Stockport Change Project: Social workers in schools
CASCADE, Cardiff University
David Westlake, Sarah Wallace and Donald Forrester

Evaluation Summary

<table>
<thead>
<tr>
<th>Recipients</th>
<th>Schools, children and families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated number of recipients</td>
<td>Circa 460 children across the Werneth cluster</td>
</tr>
<tr>
<td>Number of pilot sites</td>
<td>11 schools: 2 secondary schools, 9 primary schools.</td>
</tr>
<tr>
<td>Date</td>
<td>Addendum added April 2019</td>
</tr>
<tr>
<td>Version</td>
<td>2</td>
</tr>
</tbody>
</table>

Changes from Version 1 (March 2019): addition of section on Matching to explain identification of comparator schools.

Summary

This project is one of the ‘Change Projects’¹, a programme of research into changes to services by CASCADE at Cardiff University on behalf of the What Works Centre for Children’s Social Care. It aims to identify promising interventions and generate evidence to support decisions about larger scale trials in the future. This project, in partnership with Stockport Council, bases social workers within schools with the aim to reduce referrals to children’s social care, section 17 (s.17) involvement and section 47 (s.47) enquiries.

Stockport plan to embed a team of social workers across the Werneth cluster that consists of 2 secondary and 9 primary schools to:

1. Undertake s.17 and s.47 assessments
2. Continue to work with the family throughout the time that a social work service is required, including, where necessary, legal proceedings

All the Change Projects are at an early stage of development. We expect and encourage local authorities to vary the way that they are delivered over the course of the project. A key aim of the evaluation is to capture these changes.

We take a Realist approach to design, collection and analysis of data. The focus here is to understand the underlying mechanisms of the intervention (what makes it work) and the

¹https://whatworks-csc.org.uk/blog/apply-to-become-change-programme-partners-for-the-what-works-centre/
way that contextual factors can influence these. The Realist design involves a flexible and iterative approach to data collection in order to develop a deep understanding of how an intervention works and issues in implementing it. The evaluation will run from January 2019 to March 2020, when a final report will be published. An interim report will be published in July 2019.

**Project Background**

A high proportion of referrals to children’s social care come from schools, and these often come predominantly from a relatively small number of schools. Most studies on social workers in schools has been qualitative and focussed on early intervention and prevention (Rose et al., 2006; Wilkin et al., 2008), rather than statutory social work. The aim of these Change Projects is to fund and evaluate new ways of working in which social workers work in schools to prevent harm to children and deal more effectively with harm where it occurs. The evaluation will provide qualitative and quantitative evidence. Social workers will be based in schools and work closely with them, dealing with the full range of work of children's social care. They will be encouraged to explore creative ways of preventing the need for children’s social care involvement. The projects intend to:

- Reduce the need for higher levels of statutory social work involvement (including allocation and child protection)
- Reduce the need for care entry or the commencement of the Public Law Outline
- Deal more swiftly and effectively with concerns about children
- Demonstrate cost-effectiveness in reduced demand for children’s social care services overall.

Stockport is a Metropolitan borough of Greater Manchester. Although it is an area of relative affluence, there are small areas that rank within 2% least deprived in England. It has a population of around 283,000 of which almost 68,000 are aged 0-19 years. Cases of children in need are rising in Stockport. In 2018, 320 children per 10,000 in the population were classified as CIN, an increase from 2017 (296) and signalling a longer trend since 2014 (262).

Stockport’s ‘Team Around the School’ model has been in operation in the Werneth School Cluster since September 2016. This places early help practitioners alongside school nurses, teachers and other school professionals to work with children and families. Stockport’s proposal is to develop this model further by embedding a team of 6 social workers and 3 senior practitioners in schools within the Werneth cluster. Social workers will have a base at one of the secondary schools. The base will be multi-disciplinary, with space for school nurse, early help worker, education welfare, Police Community Support Officer, housing officer and sit alongside the pastoral team within the school. Social workers will have designated schools and take cases from those schools. It is estimated that each social worker will work with approximately 15-20 children at any one time with up to 10 cases per senior practitioner. It is envisaged that social workers will cover feeder primary and secondary schools, with the high need school having more than one social worker and school age plus worker. The team leader will manage the fluctuating demands of caseloads and be responsible for case allocation, and Stockport envisage that social workers will reach capacity quickly.
While there is already a strong link between schools and social services, Stockport anticipate substantial reductions in the use of statutory services as a result of this programme.

