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

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

Summary

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

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Background and Problem Statement

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

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

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

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

The intervention being evaluated in this trial (described in more detail below) is an adapted version of a programme originally developed by Bolton Council; this programme provided supervision across all issues and did not have a specific focus on sexual abuse. The pilot study of that programme, providing individual supervision to DSLs in primary schools in Bolton in 2019/20, did not find a statistically significant impact on the measured outcomes, but showed some evidence of promise.[2] Related work evaluating similar programmes of DSL supervision in secondary schools is ongoing; comprising individual supervision in secondary schools in LAs in Greater Manchester[3], and two further trials operating in parallel to this study providing individual supervision in primary schools and group supervision in secondary schools respectively. In this current study, the supervision sessions are being supplemented by specific training for both supervising social workers and DSLs in addressing child sexual abuse.

Intervention and Theory of Change

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

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

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

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

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

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

Rationale:

Statutory guidance developed in previous years has highlighted the importance of the role of a DSL, the training and support this individual ought to receive, and the critical role of supervision to ensure the best outcomes for the child and family at risk. The 'Keeping Children Safe in Education' guidance stipulates that DSLs ought to be senior members of a school's leadership team. This guidance also states that DSLs '*should be given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters…*'.[5] Further guidance such as 'Working Together to Safeguard Children' also emphasises that *'effective practitioner supervision can play a critical role in ensuring a clear focus on a child's welfare. Supervision should support practitioners to reflect critically on the impact of their decisions on the child and their family*.' [6]

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

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

Supervision

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

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

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

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

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

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

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

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

Aim of programme

The aims of the intervention are to:

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

Materials

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

This includes agreements drafted for supervisors and supervisees, in order for all involved to have an understanding of the processes, and of expectations of roles and responsibilities. Evidence suggests that partnerships that enter into a formal agreement tend to be more sustainable. Template documents include:

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

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

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

Procedure:

