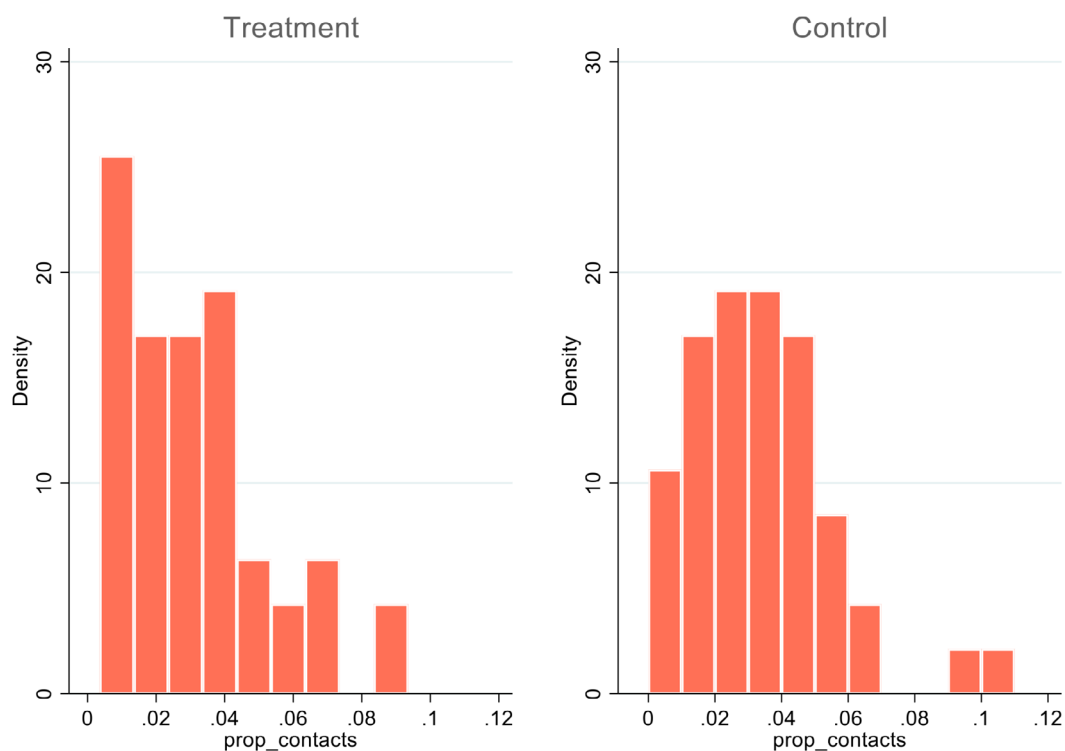


Figure E.2: Referrals (contacts leading to referral for assessment) as a proportion of all pupils in school, by trial arm

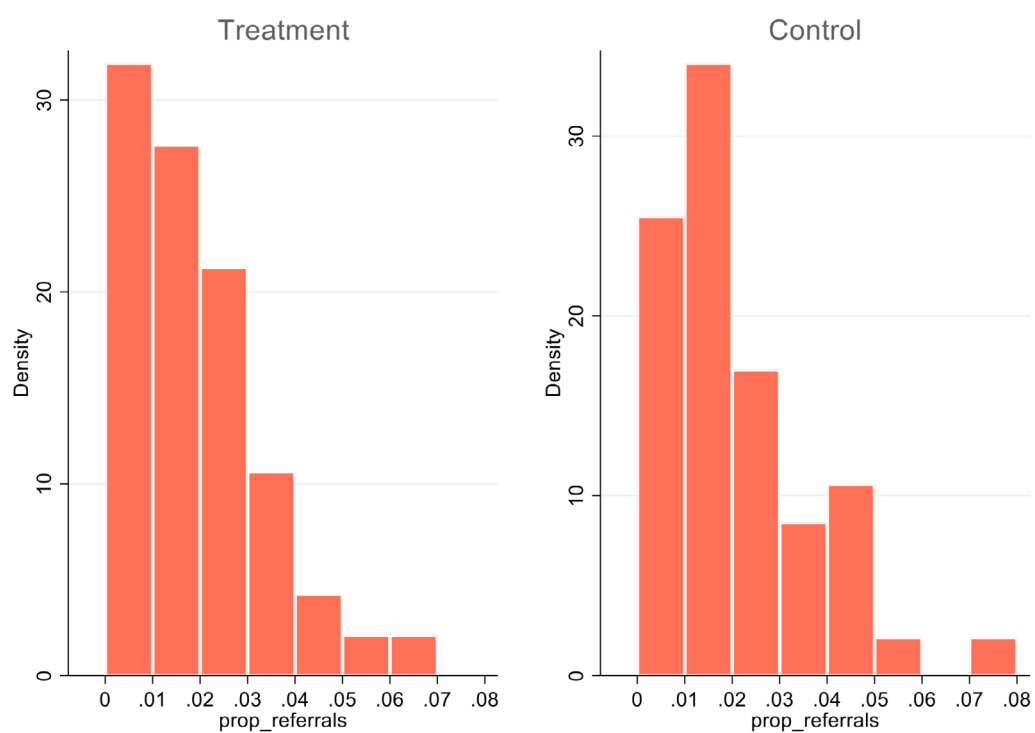




Figure E.3: Referrals for assessment leading to no further action, as a proportion of all pupils in school, by trial arm