Research questions

The evaluation of the pilot study requires us to understand:

1. How and why the project was implemented as it was. This incorporates:
   a) An understanding of how elements of implementation might be hypothesised to affect outcomes
   b) Barriers and opportunities for rolling out this model more widely

2. Indicators of success – we define quantitatively and qualitatively our criteria for considering the project worthy of further evaluation on a larger scale

The feasibility study will also include developing an approach to economic evaluation. In order to explore and evaluate a range of potential outcome measures for the final trial protocol, the pilot will address research questions in four key domains:

1. Evidence of promise
   ● What potential benefits do stakeholders (e.g. social workers, teachers, head teachers, children, and families) identify?
   ● Do there appear to be unintended consequences or negative effects?
   ● Is there evidence to support the intervention logic model or theory of change?

2. Feasibility
   ● How is the intervention implemented?
   ● What types of work are undertaken by social workers, how does this differ (or not) from the work they do anyway?
   ● How does the project delivery vary between schools?
   ● What are the characteristics of project delivery, school, community and families that might influence delivery or impact?
   ● How acceptable is the intervention:
     o To parents / carers?
     o To children and young people?
     o To teachers and other school staff?
     o To senior leaders, managers and social work practitioners?
     o To other professionals working with the families?
   ● What are the barriers and facilitators for delivery?

3. Indicative Evidence of Impact
   ● Is there preliminary evidence of social workers in schools on reduced rates of
contacts, referrals, s.17 requests, s.47 inquiries, and care plans?

- If so, what is the magnitude of these effects?
- For whom? i.e. do intervention effects vary for different groups

4. Readiness for trial

- Is there a clear description of the service that would allow it to be implemented and evaluated in other places?
- This would include the features of schools, the processes and resourcing of the project and any other factors that participants identify as crucial in delivering the Stockport project successfully

Methods

This work will be undertaken in three primary phases, with an additional stream of ongoing monthly data collection from administrative records that feeds into each of the phases:

- Phase 1: January-February 2019
  - Development of logic models for programme theory and implementation
- Phase 2: May-June 2019
  - Refinement of logic models and assessment of progress
- Phase 3: November 2019 – February 2020
  - Indicative outcomes
  - Further refinement of programme theory

**Ongoing data collection [March 2019 – February 2020]**

The local authority will provide monthly returns on the indicators specified below. These will be used as a light touch review of progress. Analysis will also be used to inform data collection in Phases 2 and 3. Data to be collected each month is:

- Number of families worked with, broken down by agreed types of work (e.g. consultations, direct work, assessment)
- Number of referrals to CSC, broken down by:
  - Number of children worked with under s.17, 47, and days in care for each school.
- Staff time and additional spending during the month (e.g. additional costs to school / community in the form of teacher time commitment)

**Phase 1: Initial theory development [January - February 2019]**

An initial logic model has been developed (see Appendix 1). It outlines a programme theory about what needs to happen in order to achieve the intended outcomes for the project, and how those outcomes relate to the inputs of the programme. In developing and explicitly articulating the hypothesised causal relationship between inputs, outputs and outcomes within the project, it is the first step towards a programme theory.

The programme theory will include what needs to happen in order to implement the project. The logic model will be developed through meetings with key stakeholders in and across projects. Draft models will be shared with key informants in the local authorities and
amended and refined considering comments and feedback. By the end of the project the programme theory will provide an “ideal type” description of the project, and a detailed description of the actions that need to happen in order to achieve the ideal project delivery.

**Phase 2 – Implementation [June 2019]**

During this phase the progress of the project against the logic model developed in phase 1 will be explored. The aim is to refine the logic model using the Realist Context-Mechanism-Outcome (CMO) configuration. This data will be gathered by:

- Analysing monthly returns of administrative data
- Observing the school based social worker project
- Formal and informal interviews with those delivering the project, families and other professionals (particularly teachers)
- 2-4 focus groups to develop and elaborate the logic model

Data will be collected during two ‘site visit’ weeks, each with a two week break for data analysis and theory development – which will shape the data to be collected for the second site visit week. Realist data collection and analysis is driven by the developing theory (in this case the logic model), and therefore it is possible including other individuals or ways of collecting data may also be appropriate.

