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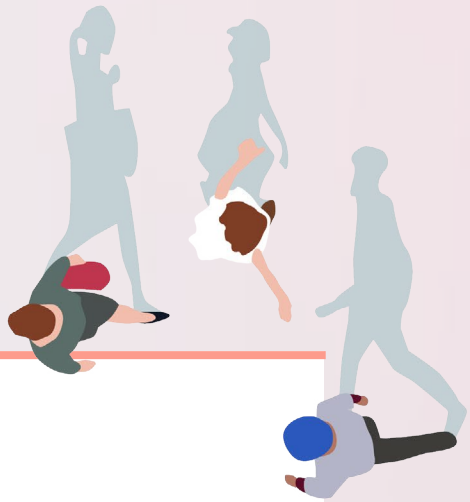

DOMESTIC ABUSE AND SCHOOLS:

EVIDENCE FROM THE SOCIAL WORKERS IN SCHOOLS (SWIS) TRIAL

March 2023

Acknowledgements

We are grateful to a large group of people who have contributed to making this study a success. We would especially like to thank all the school staff, social workers and managers who participated. They generously shared their experiences and gave valuable insights into Social Workers in Schools (SWIS). We are also indebted to other colleagues in the local authorities who worked hard to supply information and answer queries – especially the project leads, who helped coordinate interviews and surveys with children's social care (CSC) staff.

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About What Works for Early Intervention and Children's Social Care

What Works for Children's Social Care (WWCSC) and the Early Intervention Foundation (EIF) are merging. The new organisation is operating initially under the working name of What Works for Early Intervention and Children's Social Care. Our new single What Works centre will cover the full range of support for children and families from preventative approaches, early intervention and targeted support for those at risk of poor outcomes, through to support for children with a social worker, children in care and care leavers.

About CASCADE and partners

CASCADE is concerned with all aspects of community responses to social need in children and families, including family support services, children in need services, child protection, looked-after children and adoption. It is the only centre of its kind in Wales and has strong links with policy and practice. CASCADE's aim is to improve the wellbeing, safety and rights of children and their families. CASCADE generates new knowledge about children's social care and shares this in ways that help services. The CASCADE partnership receives infrastructure funding from Health and Care Research Wales.

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GLOSSARY

Acronym	Full term	Brief explanation
CSC	Children's social care	Targeted services provided by local authorities to children and families with high levels of need, including children who are disabled and children who have to be protected from harm or who need to be placed in care.
DA	Domestic abuse	Often used synonymously with "domestic violence", the term encompasses a wider range of abusive behaviour that takes place within families. It includes physical violence, psychological, emotional and financial abuse, as well as coercive and controlling behaviour.
DSL	Designated safeguarding lead	The person appointed to take lead responsibility for child protection issues in school.
IPE	Implementation and process evaluation	A type of evaluation that explores whether programme activities have been implemented as intended and how they operate.
KAP	Knowledge, attitudes and practice	A type of survey that measures these concepts among professionals (e.g. doctors).
Likert scale	NA	A scale of evenly spaced response options commonly used in surveys to measure attitudes, opinions or perceptions.
Mann–Whitney U test	NA	A statistical test used to compare samples from two independent groups when the dependent variable is not normally distributed.
MASH	Multi-agency safeguarding hub	A single point of contact for all professionals to report safeguarding concerns.
	Middle range programme theory	A programme theory that is specific enough to explain how the intervention is observed to work in study sites, and general enough to explain how it is thought to work more generally across similar sites.
RCT	Randomised controlled trial	A type of impact evaluation that involves two or more experimental groups, one of which acts as a control group to aid comparison of effects on specific outcomes.
SD	Standard deviation	A statistical measure of the amount of variation or dispersion there is in a data set. A low standard deviation indicates that the values tend to be close to the mean; a high standard deviation indicates they encompass a wider range.
Section 47	Section 47 of the Children Act 1989	An enquiry carried out to assess whether and what action is needed to protect a child who may be suffering or likely to suffer significant harm.

EXECUTIVE SUMMARY

Introduction and background

One in five UK children are thought to experience domestic abuse (DA), a prevalence likely exacerbated by the COVID-19 pandemic and lockdown periods, when increased levels of DA have been reported. Recent legislation (Domestic Abuse Act 2021) recognises children as victims of DA through witnessing or being aware of the abuse of a family member. This abuse may include physical violence, but also psychological, emotional and financial abuse, in addition to coercive control.

DA often features in serious case reviews and can have catastrophic consequences for children's wellbeing. However, school staff reportedly lack knowledge about the effects of DA on children, and experience barriers to working with children's social care (CSC) to address the issue. How to recognise and respond to DA and the impact it has on children has been a focus of policy, yet there is a lack of evidence upon which to form policy decisions as most school-based DA interventions have not been rigorously evaluated.

The Social Workers in Schools (SWIS) trial embedded social workers within secondary schools to undertake statutory social work, increase lower-level preventative opportunities and improve collaboration between education and CSC. Although SWIS did not target any particular type of harm, we can hypothesise that it may have impacted school responses to DA. One hypothesised pathway of SWIS includes providing advice and support to Designated Safeguarding Leads (DSLs), helping them to identify and assess risks to children, increasing DSL confidence in safeguarding management and aligning their understanding of thresholds and best practice with CSC.

Objectives and research questions

The objective of this study was to investigate how school staff recognised and responded to students who experienced DA, and the role of SWIS (if any) in schools' recognition of and response to this issue.

We sought to answer three specific research questions:

1. What impact, if any, did SWIS have on DSL knowledge, attitudes and practice of domestic abuse safeguarding?
2. How confident and well-equipped do schools feel about recognising and responding to domestic abuse affecting students?
3. What are the similarities and differences in working with domestic abuse, compared with other types of abuse?

Design and sample

We used a mixed methods approach that drew on pre-existing qualitative data collected as part of the implementation and process evaluation (IPE) of the SWIS trial, alongside a newly adapted survey to specifically measure the knowledge, attitudes and practice (KAP) of DSLs at

both intervention and control schools with respect to DA safeguarding. Interviews were conducted with DSLs and head/deputy head teachers, social workers and SWIS team managers involved in the SWIS intervention. We also interviewed CSC screening team managers. DSLs at both intervention (SWIS) and control (non-SWIS) schools were invited to take part in the survey. Due to this study being conducted within the ongoing SWIS trial, we were able to draw on a broad range of data from schools and professionals in 21 local authorities. However, limitations of this approach included not being able to collect baseline survey data, and using survey data that had been designed for more general research around safeguarding rather than specifically focused on DA.

Results and findings

Most SWIS school DSLs reported that having a social worker in their school improved their confidence and ability in identifying the signs and symptoms of DA, and their knowledge and ability in dealing with DA safeguarding issues. However, a comparison of SWIS and control school DSL responses to KAP questions on identifying and managing DA elsewhere in the survey did not find a statistically significant difference between groups. All local authorities reported a considerable increase in DA concerns resulting from the COVID-19 pandemic and lockdown periods, yet screening team managers did not feel that these concerns were identified to a greater extent in SWIS schools than control schools.

Most school staff surveyed (in SWIS and control schools) had received some training in DA (92.5%) but only 16.8% had received training in teenage relationship abuse and only half of staff responding to the survey "somewhat" or more strongly agreed that they had sufficient training in addressing situations of DA. Most staff (more than 88%) felt "fairly well" or better prepared to document student experiences of DA in school safeguarding records, to share appropriate information about a student exposed to DA with others and to make appropriate referrals to the CSC screening team for DA. Yet fewer than three-quarters of school staff (72.0%) reported being similarly well prepared to manage disclosures of teenage relationship abuse – 1 in 10 (9.4%) felt only "slightly prepared" or less to do so. More than 90% "somewhat" or more strongly agreed that they felt comfortable discussing DA with other agencies, colleagues in school and students. Yet fewer agreed as strongly that they had the necessary skills to discuss abuse with a student who had experienced DA (72.9%) or that they could recognise when a student had been exposed to DA by the way they behave or present (58.9%).

