

Supervising Designated Safeguarding Leads (DSLs) in primary schools

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

Summary

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

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Background and Problem Statement

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

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

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

Intervention and Theory of Change

Name: Supervision of Designated Safeguarding Leads in primary schools

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

Rationale:

Statutory guidance developed in previous years has highlighted the importance of the role of a DSL, the training and support this individual ought to receive, and the critical role of supervision to ensure the best outcomes for the child and family at risk. The 'Keeping Children Safe in Education' guidance stipulates that DSLs ought to be senior members of a school's leadership team. This guidance also states that DSLs 'should be given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters...'.³ Further guidance such as 'Working Together to Safeguard Children' also emphasises that 'effective practitioner supervision can play a

¹

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

²

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

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

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

critical role in ensuring a clear focus on a child's welfare. Supervision should support practitioners to reflect critically on the impact of their decisions on the child and their family.'⁴

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

Supervision

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

Aim of programme

The aims of the intervention are to:

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

Materials

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

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

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

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

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

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

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

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

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

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

Procedure:

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

Who

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

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

How

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

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

Where

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

When

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

Tailoring/adaptation

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

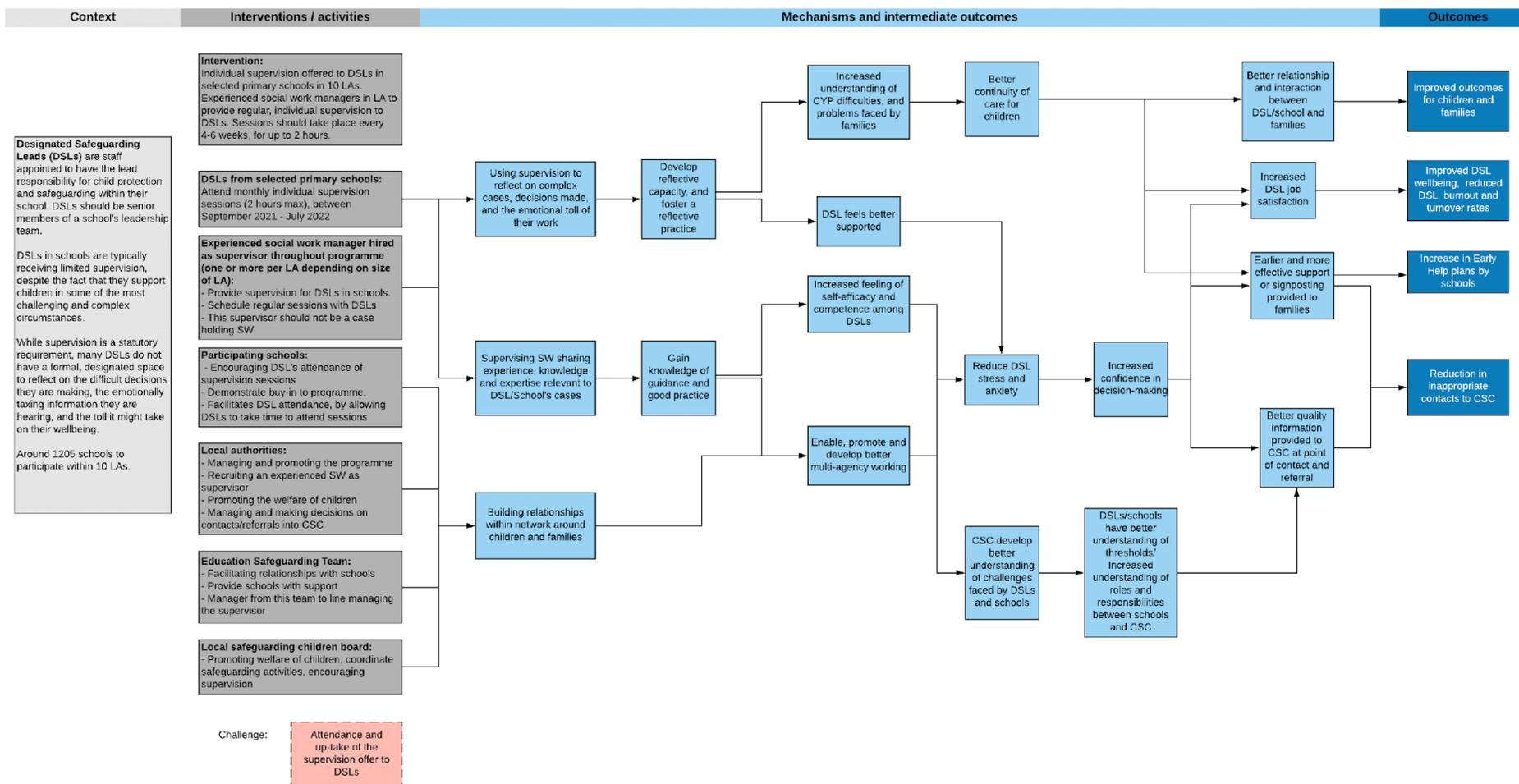
Logic model

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