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

Who

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

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

How

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

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

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

Where

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

When

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

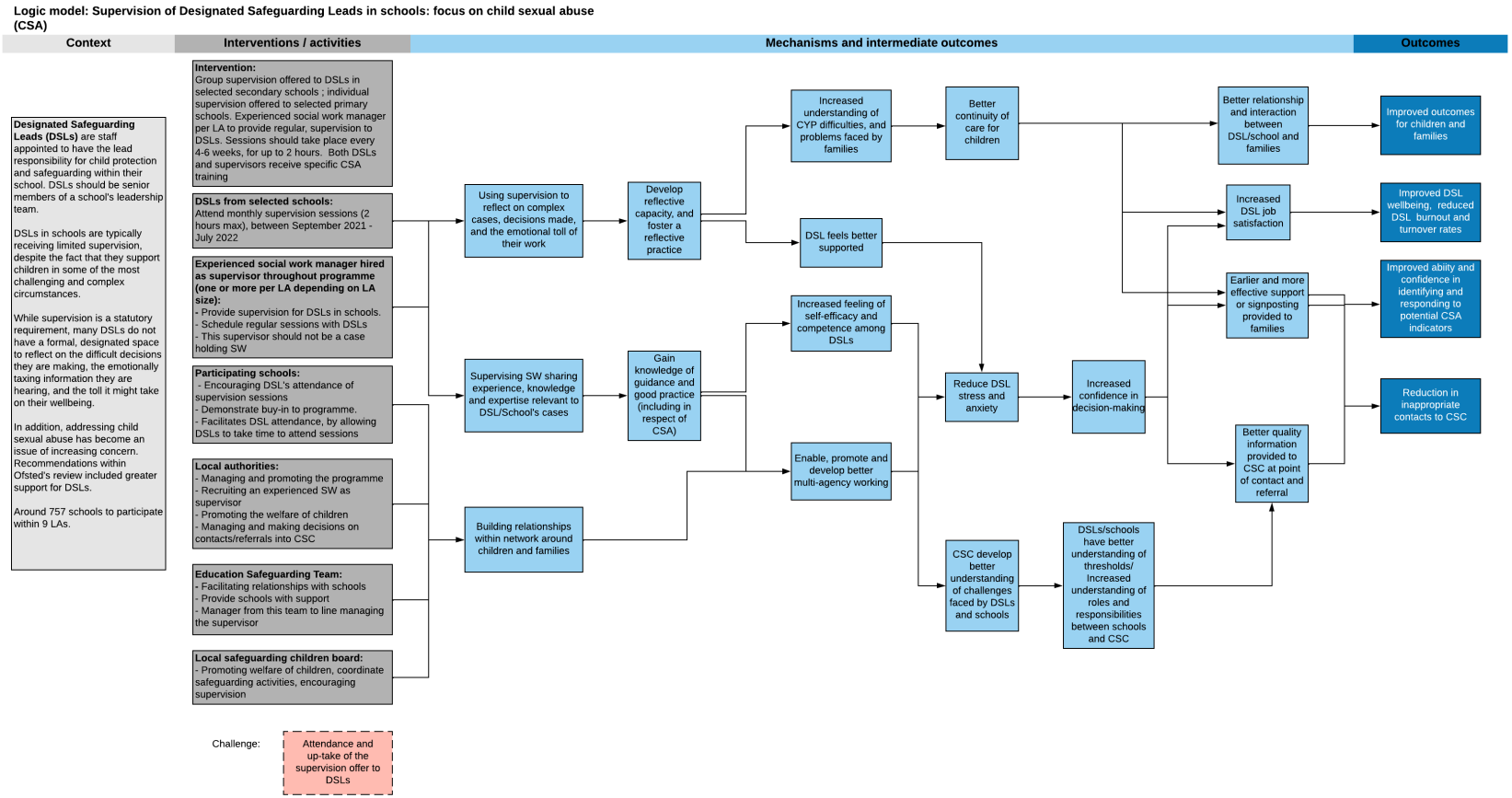
Tailoring/adaptation

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

Logic model

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

Figure 1


Logic model: Supervision of Designated Safeguarding Leads in schools: focus on child sexual abuse (CSA)
Context
Interventions / activities
Mechanisms and intermediate outcomes
Outcomes
Designated Safeguarding Leads (DSLs) are staff appointed to have the lead responsibility for child protection and safeguarding within their school. DSLs should be senior members of a school's leadership team.
DSLs in schools are typically receiving limited supervision, despite the fact that they support children in some of the most challenging and complex circumstances.
While supervision is a statutory requirement, many DSLs do not have a formal, designated space to reflect on the difficult decisions they are making, the emotionally taxing information they are hearing, and the toll it might take on their wellbeing.
In addition, addressing child sexual abuse has become an issue of increasing concern. Recommendations within Ofsted's review included greater support for DSLs.
Around 757 schools to participate within 9 LAs.
Intervention: Group supervision offered to DSLs in selected secondary schools ; individual supervision offered to selected primary schools. Experienced social work manager per LA to provide regular, supervision to DSLs. Sessions should take place every 4-6 weeks, for up to 2 hours. Both DSLs and supervisors receive specific CSA training
DSLs from selected schools: Attend monthly supervision sessions (2 hours max), between September 2021 - July 2022
Experienced social work manager hired as supervisor throughout programme (one or more per LA depending on LA size):
- Provide supervision for DSLs in schools.
- Schedule regular sessions with DSLs
- This supervisor should not be a case holding SW
Participating schools:
- Encouraging DSL's attendance of supervision sessions
- Demonstrate buy-in to programme.
- Facilitates DSL attendance, by allowing DSLs to take time to attend sessions
Local authorities:
- Managing and promoting the programme
- Recruiting an experienced SW as supervisor
- Promoting the welfare of children
- Managing and making decisions on contacts/referrals into CSC
Education Safeguarding Team:
- Facilitating relationships with schools
- Provide schools with support
- Manager from this team to line managing the supervisor
Local safeguarding children board:
- Promoting welfare of children, coordinate safeguarding activities, encouraging supervision
Challenge:
Attendance and up-take of the supervision offer to DSLs
Using supervision to reflect on complex cases, decisions made, and the emotional toll of their work
Supervising SW sharing experience, knowledge and expertise relevant to DSL/School's cases
Building relationships within network around children and families
Develop reflective capacity, and foster a reflective practice
Gain knowledge of guidance and good practice (including in respect of CSA)
Increased understanding of CYP difficulties, and problems faced by families
DSL feels better supported
Increased feeling of self-efficacy and competence among DSLs
Enable, promote and develop better multi-agency working
Better continuity of care for children
Reduce DSL stress and anxiety
CSC develop better understanding of challenges faced by DSLs and schools
Increased confidence in decision-making
DSLs/schools have better understanding of thresholds/ Increased understanding of roles and responsibilities between schools and CSC
Better relationship and interaction between DSL/school and families
Increased DSL job satisfaction
Earlier and more effective support or signposting provided to families
Better quality information provided to CSC at point of contact and referral
Improved outcomes for children and families
Improved DSL wellbeing, reduced DSL burnout and turnover rates
Improved ability and confidence in identifying and responding to potential CSA indicators
Reduction in inappropriate contacts to CSC