SWIS work related to DA safeguarding was similar in many respects to SWIS work related to other types of abuse. Advantages commonly reported included the facilitation of early intervention, provision of advice and guidance, and fast response, which were all valued aspects of having a social worker based within the school. However, because students affected by DA were often not involved with CSC, the capacity for SWIS to operate at the preventative level was particularly valued by schools.

Conclusion and implications

Schools welcomed the support, opportunities for discussion, learning through co-working, and sharing the psychological burden of decision-making in cases where DA was a cause for concern.

Despite a strong sense among many DSLs that SWIS improved their confidence and ability in DA safeguarding, we found no evidence that DA safeguarding KAP was better in SWIS schools than in controls. This finding is in alignment with null findings around specific CSC outcomes in the wider SWIS trial (see Westlake et al., 2023) and supports our recommendation that SWIS not be continued or scaled up further.

INTRODUCTION

Domestic abuse (DA), which is a crime in the UK (Domestic Abuse Act 2021), is a prevalent public health problem. One in three women worldwide will experience DA during their lifetime (WHO, 2018). In the UK one in five children are thought to have experienced DA (Radford et al., 2011), a figure likely compounded by the elevated levels of DA reported during the COVID-19 pandemic (Moore et al., 2022; Foster et al., 2022; Mazza et al., 2020).

The term DA encompasses several different types of behaviour, because harm results not only from physical violence, but also from psychological, emotional and financial abuse, as well as coercive and controlling behaviour. DA is often termed a "wicked problem" because of its complex nature and the way it intersects with other public policy challenges and social issues (including, for example, poverty, poor mental health and substance misuse) (Mulayim et al., 2016; Stanley et al., 2015b).

Recently, the Domestic Abuse Act 2021 created a statutory definition that encompasses the various types of DA and aims to extend the reach of legislation designed to tackle it. The Act recognises that children are made victims of domestic abuse through witnessing or being aware of the abuse of a family member (Domestic Abuse Act 2021). Therefore, the descriptive terminology has evolved to reflect this legislature – from domestic "violence" to "abuse", and from "witnessing" to "experiencing".

The consequences of DA are serious. For example, one school-based study, which found that over 30% of children reported witnessing domestic abuse, linked this to negative wellbeing among these children, including feeling suicidal (Alexander et al., 2005). Children who are exposed to DA are also more likely to experience other forms of abuse and neglect because DA often co-occurs with issues such as substance misuse and socio-economic deprivation (Devaney, 2008; Holt et al., 2008; McGuigan & Pratt, 2001). Despite this, school staff reportedly lack knowledge about the effects of DA on children, and feel there are barriers to working collaboratively around DA with children's social care (CSC) (Münger & Markström, 2019).

School-based safeguarding may be especially pertinent, from a contextual safeguarding perspective (Firmin, 2020), to DA – and teenage (peer) relationship abuse in particular, which often takes place outside the home. However, the role of schools in protecting children from the harms of DA has come under scrutiny in some of the most high-profile cases (Lloyd et al., 2018) because schools lack clarity on their role. The school safeguarding role is complex, and DSLs often lack the support they need (Stokes et al., 2021). These issues have been highlighted during the COVID-19 pandemic (Donagh, 2020; Levine et al., 2020; Muller and Goldenberg, 2020).

A particular focus for policymakers has been how to recognise and respond to DA and the impact it has on children and young people.

The issue often features in serious case reviews (Brandon et al., 2020; Garstang et al., 2021; Vincent & Petch, 2017) and featured in The Child Safeguarding Practice Review Panel annual report (Child Safeguarding Practice Review Panel, 2021). The recent Independent Review of Children's Social Care (IRCSC) (MacAlister, 2022), spotlighted how schools feature in multi-agency safeguarding and suggested schools become a statutory safeguarding partner and play a greater role in multi-agency partnerships (Simpson, 2022). However, such changes should be accompanied by research to address the gap in evidence, because most of the school-based interventions to address DA that have been developed have not been rigorously evaluated (Fox et al., 2016; Stanley et al., 2015a).

About this report

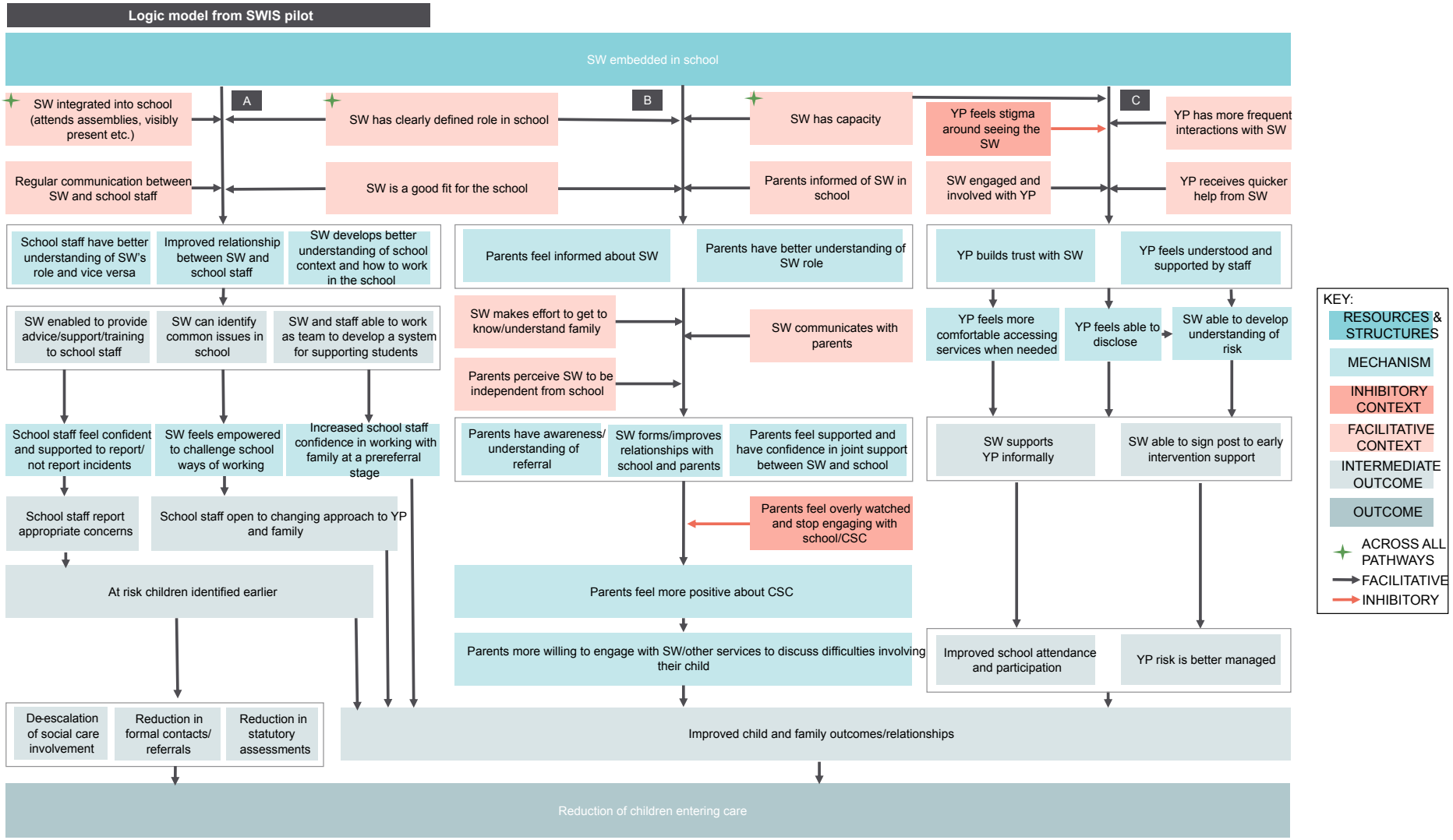
This short report on domestic abuse presents a small study that was nested within a larger randomised controlled trial (RCT). The trial tested a school-based social work intervention called Social Workers in Schools (SWIS), to examine its impact on several social care outcome indicators, explore implementation and process, and estimate cost-effectiveness (Westlake et al., 2022).