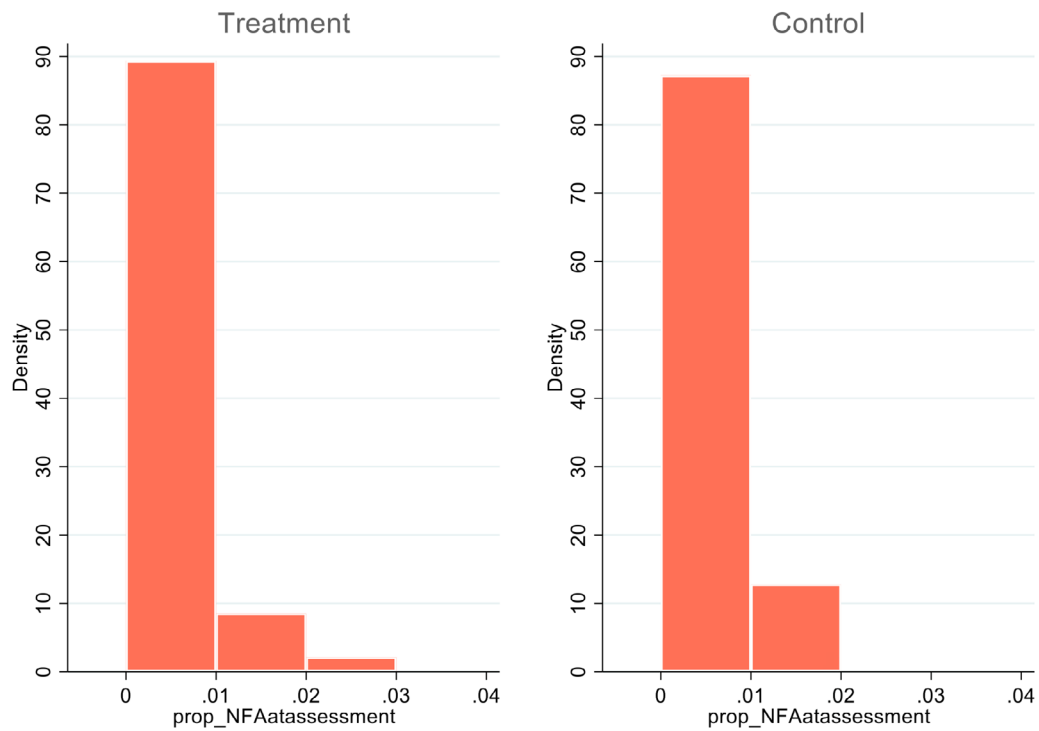


Figure E.4: New Early Help plans (Early Help Assessments completed), as a proportion of all pupils in school, by trial arm