Impact Evaluation

Research Questions

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

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

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

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

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

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

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

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

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

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

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

Design

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

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

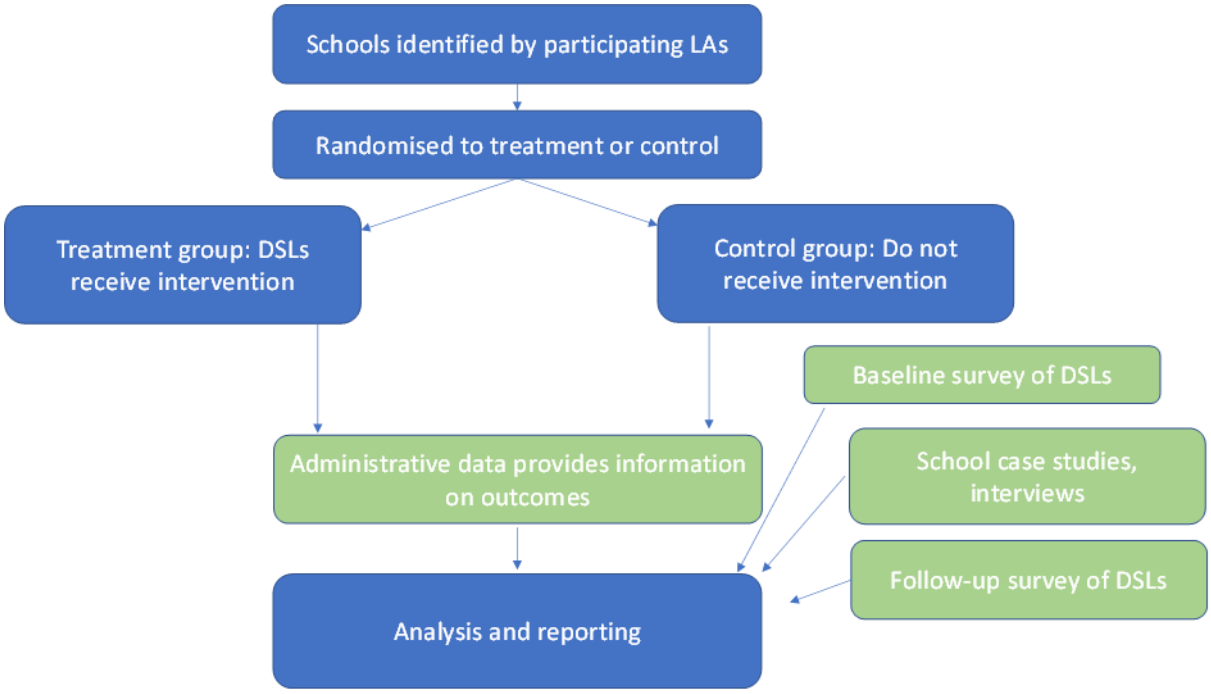
(who would not receive this support). There is one larger LA where it is not feasible to deliver the intervention to half of schools (as the funding provided cannot facilitate this), and here the randomisation ratio is set such that a feasible number of schools are selected for delivery (with around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

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

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

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

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



Randomisation

Schools will be randomised within blocks defined on the basis of LA and the proportion of children eligible for free school meals (FSM) within each school (school phase is also used in two LAs where both primary and secondary schools are participating). Two FSM groups were determined: 'high' and 'low' – with schools ranked by the proportion of pupils eligible for FSM, with thresholds for the 'high' and 'low' groups then chosen so that half of all schools within each LA fall into each group. This blocking is used in order to reduce the risk of imbalance

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

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

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

Participants

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

Sample Size / Minimum Detectable Effect Size Calculations

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

[10] This includes, and will most likely be most influenced by, a baseline measure of the outcome.
[11] By default we would recommend two-sided tests.