This nested study was commissioned by the Department for Education (DfE), via What Works for Children's Social Care (WWCSC). The DfE identified a need to better understand the role of schools in identifying and supporting children experiencing DA, and was keen to utilise ongoing research studies where possible to further learning on this issue. Therefore, in March 2022, as part of the extension of the SWIS trial, we were commissioned to carry out some additional data collection and analysis focused on schools' recognition of and responses to DA.

The SWIS pilots, scale-up and trial

SWIS is an intervention that aims to embed social workers within secondary schools to undertake statutory social work with children and families, increasing opportunities for lower-level preventative work, and improving inter-agency collaboration between education and CSC. SWIS was first piloted from 2018 to 2020 in three English local authorities, and evaluations of these pilots generated promising evidence for its potential to reduce the need for CSC services. The pilots also developed an initial programme theory and logic model (a set of hypothesised causal pathways from intervention to outcomes), which identified mechanisms through which SWIS was thought to operate (Figure 1). As a result of the pilots, which included both primary and secondary schools, the DfE commissioned a scale-up of the intervention and a trial in secondary schools only.

Figure 1. Logic model describing the mechanisms through which SWIS was hypothesised to operate following the SWIS pilot study



More details about the pilots (Westlake et al., 2020) and the SWIS scale-up trial (Westlake et al., 2022, 2023) are available elsewhere, but we include a brief summary of the scale-up trial here. The intervention was delivered over two full academic years (six school terms), between September 2020 and July 2022. The study was a pragmatic cluster RCT with two arms,[1] and compared a social worker assigned to and present in a school (intervention) versus usual CSC services alone (control), with mainstream secondary schools as the unit of randomisation. This was one of the largest RCTs ever undertaken in children's social care, involving around 280,000 students in 291 schools and 21 local authorities.

An integrated process evaluation ran alongside the RCT and found that implementation of SWIS was relatively successful, and the attitudes and experiences of students and professionals were generally positive. Substantial qualitative data identified benefits, from social workers being more accessible to students, to increased opportunities for lower-level preventative work, and opportunities for collaboration with school staff. Nonetheless, we found no benefit of delivering SWIS for any of the CSC outcomes measured, and found that SWIS was not cost-effective. We therefore concluded that SWIS does not reduce the need for the CSC services measured within the timeframe of the study. Longer-term impacts on care outcomes will be examined along with educational outcomes in a further report due to be published early in 2024.

Rationale for SWIS as an intervention for DA

SWIS was designed as a general intervention and not one that specifically targeted types of harm. However, it is possible, retrospectively, to hypothesise that SWIS may be effective in improving the way schools respond to DA affecting students. Based on evidence from the SWIS pilots, one of the theorised pathways through which SWIS was expected to produce outcomes related to how social workers worked with school staff (Figure 1, pathway A). This included providing advice and support to designated safeguarding leads (DSLs), helping them to identify and assess risks to children more effectively, increase their confidence in dealing with safeguarding issues, and calibrate their understanding of best practice and thresholds for referral in line with that of CSC. This is consistent with what has been noted about school-based interventions that target DA. For example, in a scoping review of such interventions, Stanley and colleagues noted that "teachers emerged as well placed to embed interventions in schools but they require training and support from those with specialist knowledge in domestic abuse" (Stanley et al., 2015a).

The way schools and local authorities collaborated to deliver the SWIS scale-up is also consistent with the existing evidence about implementing DA targeted interventions in schools. A recent review of such interventions concluded that they were generally "imposed on [schools] by other sectors" and that this inhibited their effectiveness (Stanley et al., 2015b). In contrast, most of the schools involved in the SWIS scale-up were enthusiastic participants who wanted input from a social worker. Although SWIS originated as a social care intervention, and was led by local authorities, it was generally a collaborative endeavour and schools were voluntarily recruited to participate.

1 "Pragmatic" means it was done in "real world" conditions that mimic typical practice.

Aims and objectives of the nested study about DA

This study was designed to answer key questions about how school staff recognised and responded to DA that affected students, and the role of SWIS (if any) in schools' recognition of and response to this issue.

Research questions

The following research questions were agreed with the funder:

1. What impact, if any, did SWIS have on DSL knowledge, attitudes and practice of domestic abuse safeguarding?
2. How confident and well-equipped do schools feel about recognising and responding to domestic abuse affecting students?
3. What are the similarities and differences in working with domestic abuse, compared with other types of abuse?

The study also served a broader aim relating to the main SWIS trial: it provided an opportunity to subject some of the theorised mechanisms of SWIS to more rigorous scrutiny through the use of data from both arms of the trial. The concept of "mechanism experiments" relates to the experimental testing of specific causal mechanisms that are thought to underlie interventions rather than the intervention as a whole (Ludwig et al., 2011). It has been discussed in economics, but we are not aware of any previous examples in CSC. For our purposes, the nested study can be conceived as an examination of mechanisms within a proposed causal pathway we termed "Enhanced school response to safeguarding issues". In the pilot report (Westlake et al., 2020 p.22) we described one of the sub-pathways within this as follows:

> *"First, the social worker is able to give advice and support to school staff. This increases their confidence in safeguarding issues and makes them better equipped to either report their concerns to CSC via a referral or decide they are less serious and can be addressed in other ways – such as through advice, signposting to other services or ongoing monitoring."*

In the middle range programme theory presented in the SWIS trial, this sub-pathway was generally supported, though updated with more nuance. It retained the idea that social workers provided guidance, advice and training, and that this increased school staff's confidence and skills/knowledge in identifying and assessing risk. By measuring aspects of how confident and well-equipped school staff feel about the specific issue of DA, we can elucidate any evidence to support this, and therefore learn more about how SWIS operates. Finding differences between the groups would support this part of the theory (at least, in relation to DA), and indicate that the null finding in the main trial may be due to other mechanisms not being activated. Conversely, evidence of no difference between groups would suggest that this pathway does not work as expected.

METHODS

Design

As noted above, this study was devised in response to a request from the DfE to explore DA within the context of the SWIS trial. It was undertaken within the implementation and process evaluation (IPE) of the main trial, but we made use of the randomised groups for comparative purposes. The IPE aimed to determine how and to what extent the SWIS intervention was implemented, and gather evidence about the theorised mechanisms of change that explain how and why SWIS produced the trial outcomes. Throughout

Table 1. Data sources and participant samples used to answer each research question

Research Question	Data Source	Sample
1	Survey responses ▪ Perceived impact on confidence and ability to spot signs and symptoms of DA, and on knowledge and ability to manage DA disclosures (questions 9.1 and 9.2, respectively)	SWIS school DSLs
	▪ KAP (questions 10 to 23; see Appendix 2 for more detail)	SWIS and control school DSLs
	Staff interviews	SWIS school case study, team manager interviews (DSLs, head/deputy head teachers, social workers and SWIS team managers) and CSC screening team manager interviews
2	Survey responses ▪ Training and experience (questions 3 and 6) ▪ Preparedness (question 7) ▪ Staff preparation and self-efficacy/confidence (questions 14_4, 14_6, 14_10 and 14_12 to 14_16)	SWIS and control school DSLs
3	Interviews	SWIS school case study and team manager interviews (DSLs, head/deputy head teachers, social workers and SWIS team managers)[2]

2 The SWIS team manager in each local authority was interviewed at two time points; three also had an additional case study interview.

the course of the IPE, we gathered interview data from a range of professionals involved in SWIS. The nested study drew on this qualitative data from interviews in conjunction with a newly adapted survey (Appendix 1) to specifically measure the knowledge, attitudes and practice (KAP) of DSLs at both intervention and control schools in respect to DA safeguarding.

Survey

To assess DSL KAP related to identifying and working with DA (RQ1), we designed the survey based in the first instance on the Physician Readiness to Manage Intimate Partner Violence (PREMIS) instrument (Short et al., 2006). PREMIS is a KAP survey for primary care doctors and was developed, validated and used in general practice settings in both the USA and UK. We retained questions that were relevant to the context of school safeguarding and modified some questions to either improve their relevance to children as victims of DA (either directly or indirectly) or reflect more up-to-date facts and figures on DA. We added new questions to reflect the expectations of school safeguarding staff and multi-agency child safeguarding pathways in the UK as set out in key documents – e.g. Keeping Children Safe in Education (Department for Education, 2022).