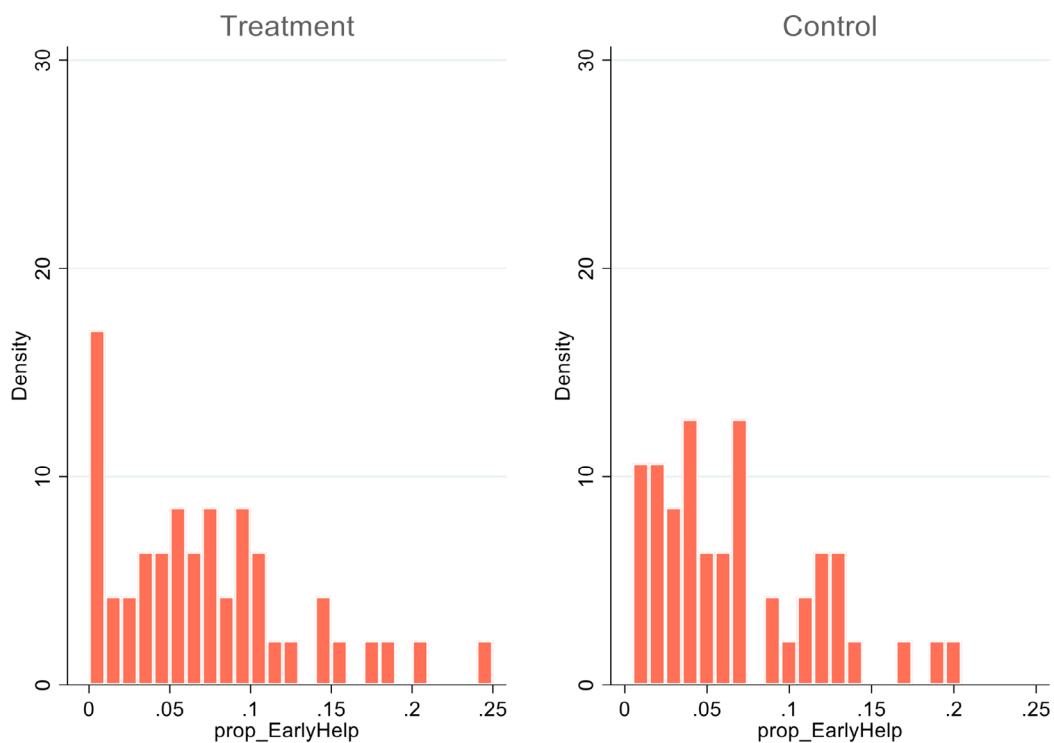




Figure E.5: New Child in Need plans, as a proportion of all pupils in school, by trial arm

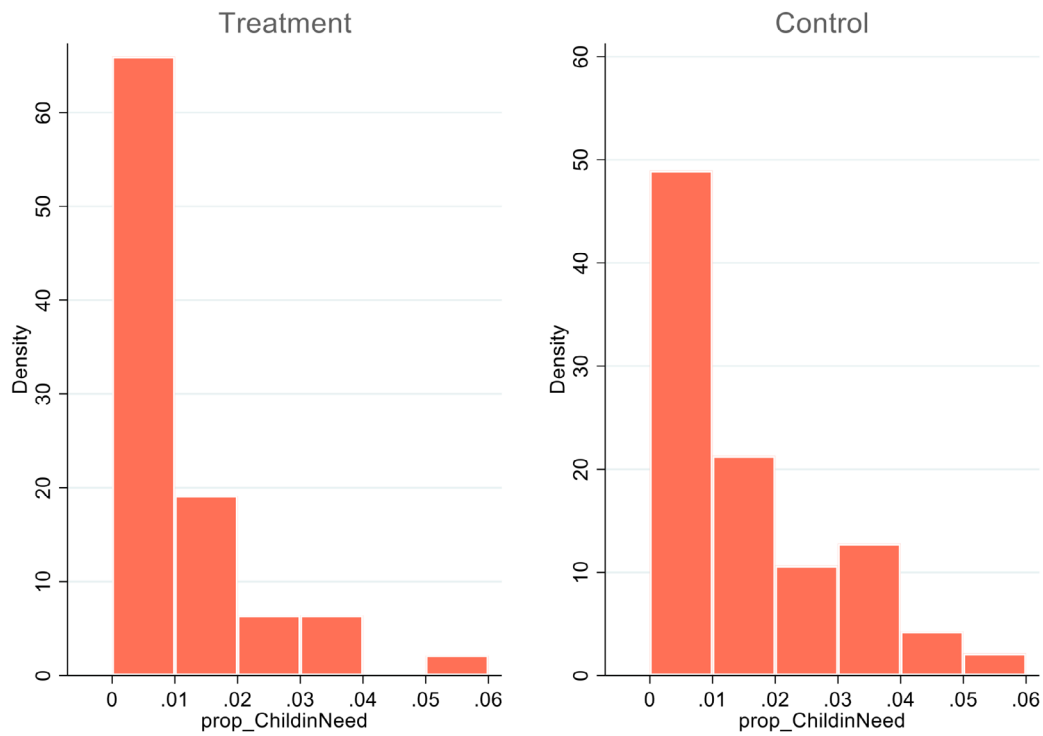


Figure E.6: New Child Protection (Section 47) Enquiries, as a proportion of all pupils in school, by trial arm