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

Figure 1: Logic model

Logic model: Supervision of Designated Safeguarding Leads in primary schools



Impact Evaluation

Research Questions

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

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

One way of capturing appropriate contacts is to consider these as appropriate where these lead to referral or some form of further action (or conversely, as "inappropriate" where these do not lead to any further action). We use this as the basis for our primary outcome, to explore whether there is a change in contacts not leading to referral or further action. It is also worth noting the distinction made between contacts and referrals. An initial contact is made where children's social care services are contacted about a child (for example, by a DSL). This contact may then be progressed to a referral, where the social worker or manager considers an assessment and/or services may be required. Thus the contact is made by the DSL, but the decision as to whether this progresses to a referral is made by children's social care. In the preliminary stages of the project it will be important to clarify definitions around contacts and referrals in each participating LA.

One weakness of such a measure is that it does not provide any information about children for whom contacts were not made, and whether any of these should have required a contact to children's social care to be made. To address this, while the main focus of our research questions will be on contacts made by schools, as this is where we would anticipate that the programme would have the most impact (RQ1-RQ4), we propose also exploring whether there is any change in contacts made from all sources, not just those made by schools, as an additional research question (RQ5).

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

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

The evaluation will also address the following secondary research questions:

2. What is the effect of providing support to DSLs in primary schools on the proportion of pupils for whom a new contact is made by a school?
3. What is the effect of providing support to DSLs in primary schools on the proportion of pupils for whom a new referral is made?
4. What is the effect of providing support to DSLs in primary schools on the proportion of pupils for whom a new referral does not lead to further action (at referral or assessment stage)?
5. What is the effect of providing support to DSLs in primary schools on the number of contacts (as a proportion of pupils) from all sources (comprising contacts from school and all other sources)?
6. What is the effect of providing support to DSLs in primary schools on the wellbeing of DSLs?

7. Is there evidence of a difference in the timing of any effect on contacts and referrals? More specifically, is there evidence of a greater effect in the latter half of the intervention?
8. Does the effectiveness of the programme differ according to the urban or rural context of the area in which it is operating?