We also asked questions about the perceived impact of SWIS on identifying and managing DA (RQ1) and DSL experience, training and how prepared they felt to identify and manage DA in their student population (RQ2).

Survey questions were grouped into four main sections, as follows:

1. **Background:** 22 questions, including 4 free-text and multiple-choice questions on years of safeguarding experience and amount of specific training in domestic abuse, 9 7-item Likert scale questions on perceived knowledge, and 9 7-item Likert scale questions on preparedness
2. **Actual knowledge:** 12 questions including multiple-choice, true or false and sliding scale questions designed to test factual knowledge of specific issues
3. **Attitudes:** 19 7-item Likert scale questions
4. **Safeguarding practice:** 29 multiple-choice, 5-item Likert scale and free-text questions.

Interviews

All interviews were semi-structured, lasted between approximately 30 minutes and one hour and were conducted online via Microsoft Teams. Topics covered in the interviews included SWIS delivery, management, school and social worker relationships, referral processes, differences in referrals between SWIS and non-SWIS schools, experiences of SWIS and general reflections on the intervention, including the impact of the COVID-19 pandemic (see main report for more detail – Westlake et al., 2023). Interviews did not ask specific questions about DA, because they were completed before this nested project was commissioned. However, we reviewed the existing interview data and identified material that related to DA. Some details of quotes reported in this document have been changed either to protect anonymity or comply with WWCSC guidance about neutral pronouns.

Ethical approval

Ethical approval for the study was given by Cardiff University School of Social Sciences Research Ethics Committee on 26 August 2020 (ref: SREC/3865). The trial was registered with the International Standard Randomised Controlled Trial Number registry (ISRCTN) under the reference number ISRCTN90922032 (https://www.isrctn.com/ISRCTN90922032). When the trial was extended, ethical approval was updated and amended on 24 May 2021 and 29 March 2022. Data-sharing agreements were established with all participating local

authorities and updated each time the evaluation was extended.

Recruitment procedure and informed consent

Project leads in each local authority collated names and email addresses of school and CSC staff to participate in the research. All participants were assigned a unique participant ID number. Survey participants (DSLs at intervention and control schools) were given information about the research by way of a digital information sheet and asked to consent to taking part in the survey by ticking the relevant response before being able to start the survey. Interview participants (SWIS team managers, social workers, DSLs, head/deputy head teachers and CSC screening team managers) were contacted by the research team to invite them to take part in an interview. They were sent an information sheet and consent form to complete and return by email prior to interview. SWIS team managers were interviewed in term two (spring 2021) and term six (summer 2022) of the project.

Data collection and management

Survey

DSLs from 142 intervention and 108 control schools were invited to participate in the survey in term six of the SWIS trial period (survey open between 11 May 2022 and 31 July 2022). A unique survey link was generated for each survey participant within Qualtrics survey software (Qualtrics, 2020) linked directly to their participant ID number for anonymisation and data management purposes. Reminders were sent on a weekly basis to non-responders via the survey software, in addition to follow-up emails where bounces were notified. Local authority project leads and SWIS team managers were also notified of the DSL surveys each term to encourage participation. Towards the end of term six, where a survey response was yet to be received, control schools were contacted via telephone to raise the DSL awareness of the survey.

Interviews

SWIS team managers in all 21 local authorities were interviewed once in term two and once in term six (except one local authority, which withdrew from delivering the intervention early; the team manager was interviewed in term five). Three SWIS team managers also took part in an interview as part of the term-one case study. If the SWIS team manager was no longer in post in term six, a service manager was interviewed in their place. We interviewed school staff (DSLs and head/deputy head teachers) and social workers from nine local authorities during year one of the trial (2020/21), from three local authorities each term. A total of 178 interviews took place, with SWIS social workers (n=62), SWIS team managers (n=45), CSC screening team managers (n=16) and DSLs and other school staff (n=55).

All interviews were recorded in Microsoft Teams and professionally transcribed.

Analysis

Survey

RQ1: We quantified the self-reported impact of having a social worker in school on DSL confidence, knowledge and ability to identify and manage the safeguarding of students affected by DA. We calculated the percentage of DSLs responding to the survey who had a social worker at their school, who felt it had a negative impact, positive impact or no impact (and those who were unsure). Free-text responses giving

detail about how DSLs felt that SWIS had had this impact were collated and organised, then representative quotes characterising the breadth of responses were selected.

We also compared summary scores for DA safeguarding KAP between control and SWIS schools to determine whether there was a significant difference between schools that did and did not have a SWIS. Following the approach of Short et al. (2006), KAP scores were calculated by combining scores for individual responses on knowledge, attitude subgroups (keeping children safe in education, staff preparation, workplace issues, self-efficacy/confidence, victim understanding and staff concern) and safeguarding practice. Individual question scoring and overall score by category are detailed in Appendix 2. Mean scores (standard deviation (SD) and mean percentage of maximum score available) were calculated for each of the intervention and control school groups and compared between groups. An independent samples Mann–Whitney U test was conducted to test whether there was a statistically significant difference between scores for these groups.

RQ2: Average number (and SD) of completed years' experience in a school safeguarding role and hours of training in DA in the past three years were calculated for all school staff participating in the survey. The percentage of staff reporting an introductory, intermediate or advanced level of training, and the nature of training undertaken (e.g. within a more general safeguarding course, standalone DA training, teenage relationship abuse training), were also calculated. Levels of training were self-assessed due to the lack of any standardised rating system for this kind of training.

Responses to the nine 7-point Likert scale questions on preparedness from the background section of the survey (Q7_1 to Q7_9, Appendix 1), and eight 7-point Likert scale questions on staff preparation (Q14_4, Q14_6 and Q14_10, Appendix 1), confidence and self-efficacy (Q14_12 to Q14_16, Appendix 1) from the attitudes section of the survey were summarised by percentage of staff who selected each response option and percentage responses were compared between statements.

Interviews

RQ1 and RQ3: Qualitative data from school staff (DSL and head/deputy head teachers), social worker and SWIS team manager interviews was coded during data analysis in the IPE study using a process of deductive and inductive coding (Silverman, 2011) in NVivo 12 software (NVivo, 2018). As part of this process, any data related to DA was coded as such within the analytic framework and analysed separately for this study. This was done inductively by one of the team (VB) grouping text into common themes and sense-checking groupings with a second researcher (DW). These themes were then compared with those described in the SWIS trial main report (Westlake et al., 2023) to identify similarities and differences between DA safeguarding and other types of abuse within the SWIS intervention.

FINDINGS

Data collected

Survey responses

In total 107 school staff from 74 SWIS schools (76 staff) and 31 control schools (31 staff) across 21 local authorities completed the survey (Table 2). The sample therefore comprises representatives from 51% of SWIS schools and 20% of control schools.

Table 2. Number of staff in SWIS and control schools responding to survey by whether they had a social worker allocated specifically to their school in the past two years

	SWIS	Control	Trial
No social worker	2	28	30
Had social worker	74	1	75
Unsure	0	2	2
Total	**76**	**31**	**107**

Two SWIS intervention schools answered no to having a social worker, [3] and three control schools answered yes or unsure to having a social worker (Table 2). These schools were excluded from comparative analysis between intervention and control schools but included in analysis of training, experience and feelings of preparedness and confidence.

The majority of responses (81%, 87/107) were from DSLs, with a smaller proportion of deputy DSLs or other safeguarding/pastoral staff submitting a response (Table 3).

Table 3. Number of staff in SWIS and control schools responding to survey by role. Numbers in brackets were included in comparative analysis between intervention and control schools

	SWIS	Control	Trial
DSL	62 (60)	25 (23)	87 (83)
Deputy DSL	10 (10)	2 (2)	12 (12)
Other safe-guarding/ pastoral role	4 (4)	4 (3)	8 (7)
Total	**76 (74)**	**31 (28)**	**107 (102)**

Interview data

In total we interviewed 39 DSLs, 16 head/deputy head teachers and 62 social workers in nine local authorities across terms one, two and three of the SWIS trial. We also interviewed 21 SWIS team managers (representing all 21 authorities) at two time points, and 16 CSC screening team managers (who represented 16 authorities).