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

Outcome Measures

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

Secondary outcomes will be:

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

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

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

Wellbeing of DSLs will be captured through a survey of DSLs administered by the evaluation team, with post-intervention measured towards the end of the programme in June-July 2022. The wellbeing measure to be used as a secondary outcome is a measure of work-related wellbeing that has been used in previous nationally representative surveys of employees in British workplaces[12] and aim to capture job-related anxiety-contentment and job-related depression-enthusiasm (Warr, 2007[13]). The questions underlying these measures can be found in the baseline survey (Appendix D, Q8). These will be analysed as two separate outcome measures. Each is based on responses to three items; with responses on the five-

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

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

point scale scored from -2 to +2, and then summed to form a scale ranging from -6 to +6 (where a higher score indicates higher wellbeing).[14] In collecting such outcome measures through a survey, it is worth noting the likely lower levels of response among the control group; this will need to be monitored after completion of the baseline survey, particularly as due to the need for the intervention to commence as soon as possible, the baseline survey will need to take place after randomisation (taking place from October to December 2021 – thus it is possible that in some instances, the survey would be completed after a school had begun receiving supervision sessions; we will explore date of survey completion within our analysis).

Analysis Plan

Primary Analysis:

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

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

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

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

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

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

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

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

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

Secondary Analysis

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

Depending on data availability, we propose two subgroup analyses:

Firstly, we will explore whether results are sensitive to the time period over which outcomes are measured. The primary analysis will focus on outcomes measured over the full intervention period, but we will check whether there is evidence of effects in the latter half of the intervention period, with the aim of exploring whether it takes time for the intervention to have an effect on the actions of DSLs. This would be explored both through the inclusion of an interaction term, but also through running separate models for each time period.

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

Analysis of Harms

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

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

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

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

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

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

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

Sensitivity Analysis

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

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

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

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

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

Contextual Factors Analysis

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

report will also present characteristics of participating schools by LA, for example, the distribution of Ofsted inspection ratings.
This information will also help to aid understanding of contextual factors that may differ between the LAs taking part in the trial. In addition, some LAs may also be involved in multiple WWCSC projects, and it will be important to explore and acknowledge this within the report.

Implementation and Process Evaluation

Aims

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

Research Questions

The IPE seeks to address the following research questions:

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

- **Programme differentiation** (what does the service structure and practice look like prior to the introduction of the model, or in control conditions?)
  - How does usual practice look prior to the intervention or compared to the control condition? (concerning broader safeguarding practices as well as those specifically on child sexual abuse)
  - How does the programme differ from the concurrent DSL supervision programmes that do not have a specific focus on CSA?
  - How do DSLs feel supported prior to the programme or compared to the control condition? (concerning broader safeguarding practices as well as those specifically on child sexual abuse)
  - How was the level of stress and anxiety experienced by the DSLs prior to the intervention or compared to the control condition?

- **Reach and acceptability** (who the intervention reached and what the experience was of those delivering and receiving the intervention)
  - How are school staff chosen to receive the programme, and what are their characteristics and role in terms of the wider DSL structure within the school?
  - To what extent are DSLs engaged in the programme (i.e. attendance; engagement during sessions; using insights to improve practice), and what are the main barriers? To what extent do participants engage other school staff within the school and are they expected to?
  - What are the main barriers to attend the sessions and/or training? If compliance is not achieved, what are the reasons why? (including contextual reasons, such as Covid-19)
  - What are the experiences of social workers delivering the programme? (e.g. how did they find the CSA training and delivering supervision sessions)
  - What are the experiences of DSLs and the school in general? (e.g. how did they find the CSA training and supervision sessions)
  - What's the experience of key stakeholders in LAs delivering the programme? How does it fit into their wider support packages to schools, including in relation to support on identifying and responding to child sexual abuse?

- **Mechanism and outcomes**
  - What are the perceived impacts of the intervention?
  - How well do participating DSLs feel they have performed their role (and where applicable, how this compared to when they had no supervision), including:

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

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

Design

IPE Design Table	
Indicators	**Data collection method**
Research Question 1: Fidelity and adaption	
• Is the programme delivered as intended? • How well is compliance/fidelity achieved? • Can the programme be rolled out on a larger scale, or would anything need to be adapted?	Case studies, endline survey. Attendance data from the supervisors; training observations and attendance data Case studies, interviews with Supervising Social Workers (SSWs) and LA stakeholders, endline survey.
Research Question 2: Programme differentiation	
• How does usual practice look prior to the intervention or compared to the control condition?	Case studies and surveys
• How do DSLs feel supported prior to the programme or compared to the control condition?	Case studies and surveys
• How was the level of stress and anxiety suffered by the DSLs compared to prior to the intervention or compared to the control condition?	Case studies and surveys
Research Question 3: Reach and acceptability	