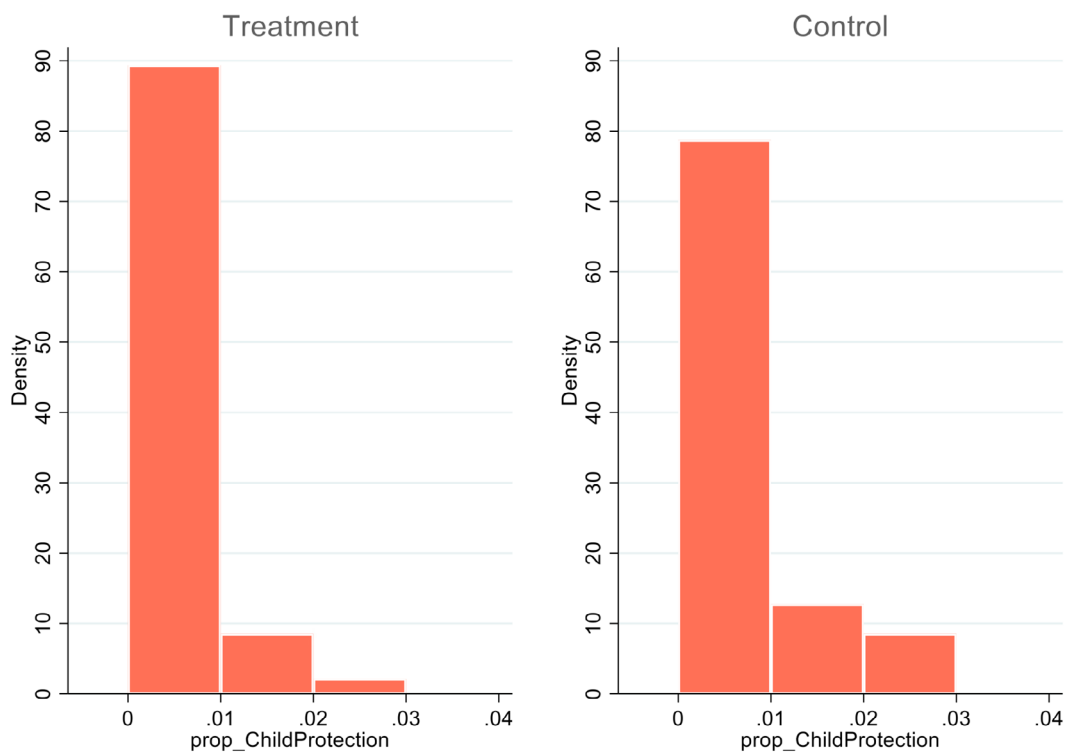
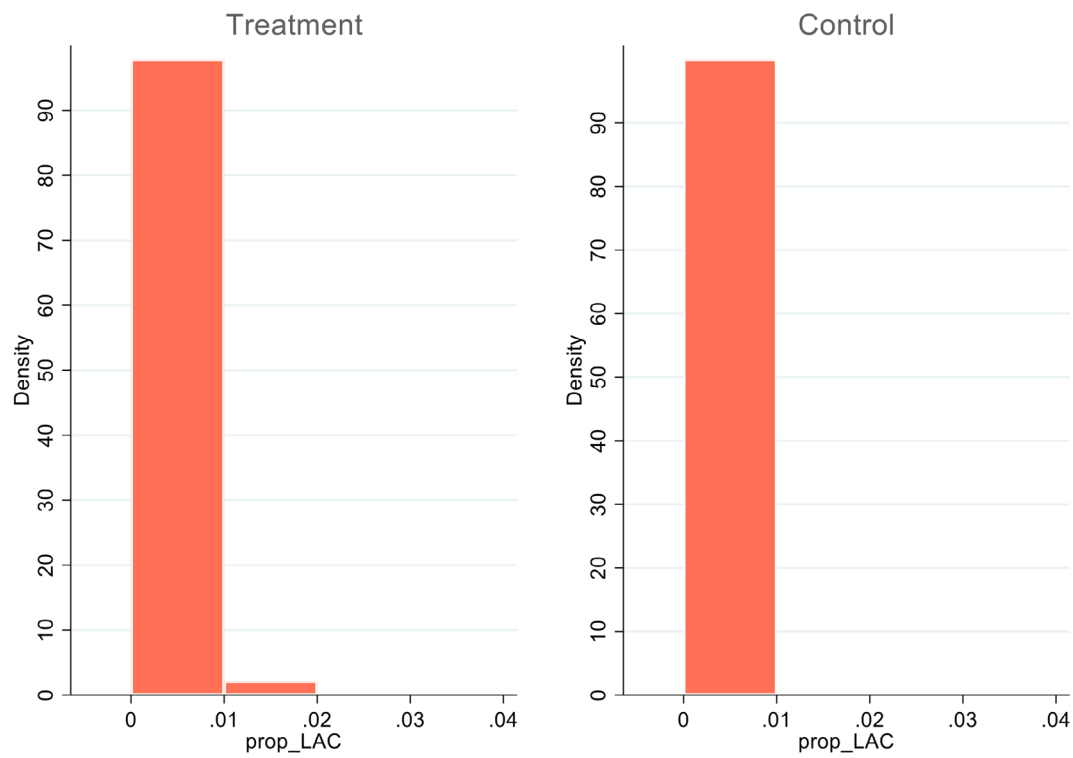





Figure E.7: Children becoming looked after, as a proportion of all pupils in school, by trial arm



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whatworks-csc.org.uk