3 This self-reported survey data conflicts with data collected from local authorities, and we believe that one of these respondents was unaware of their school having a social worker, possibly because they were not well embedded in the school.

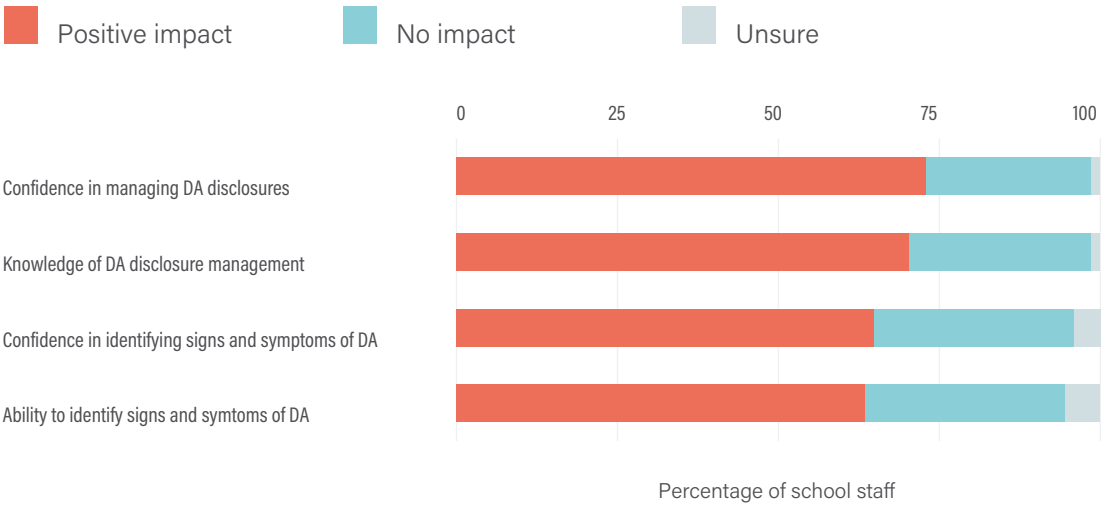
Impact of SWIS on school DA safeguarding (RQ1)

Perceived impact on confidence, knowledge and ability

Of the 74 school staff who responded to the survey and had a social worker at their school, most felt that SWIS had a positive impact on their confidence, knowledge and abilities in DA safeguarding. Almost three-quarters (73%, 54/74) felt that having a social worker in their school had improved their confidence in managing DA disclosures, and 70% (52/74) felt it had improved their knowledge of disclosure management (Figure 2). Nearly two-thirds felt that having a social worker in their school had improved their confidence (65%, 48/74) and ability (64%, 47/74) to identify signs and symptoms of DA (Figure 2). No DSLs reported that SWIS had a negative impact on any of these factors.

Free-text survey responses illuminated some of the reasons DSLs felt having a social worker at their school had a positive impact on identifying signs and symptoms of DA (Box 1) and DA disclosure management (Box 2). They included gaining confidence from drawing on the social worker's expertise during consultation discussions, learning by working through cases with the social worker, and gaining a better understanding of CSC thresholds for DA. They also reported positive experiences from receiving informal training (e.g. what questions to ask students) and felt they had a better perspective on what life was like for students beyond their schooling.

Figure 2. Stacked bar chart showing perceived impact of SWIS on confidence, knowledge and ability in DA safeguarding



Box 1. Identifying signs and symptoms of domestic abuse

Ability

"As [they] are on the ground, [they] are the first port of call for any worrying signs we see in children and [are] willing to talk to them and visit homes."

"Having early discussions about hunches, feelings and initial indicators."

"Helped to 'join the dots' when we have information."

"We are able to discuss cases and the SWIS will then check records to build up a more detailed picture of the child's past. The lens which a [social worker] looks at things though is different from a teacher."

"Their knowledge of cases and experience means I can run things past them and in doing so, the conversations are informative and help me to refine and understand moving forward."

"Working together on a case, our [social worker] has highlighted behaviours in the pupil that could be attributed to domestic abuse, meaning staff can adjust practice to support."

"Discussion via vulnerable groups meetings – feedback on cases we have referred to [them]."

Confidence

"I run almost every decision through my SWIS and [they] always have the answers. It has saved me so much time and made me much more confident in all my decisions."

"Being able to check out my assessment of risk and helping to identify risk indicators when discussing concerns."

"Working in safeguarding for the past 20 years gives me an advantage, through experience. However, having a social worker on site who can confirm my own thoughts is really helpful."

"Validation from professionals, more exposure to conversations surrounding this."

"I have someone who can confirm they are hearing/seeing what I am and this inspires confidence."

"... our SWIS has given us more of an insight and has professionally challenged but then taken time to explain procedures and processes, which in turn makes us more confident in recognising signs and referring at appropriate times."

Box 2. Domestic abuse disclosure management

Knowledge

"I think that on a general and specific level, to this topic, having a trained social worker is fantastic, looking at the amount of things we cover now at a school level is astonishing in comparison to only ten years ago and having that person to give direction and enhance skill sets within the team has been a great experience."

"Regular discussions and knowledge shared from other experiences and similar cases."

"We have had wide and varied discussions about different types of abuse, potential victims have been discussed and we have also undertaken paired work so that we can determine the best course of action."

"The [social worker] helps me to identify next steps after a disclosure and what specific people need to be involved and what thresholds will need to be met etc."

"The pathway from disclosure/concern being made to action plan that should be followed has become very efficient."

"Looking at cases in safeguarding meetings. Helping to understand the act [Children and Families Act 2014] more clearly."

"Shadowing the SWIS in following through a disclosure has enabled me to ask a broader range of questions and think about the implications of answers given."

"I have been able to learn from my social worker and pick up techniques and alternative ways of questioning."

Confidence

"Having a social worker identify that concerns can be managed at an early help level with engagement from family has increased in confidence in holding some risk and reduced the need to feel every concern needs to be a MASH referral."

"Being able to discuss cases on site with an expert who has contextual knowledge helps build confidence in the decisions made in school."

Comparative knowledge, attitudes and practice

Mean scores for DA KAP in schools (Table 4) were slightly higher for the 74 staff who had a social worker at school, compared with the 28 who did not. However, this difference was not statistically significant, at the 5% level ($p<0.05$) (far-right column in Table 4), meaning that the small observed difference in mean scores between groups was more likely due to random chance than a genuine difference between groups. This finding remained following sensitivity analyses using data from only the DSLs.

Across all local authorities included in our interviews, a considerable increase in DA concerns was reported in relation to the COVID-19 pandemic and lockdown periods. However, screening team managers did not think there had been any more of an increase in any particular type of case, including DA cases, being referred from SWIS schools than those referred from control schools, although many highlighted that they would need to interrogate their data to be sure.

As we found no significant differences between the intervention and control arm, we included all school responses in further quantitative analysis below to maximise sample size.

Table 4. Summary mean knowledge, attitudes and practice scores for intervention and control groups

Survey section (total available score)	**Intervention (n=74)**			**Control (n=28)**			**p-value** (Mann–Whitney U test)
	Mean score	SD	Mean %	Mean score	SD	Mean %	
Knowledge (21)	16.43	2.39	78.25%	16.36	2.30	77.89%	0.835
Attitudes:							
▪ Keeping Children Safe in Education (7)	6.56	0.45	93.73%	6.47	0.58	92.47%	0.526
▪ Staff preparation (7)	4.66	1.36	66.54%	4.58	1.01	65.48%	0.760
▪ Workplace issues (7)	5.88	0.77	83.93%	5.72	0.76	81.76%	0.361
▪ Self-efficacy/confidence (7)	5.48	0.78	78.22%	5.35	0.57	76.43%	0.270
▪ Victim understanding (7)	3.62	0.87	51.74%	3.64	0.94	52.04%	0.862
▪ Staff concern (7)	2.80	1.62	39.96%	2.61	1.73	37.24%	0.414
Practice (28)	18.99	5.50	67.82%	18.13	5.74	64.76%	0.485

DSL preparedness and confidence in working with DA (RQ2)

Training and experience

School staff were generally experienced in safeguarding but reported a relatively small amount of training specifically around DA. On average they had more than six years' experience in a safeguarding role (Figure 3a: mean 6.84 years, SD 4.74, n = 106), but estimated that they had undertaken fewer than four hours of training in DA in the past three years (Figure 3b: mean 3.76 hours, SD 3.75, n = 94). Most of the staff surveyed (92.5%, 99/107) had some training in DA, yet half of these (50/107) had only undertaken DA training as part of a more general safeguarding course, and only a sixth (16.8%, 18/107) had received training in teenage relationship abuse. Fewer than 1 in 10 felt that they were trained to an advanced level (8.4%, 9/107), about half felt they had been trained to an intermediate level (49.5%, 53/107) and less than a third (27.1%, 29/107) felt that they had only been trained to an introductory level in DA.