• How are staff members chosen to participate in the programme, and what are their characteristics and role in terms of the wider DSL structure within the school?	Case studies, interviews with SSWs.
• To what extent are DSLs engaged in the programme, and what are the main barriers? To what extent do participants engage other school staff within the school and are they expected to?	Case studies, interviews with SSWs, endline survey, SSW estimates of engagement
• What are the main barriers to attend the sessions? If compliance is not achieved, what are the reasons why? (including contextual reasons, such as Covid-19)	Case studies, interviews with SSWs, endline survey
• What are the experiences of social workers delivering the programme? (e.g. how did they find the CSA training and delivering supervision sessions)	Interviews with SSWs.
• What are the experiences of DSLs and schools in general? (e.g. how did they find the CSA training and supervision sessions?)	Case studies.
• What's the experience of key stakeholders in Local Authorities delivering the programme? How does it fit into their wider support packages to schools?	Interviews with Local Authority stakeholders.
Research Question 4: Mechanisms and outcomes	

• What are the perceived impacts of the intervention?
• How well do participating DSLs feel they have performed their role, including:
  ○ in assessing threshold levels of concern, managing referrals appropriately to CSC, and other issues related to supporting children and families?
  ○ in identifying and responding to indicators of potential child sexual abuse?
• How equipped do participating DSLs feel they are to perform their role, including in noticing a change in their level of anxiety and stress?
• Were there any other impacts or outcomes?
• Do school leaders and other staff (not receiving the programme) feel the intervention benefited the school?
• Do participants feel the programme was worth their investment of time?
	Case studies, surveys.
	
	Case studies, surveys.
	
	Case studies, surveys.
	
	Case studies, interviews with SSWs, interviews with Local Authority stakeholders, endline survey.

Methods

The IPE will include the following data collection methods:

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

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

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

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

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

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

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

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

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

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

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

Analysis

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

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

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

Cost Evaluation

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

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

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

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

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

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

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

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

Risks

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

Ethics & Participation

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

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

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

Ethical issues and mitigations include:

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

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

Registration

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

Data Protection

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

Regulatory framework	
Relevant legislation	UK Data Protection Act 2018 (DPA) UK General Data Protection Regulation (GDPR)
Data Protection Identifier (DPID)	#2116, #2119, #2120, #2121, #2122, #2123
DPIA outcome/ risk level	Low
Type of data processing	Research activities in accordance to the remit of this protocol document.
Categories of data subjects	Nominated Employees (Designated Safeguarding Leads) Other relevant school staff Supervising social worker Other relevant local authority staff Research project team personal data.
Privacy notice	https://www.niesr.ac.uk/wp-content/uploads/2021/09/Data-Privacy-Notice-2121-DSL-FINAL.pdf
Personal data	
Lawful basis	Processing is necessary for the performance of a task carried out in the public interest (GDPR Article 6.1(e)) The legitimate interest of the Data Controller (GDPR Article 6.1(f)).
Justification for the lawful basis	The parties shall rely on GDPR Article 6.1(e) "Public task" as a lawful basis for the purposes of: ●Conducting research on the monthly supervision sessions for the Nominated Employee and assess whether there is an improvement to the wellbeing of the Nominated Employee and understand if there is a change in the frequency and type of social care referrals by schools. ●Conducting the project evaluation based on the data provided. The parties shall rely on GDPR Article 6.1(f) "Legitimate Interest" as a lawful basis for processing in accordance with the following processing activities as stated in the Data Privacy Notice shared with data subjects: ●To request "informed consent" for participation as part of ethical research practices. ●For NIESR or the Local Authority to contact data subjects to participate in an interview as part of the evaluation. ●For NIESR or the Local Authority to send data subjects invitations to complete surveys as part of the evaluation. ●To transcribe the audio captured from any recorded interviews with data subjects. ●To identify whether a data subject has agreed to participate in a survey. ●To identify a data subject's data, which would be deleted where possible, should a data subject no longer agree to have their data processed for the purpose of conducting the evaluation.

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

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

Personnel

Delivery team:

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

Evaluation team:

The evaluation team comprises

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

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

Timeline

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

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