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

Design

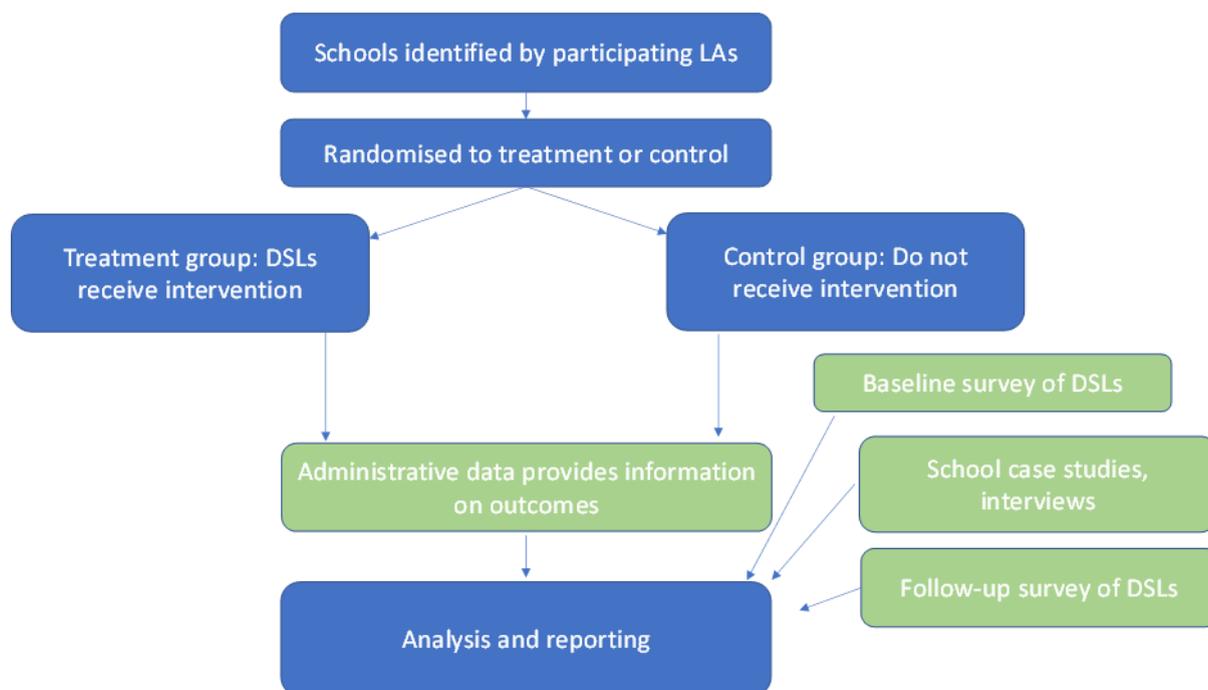
Trial type and number of arms		2-armed randomised trial
Unit of randomisation		School
Stratification variables (if applicable)		Local authority and proportion of pupils in school eligible for FSM
Primary outcome	Variable	Proportion of pupils for whom a new contact is made by a school which results in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

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

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

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

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



Randomisation

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

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

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

Participants

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

Sample Size / Minimum Detectable Effect Size Calculations

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

*this is the average number of pupils per school

The sample size for this trial is set by the number of schools within the participating local authorities. For the purpose of the power calculations, it is assumed that 1,205 schools will take part. The MDES is therefore determined by the maximum available sample (and also assumes no attrition by the point of analysis). We assume the proportion of variance in the outcome explained by the covariates to be 0.2, in line with the estimate obtained in the original Bolton study for primary schools. Based on the assumptions made above, the MDES stands at 0.15 (in units of school-level standard deviation). Our power calculations focus on the primary outcome, and as we have one primary outcome, we do not make adjustments here for multiple comparisons.

Outcome Measures

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

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

⁹ By default we would recommend two-sided tests.

Secondary outcomes will be:

- New initial contacts with the social care system, made by a school (as a proportion of pupils)
- New referrals to children's social care (as a proportion of pupils)
- New referrals leading to no further action (as a proportion of pupils)
- New contacts from all sources (as a proportion of pupils)
- DSL wellbeing

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

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

Wellbeing of DSLs will be captured through a survey of DSLs administered by the evaluation team, with post-intervention measured towards the end of the programme in June- July 2022. The wellbeing measure to be used as a secondary outcome is a measure of work-related wellbeing that has been used in previous nationally representative surveys of employees in British workplaces¹⁰ and aim to capture job-related anxiety-contentment and job-related depression-enthusiasm (Warr, 2007¹¹). These will be analysed as two separate outcome measures. Each is based on responses to three items; with responses on the five-point scale scored from -2 to +2, and then summed to form a scale ranging from -6 to +6 (where a higher score indicates higher wellbeing).¹² In collecting such outcome measures through a survey, it is worth noting the possibility of lower levels of response among the control group; this will need to be monitored after completion of the baseline survey, particularly as due to the need for the intervention to commence as soon as possible, the baseline survey will need to take place after randomisation.

Analysis Plan

Primary Analysis:

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

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

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

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

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

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

where Y_{it} is our primary outcome measure (contacts leading to no further action as a proportion of pupils in school j), Y_{it-1} is the equivalent (baseline) measure for the previous school year (2020/21), $Treat_i$ is the dummy variable indicating treatment allocation, γ_i represents the set of stratum dummy variables and ϵ representing an error term. Errors are clustered at school level. The estimated impact is recovered from the coefficient on the treatment variable (β_1).