Preparedness

More than 70% of school staff responded that they felt "fairly well" or better prepared to perform DA safeguarding actions across all nine preparedness questions in the survey (Figure 4). They felt best prepared (89.7% responded "fairly well" or better prepared) to document student experiences of DA in school safeguarding records, to share appropriate information about a student exposed to DA with others (88.8% responded "fairly well" or better prepared) and to make appropriate referrals to the CSC screening team for DA (88.8% also responded "fairly well prepared" or better).

School staff felt less well prepared to talk appropriately with students about their experience of DA, with more than one in four reporting not being at least "fairly well" prepared (72.9% responded "fairly well" or better prepared). Staff felt least well prepared to manage disclosures of teenage relationship abuse, where fewer than three-quarters of them (72.0%) reported being "fairly well" or better prepared, and

Figure 3. School staff experience and training in safeguarding role

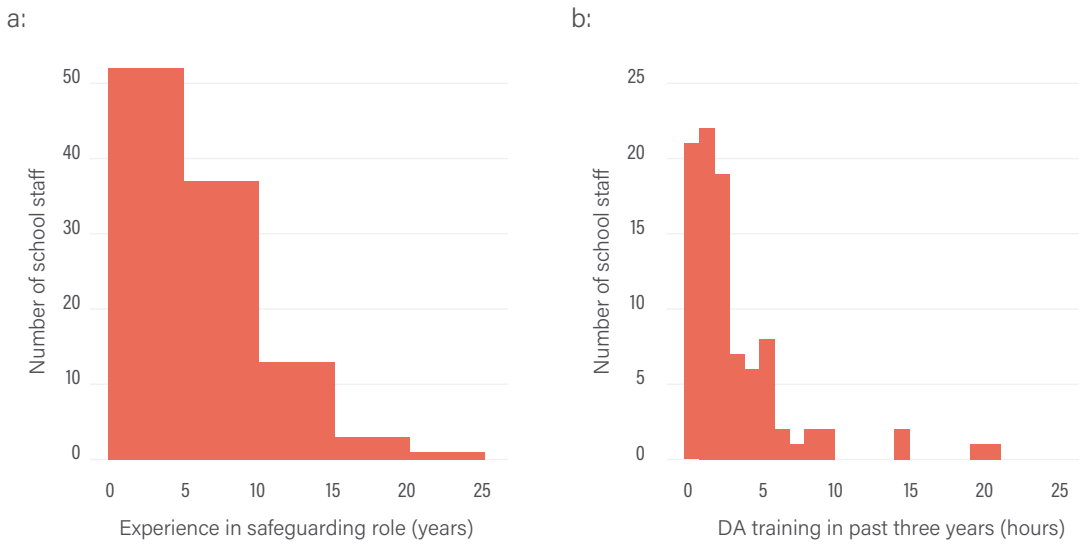
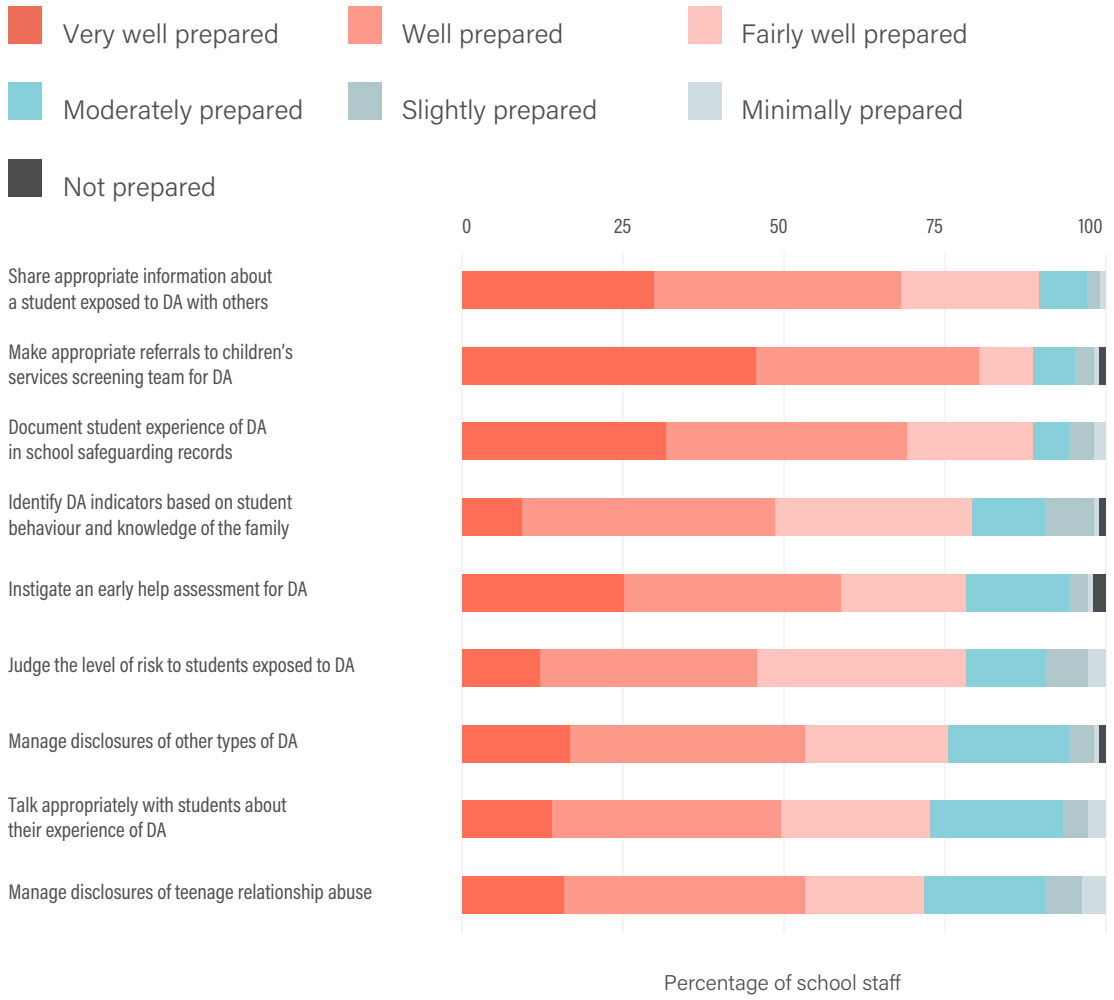


Figure 4. Percentage of school staff who felt prepared to perform safeguarding actions for DA