**Phase 3 – Outcomes assessment [November 2019 - January 2020]**

For the pilot stage, we are using a quasi-experimental comparative design to estimate the impact of the intervention on the outcomes of interest. From the set of all schools in Stockport, we will create two groups:

<table>
<thead>
<tr>
<th>Group</th>
<th>Profile</th>
<th>Estimated sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>Werneth cluster: 2 secondary and 9 primary schools</td>
<td>c460 children</td>
</tr>
<tr>
<td>Matched comparator</td>
<td>2 secondary and 9 primary schools, matched to intervention group based on key characteristics, e.g. number of pupils (i.e. +/- 33%) number of s.47 investigations in 2017-18 school year, and historic trends in the outcome measures</td>
<td>TBC (at most equal to the number of treatment schools)</td>
</tr>
</tbody>
</table>

The complex nature of the intervention and the fact that this is a pilot means great care needs to be taken in drawing conclusions in relation to outcomes. This is because:

a. we expect and anticipate that the intervention may be developed and refined over the course of piloting – as one of the aims of the project is to develop our understanding of school-based social workers
b. the understanding, expertise and networks required to deliver a new service tend to develop over time – and it is therefore common for new ways of working to become more effective over time

c. there are usually challenges in implementing new interventions – understanding what these may be and how to overcome them is a key aim of the pilot.

To help minimise the impact of these challenges, we have opted to conduct analysis only on outcomes during the Autumn term of 2019/2020 academic year, allowing a window for interventions to ‘bed in’.

The qualitative research accompanying the quasi-experimental analysis will help us understand the extent to which these factors influence implementation of the school-based social workers in Stockport. Nevertheless, we would still be cautious to draw any conclusions of impact due to these factors and findings will be considered ‘indicative evidence’ only.

**Outcomes**

<table>
<thead>
<tr>
<th>Research question</th>
<th>Indicator</th>
<th>Method</th>
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<tbody>
<tr>
<td><strong>Evidence of feasibility</strong>&lt;br&gt;Can the intervention be delivered practically and are the systems in process to enable the intervention to be easily scaled?</td>
<td>Implementation: The extent to which schools are included as planned&lt;br&gt;  ● Number of schools (n=11) successfully engaged in the intervention– i.e. did the anticipated number of schools take part and to what extent</td>
<td>Interviews</td>
</tr>
<tr>
<td></td>
<td>75% of local authority staff (at SW, team manager and senior leader level) consider the intervention acceptable by Phase 2 data collection&lt;br&gt;  ● Likert scale negative – positive (5-point scale)</td>
<td>Survey</td>
</tr>
<tr>
<td></td>
<td>75% of school staff (at leadership and teaching staff level) consider the intervention acceptable by Phase 3 data collection&lt;br&gt;  ● Likert scale negative – positive (5-point scale)</td>
<td>Survey</td>
</tr>
<tr>
<td><strong>Evidence of promise</strong>&lt;br&gt;What evidence is there that the intervention can have a positive</td>
<td>Perspectives of children / families / professionals on the role of SWs in schools&lt;br&gt;  ● Likert scale negative – positive (5-point scale)</td>
<td>Interviews/ questionnaire/ focus groups</td>
</tr>
<tr>
<td>Impact on outcomes?</td>
<td>80% key school staff / practitioners (head teachers and DSLs) report engagement with school-based social workers</td>
<td>Interviews/ questionnaire/ focus groups</td>
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<tr>
<td>---------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Head teachers’ recommendation</td>
<td>● Target of 6/11 would recommend</td>
<td>Survey/ interviews</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Readiness for trial</th>
<th>To what extent is the intervention used as anticipated and is the programme sufficiently codified to operate at scale?</th>
<th>Interviews / Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To what extent is the intervention well defined?</td>
<td></td>
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<tr>
<td></td>
<td>● How does it differ across schools? E.g. in terms of the role of the school social worker, the tasks they undertake, the extent to which they are part of the school’s pastoral team (and attend meetings), and balance of work between secondaries and feeder primaries.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicative Evidence of Impact</th>
<th>Reductions in Autumn 2019 term, relative to counterfactual schools in:</th>
<th>Administrative data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>● S.17 referrals to CSC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● S.47 referrals to CSC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Days spent in care in each school</td>
<td></td>
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The effect on referrals and days spent in care will be estimated through a difference-in-difference with schools that have similar trends in section 17 assessments, section 47 investigations and and days spent in care as comparator schools.