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

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

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

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

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

Secondary Analysis

The analysis will be repeated for each of the secondary outcome measures based on administrative data, following the same approach as described above for the primary outcome, and using the relevant corresponding baseline measure, where these data are available. The same approach will effectively be adopted for analysis of DSL wellbeing, this model will control for wellbeing as measured prior to the start of the intervention (October 2021). As a number of secondary outcomes are being considered, we will adjust for multiple comparisons, using the Hochberg step-up procedure as detailed in the WWCS Statistical Analysis Guidance.

Depending on data availability, we propose two subgroup analyses:

Firstly, we will explore whether results are sensitive to the time period over which outcomes are measured. The primary analysis will focus on outcomes measured over the full intervention period, but we will check whether there is evidence of effects in the latter half of

the intervention period, with the aim of exploring whether it takes time for the intervention to have an effect on the actions of DSLs. This would be explored both through the inclusion of an interaction term, but also through running separate models for each time period.

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

Analysis of Harms

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

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

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

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

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

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

Sensitivity Analysis

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

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

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

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

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

Contextual Factors Analysis

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

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

Implementation and Process Evaluation

Aims

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

Research Questions

The IPE seeks to address the following research questions:

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

- **Programme differentiation** (what does the service structure and practice look like prior to the introduction of the model, or in control conditions?)
 - How does usual practice look prior to the intervention or compared to the control condition?
 - How do DSLs feel supported prior to the programme or compared to the control condition?
 - How was the level of stress and anxiety experienced by the DSLs prior to the intervention or compared to the control condition?

- **Reach and acceptability** (who the intervention reached and what the experience was of those delivering and receiving the intervention)
 - How are individual DSLs chosen to receive the support sessions, and what are their characteristics and role in terms of the wider DSL structure within the school?
 - To what extent are DSLs engaged in the programme, and what are the main barriers? To what extent do participants DSLs engage other DSLs within the school and are they expected to?
 - What are the main barriers to attend the sessions? If compliance is not achieved, what are the reasons why? (including contextual reasons, such as Covid-19)
 - What's the experience of social workers delivering the programme? How was the intervention received by participants and by the school in general?
 - What's the experience of key stakeholders in Local Authorities delivering the programme? How does it fit into their wider support packages to schools?

- **Mechanism and outcomes**
 - What are the perceived impacts of the intervention?
 - How well do participating DSLs feel they have performed their role (and where applicable, how this compared to when they had no supervision), including in assessing threshold levels of concern, managing referrals appropriately to CSC, and other issues related to supporting children and families?
 - How equipped do participating DSLs feel they are to perform their role, including any changes in their level of anxiety and stress?
 - Do school leaders and other school staff (not receiving the monthly supervision sessions) feel the intervention benefited the school?
 - Do participants feel the programme was worth their investment of time?

Design

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

- appropriately to CSC, and other issues related to supporting children and families?
 - How equipped do participating DSLs feel they are to perform their role, including in noticing an improvement in their level of anxiety and stress?
 - Do participating DSLs perceive any other impacts or outcomes of the programme?
 - Do school leaders and other school staff (not receiving the monthly supervision sessions) feel the intervention benefited the school?
 - Do participants feel the programme was worth their investment of time?
- Case study interviews, surveys.
- Case study interviews, surveys.
- Case study interviews, 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	60 online or phone interviews in 30 schools (2 interviews in each)	May - July 2022
Interviews	10 online or phone interviews with senior social workers (SSWs)	May - July 2022
Interviews	10 online or phone interviews with key stakeholder in each LA	May - July 2022
Baseline survey	Online survey with all DSLs in both control and treatment schools	October/November 2021
Endline survey	Online survey with all DSLs in both control and treatment schools	June - July 2022
Observation	Observation of online Community of Practice (CoP) sessions	September 2021 - July 2022
Review materials	Review of materials, including SSW estimates of 'need' (Dec 2021) and 'engagement' (March 2022)	September 2021 - July 2022

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

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

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

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

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

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

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

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

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

Analysis

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

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

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

Cost Evaluation

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

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

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

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

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

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

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

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

Risks

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

Ethics & Participation

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

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

Ethical issues and mitigations include:

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

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

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

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

Registration

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

Data Protection

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

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

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

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

Personnel

Delivery team:

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

Evaluation team:

The evaluation team comprises

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

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

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

Timeline

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

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

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