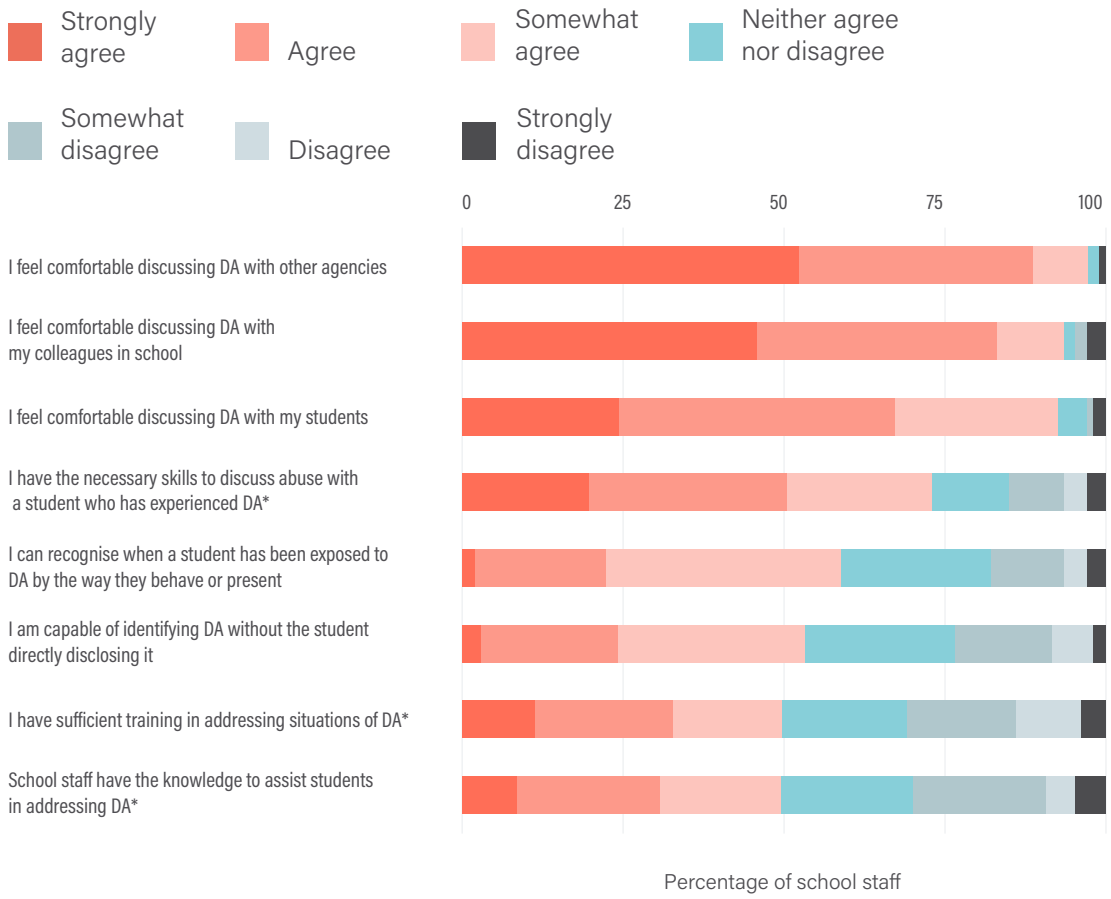
nearly 1 in 10 (9.4%) responded that they felt only "slightly prepared" or less than this. The same proportion (9.4%) of school staff also answered that they felt only "slightly prepared" or less than this to judge the level of risk to students exposed to DA or to identify DA indicators based on student behaviour and knowledge of the family.

Confidence and self-efficacy

Over 90% of school staff "somewhat" or more strongly agreed that they felt comfortable discussing DA with other agencies (97.2%), colleagues in school (93.5%) and students (92.5%) (Figure 5). However, only 72.9% "somewhat" or more strongly agreed that they had the necessary skills to discuss abuse with a student who had experienced DA.

Only half (50.0%) of those responding to the survey "somewhat" or more strongly agreed that school staff have the knowledge to assist students in addressing DA, or that they had sufficient training in addressing situations of DA. Fewer than 60% "somewhat" or more strongly agreed that they could recognise when a student had been exposed to DA by the way they behave or present (58.9%), or that they were capable of identifying DA without the student directly disclosing it (53.3%).

Figure 5. Stacked bar chart showing school staff opinions on confidence and self-efficacy questions



Qualitative analysis of SWIS work and DA: similarities and differences (RQ3)

In our review of case study and SWIS team manager interview data, we found a small number of references to DA from 43 interviews in total (16 DSLs; 2 head/deputy head teachers; 18 social workers; 7 SWIS team managers). However, it was not particularly prominent or more commonly discussed than other types of abuse. This may be because there was some evidence that DA was less of a focus for SWIS than it would be for a typical social work team. In the main SWIS trial we found variation between local authorities in terms of the nature and focus of the work done by the social worker. Some authorities focused more on early intervention and preventative work directly with young people, and less on statutory social work that necessarily required more involvement of other family members (such as parents) (see Westlake et al., 2023). This meant that some SWIS teams did not tend to work with DA as much as locality social work teams. For example, team managers from three local authorities explained that DA cases would not generally fall within the focus or remit of SWIS casework. One explained:

> *"But we do not then take cases of domestic abuse because that impacts the whole family and because we're trying to … focus on the children that attend the school … the other teams then deal with those." (LA A SWIS team manager exit interview)*

However, within these authorities there were still opportunities for SWIS to support schools to work with DA, and exceptions were made in at least one school, which had less demand for support in other areas. At least two local authorities identified DA support as a specific need in their local areas and SWIS workers ran targeted group sessions or workshops in the schools. One of the team managers described having DA as a specialism within the SWIS team that allowed them to do this:

> *"… each one of my workers have got their own speciality. So they offer workshops within that school, but we're able to bring young people from different schools to attend that workshop. So we've got one at the minute running … and it's around domestic violence and the impact on the child. So we've got just children that we are working with can attend that and one of my workers delivers that." (LA B SWIS team manager exit interview)*

Some professionals we interviewed explained that the entrenched and unpredictable nature of DA meant that the level of risk children were exposed to could change quickly and unpredictably. Because of this, one perceived advantage of SWIS was the accessible and rapid support that it could offer, particularly when risks escalated without warning. Having a social worker in school who could intervene quickly was considered more efficient and satisfactory than the usual process of referral to the local authority. This featured in one example offered by a DSL, where a student had experienced violence perpetrated by their partner previously, and a new incident increased the level of concern:

> *"[The social worker] was there on hand and could come straight in the next day, it made it a lot easier to deal with. And actually the outcome was proportionate, but really got the job done, if you know what I mean, whereas it would have been quite convoluted having to get the original social worker back in. We'd have had to put in a new referral, you know, that would have been a delay in actually safeguarding them. But the way it was dealt with was quick and efficient and effective, really." (LA C DSL interview)*

Much like the perception that SWIS enabled schools to help students more quickly, some other instances where DA was mentioned in interviews exemplified aspects of SWIS that we had identified more generally (i.e. relating to safeguarding from different types of risk, not specifically from DA). The benefits of relationship building outside the home environment, for example, were applied to DA by some interviewees. One social worker, from LA C, told us they had "a lot more open conversations especially in my DA cases from children that were out of the home environment". On the same topic, a DSL in LA A explained how the school could be a safer place to speak about issues that were often especially difficult to disclose:

> *"There's this culture of silence as well, so they don't open their mouth. They're not meant to, they're not meant to talk, but I think the students are realising now that there's that opportunity, that avenue, even if they don't know or don't, don't wanna share anything, that they know that there is somebody that they can talk to. Yeah." (LA A DSL interview)*

Improved relationships in these cases also reportedly had consequences for the service, making it possible to avoid escalation in some instances. For example, a social worker described being able to keep working with a student under the auspices of a Child in Need plan due to the regular contact they had at school:

"We wouldn't have been able to support the family at the lowest possible intervention without having that direct contact within school cos that young person, I would either go and see [them] or [they] would come and see me three or four times a week. And that's priceless you know." (LA D social worker interview)

Schools also valued the expertise and experience of the social worker when they felt it complemented their own input. This meant they were better able to help students who had behavioural or mental health difficulties associated with DA, and the time SWIS afforded some social workers to spend with students was also thought to be important. One worker (from LA E) gave us a detailed example of this, arguing that a student would have been taken into care if they had not been in the school and able to spend time working with them to overcome behavioural difficulties. They began by explaining the background and the role of DA in the student's behaviour, and the way this was making them vulnerable:

"It's been quite a bumpy ride, really [for this student] … [they're] [age redacted], [they] grew up in a lot of domestic abuse between parents. That's kind of what [they've] seen, kind of all [they] know, really. So, in regards to treating [the student's] mum … the way [they've] been brought up is to be aggressive if you don't get what you want. So it's got to a situation where in school, [they're] quite vulnerable, because [they don't] really, [they don't] really fit anywhere … there's been two incidents where [they've] assaulted [their] mum, and there's other children, there's younger children in the home. [Their mother] basically said [they] couldn't have [them] back … And we've kept it considering, at quite a low-level, if I'm honest. When at one stage, it was set, this child was in custody and was going into care."

Then the worker went on to tell us how they spent time with the student, inside and outside school, even when the pandemic made this more difficult:

"When the school weren't kind of open as such, there was only certain key workers' children in there, I was able to meet this young person, I was playing basketball with [them] and football with [them], and really building the relationship, something you just don't get a chance to do [in a non-SWIS social work role]."

Lastly, they reflected on the outcome. They reported that this was successful, as the student remained at home, they and their mother were both happy and the student had 100% school attendance (an increase from previously). They felt that without SWIS the outcome would have been very different:

"I think for me, that just shows you the value of having a social worker in the school that can take the time to do the [direct work with students] … If I wasn't in the school, this child – 100% and I can happily [stake] my job on this: [they'd] be in care, because we wouldn't have had the time to be able to pick it up as early as we did. You just wouldn't. You'd get a phone call saying that there's been an incident, the police are there, [the student] wouldn't be able to come into school and see me, do you know what I mean? It just wouldn't, it wouldn't have happened." (LA E social worker interview)

STRENGTHS AND LIMITATIONS

Nesting this study into the ongoing SWIS trial enabled us to utilise the intervention and comparator groups, and collect data from a broad range of school and CSC professionals across 21 English local authorities. The combination of qualitative and quantitative evidence gives a rounded picture of how schools recognise and respond to students experiencing DA – including detailed examples of individual scenarios and statistically comparable data across a breadth of English schools. To our knowledge, this study is the first to quantify the KAP of DSLs in relation to DA safeguarding in secondary schools.

However, there were also disadvantages to adding the study into an ongoing trial. We could not include the views of young people on DA safeguarding because our interviews with young people did not cover details about the specific reason for their involvement with a social worker. As the SWIS trial was already under way when this study was commissioned, we could not tailor questions asked in interviews that had already been completed. Additionally, it was not possible to collect survey baseline data. Whether SWIS changes DA safeguarding KAP could be more rigorously tested in future studies by comparing data from the same individuals before and after intervention. Although our survey sample of control schools was limited, the very small size of the (non-significant) difference between summary KAP scores for the intervention and control groups is not suggestive that our null finding is simply due to sample. Further, we had already conducted five termly surveys with intervention schools, possibly leading to the low survey response from SWIS schools. We had no pre-existing relationship with control schools, and despite extra contact made via telephone, control school response rates were particularly low. Hence, we cannot rule out the potential for sampling bias in our survey data.

There was also less opportunity for preparatory work, which could have strengthened the rationale and theoretical underpinnings of the study. The research questions were generated from policy interest rather than research. We were only able to gain feedback on survey questions from experienced professionals within our research centre, whereas testing with key stakeholders would have strengthened the study. Nonetheless, given that a validated survey for testing DA safeguarding KAP in schools does not yet exist, our current survey represents the best available tool for this purpose. The development and analysis of the survey was limited by the absence of a gold standard of DA safeguarding training available to school staff. Although multiple private, charity and council-led training options exist, there is limited consistency between providers. There is also no clear guidance on specific recommended actions for school staff confronted with any of the wide range of signs, symptoms and DA circumstances a child or young person might be experiencing. This may have constrained the extent and precision to which our survey could measure school DA safeguarding KAP for comparison between groups of schools across different local authorities.

DISCUSSION

The findings of this nested study lend further support to those of the main SWIS trial. The pattern we found in the main trial is replicated here: broadly positive qualitative reports about SWIS, but no evidence of any differences between the groups on outcome measures. For many schools, SWIS was a welcome addition to the school safeguarding offer, and the accessibility, expert advice, information gathering and validation of DSL safeguarding actions were valued in relation to how DSLs worked with issues of DA. Most DSLs answering the survey from SWIS schools said they felt that the social worker improved their confidence and ability in identifying the signs and symptoms of DA and their knowledge and ability in dealing with DA safeguarding issues (see Figure 2). Yet, when comparing the KAP questions on knowledge, attitudes (including confidence and self-efficacy) and practice in identifying and managing DA elsewhere in the survey, there was not a statistically significant difference between responses from SWIS and control DSLs. This suggests there is a tension between perceived and actual impact.

There are a few possible explanations for this apparent contradiction. It may be because the size of the increase was too small to be measured by our sample, or that SWIS schools were different from the control schools at baseline on these measures, obscuring a possible change. The control schools who responded to the survey may not be representative of all control schools, because the sample of control schools was relatively small, and it is logical to expect those who responded to be more confident about safeguarding in general or DA in particular. Another possible explanation is that the comparative questions used did not characterise the change in confidence that the SWIS schools were reflecting on.

However, in light of the null difference KAP survey findings, and especially considering the findings of the main trial, we must also consider the prospect that the intervention did not induce the changes hypothesised. Although the survey may have failed to measure important aspects of the DSL role, and the measure may be improved by further research that involves DSLs, it was chosen and adapted for this study because of its face validity and the fact it was closely modelled on a survey previously used for a similar purpose with a different population.

As we noted in the introduction, this study enhances our understanding of SWIS by illuminating an aspect of one of the theorised pathways in the logic model. At face value, our findings cast doubt on the idea that SWIS makes DSLs more confident and well-equipped to respond to DA. Of course, this is only a partial refutation of this mechanism, because our logic model was not issue-specific (i.e. related to any type of safeguarding issue, not specifically one resulting from DA). This analysis may do more to aid our understanding of how the intervention as a whole works if it was not confined to DA. Nonetheless, our findings highlight the potential of this approach to mechanism experimentation if it was built into a trial by design, rather than included as part of a nested study.

Moving away from the between-groups analysis, the study also speaks to more general messages about how schools work with issues of DA. The survey highlighted some of the challenges in recognising when a student is exposed to or affected by DA, which may have fewer visible signs than physical abuse or neglect, for example. Consequently, in the absence of disclosure, recognition of behavioural signs and symptoms is paramount in identifying and helping children experiencing DA.

Our finding that fewer than 60% of school staff agreed that they could recognise when a student had experienced DA by the way they behave or present, or that they could identify DA without the student directly disclosing it, suggests that there may be opportunities to improve the way school staff work with DA, and increase their confidence in doing so. There is no standardised national curriculum for DSL safeguarding training, and more clarity about the level and extent of knowledge and expertise needed by DSLs may enhance school responses to all safeguarding concerns, including those related to DA.

SWIS work within schools with respect to DA safeguarding is comparable in many respects to other types of abuse. The advantages of SWIS that were identified in relation to DA were similar to those raised more generally. For instance, the ability to intervene early, provide advice and guidance and respond quickly were all valued aspects of having a social worker based within the school. However, because DA often affected children who were not involved with CSC, the capacity for SWIS to operate at the preventative level was particularly valued.

CONCLUSIONS AND RECOMMENDATIONS

The way that the social workers worked with DA was broadly similar to how they worked with schools, children and families to safeguard from other types of abuse. However, some DSLs reported lacking the experience and skills they needed in DA, and that working alongside a social worker helped them gain confidence.

In the main SWIS trial (Westlake et al., 2023) we concluded that the intervention did not have an impact on the outcomes it was intended to change, and in this nested study we can conclude that SWIS does not significantly impact the KAP of DSLs in relation to DA. This finding is in alignment with our recommendation that SWIS not be continued or scaled up further (Westlake et al., 2023). This is despite a strong sense among DSLs that it did have such an impact on their confidence and ability. The reports of increased confidence and ability may be related to the finding that school staff valued SWIS in general, and not in relation specifically to working with DA. They welcomed the support, opportunities for discussion, learning through co-working, and sharing the psychological burden of decision-making in cases where DA was a cause for concern.

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APPENDICES

Appendix 1

Domestic abuse survey, including the invitation to participate, definition of domestic abuse used in the survey and the full series of questions and response options covering DSL experience, training and how prepared they felt to identify and manage DA in their student population, their perceived impact of SWIS on identifying and managing DA and DSL knowledge, attitudes and practice of DA safeguarding.

Appendix 2

Calculations of knowledge, attitudes, and practice (KAP) summary scores from survey response data.

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