**Recruitment**

Different forms of recruitment apply to participants depending on their role:

**Social workers**
Social workers in all participating teams will be approached to take part in the study. Sarah Wallace (CASCADE link researcher for Stockport) will work with administrative and management staff in Stockport to identify and contact social workers. We will endeavour to ensure participation is not onerous and only collect data that is necessary for the evaluation.

**School staff**
School staff will be approached initially by social workers in the schools team, who will explain the study and ask if they would like to meet with a researcher. The researcher will give further details, answer questions, and proceed with informed consent procedures.

**Children and families**
Children and families will be recruited for qualitative interviews and observations. Those who have contact with the school social workers will be approached initially by social workers, who will explain the study and ask if they would like to meet with a researcher. The researcher will give further details, answer questions, and proceed with informed consent procedures.

<table>
<thead>
<tr>
<th>Data Collection Method</th>
<th>Sample Size</th>
<th>Collection Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative data</td>
<td>Monthly returns detailing numbers of:</td>
<td>April 2019 – March 2020 (submitted on 1st of the month to cover preceding month – so first submission date is 01/04/19)</td>
</tr>
<tr>
<td></td>
<td>● Pupils in the schools</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Contacts/ referrals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● s.17 involvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● s.47 enquiries</td>
<td></td>
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<tr>
<td></td>
<td>● PLO starts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Care entry</td>
<td></td>
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<tr>
<td>Whole sample, broken down by school and year group:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Intervention (secondary n=2, primary n=9)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Matched comparator (at most equal to the number of intervention schools)</td>
<td></td>
</tr>
<tr>
<td>Interviews (social workers)</td>
<td>14 (SWs and senior staff)</td>
<td>May – June 2019</td>
</tr>
<tr>
<td>Interviews (social workers)</td>
<td>14 (SWs and senior staff)</td>
<td>Nov 2019 – Jan 2020</td>
</tr>
<tr>
<td>Interviews (other professionals)</td>
<td>10-20 (minimum of 2 per school)</td>
<td>May – June 2019</td>
</tr>
<tr>
<td>Interviews (other professionals)</td>
<td>10-20 (minimum of 2 per school)</td>
<td>Nov 2019 – Jan 2020</td>
</tr>
<tr>
<td>Survey (school staff)</td>
<td>50-100</td>
<td>Nov 2019 – Jan 2020</td>
</tr>
<tr>
<td>Questionnaires (social workers)</td>
<td>14</td>
<td>May – June 2019</td>
</tr>
<tr>
<td>Questionnaires (social workers)</td>
<td>14</td>
<td>Nov 2019 – Jan 2020</td>
</tr>
</tbody>
</table>
Focus groups (social workers and other professionals) & 2-4 (to include social workers, school staff, and team around school practitioners) & May – June 2019  
Observations and interviews (families, children and young people) & N= 15-20 & Nov 2019 – Jan 2020

**Matching**

For this analysis it is necessary to match intervention schools to comparator schools that most closely resemble them. The identifying assumption in a Difference in Difference (DiD) analysis is parallel trends in outcomes variables prior to the intervention. We will match on trends in section 17 assessments, section 47 investigations and the children looked after rate for each academic year group (Reception - Year 6 for primary, Year 7 - Year 13 for secondary schools) for 3 years prior to the intervention (2016-18).

For the most recent change in outcome pair, we will match on a least difference. This will be achieved by, for each change in outcome of each plausible treatment/comparator school pair, taking the modulus of each difference and averaging these differences across the treatment/comparator school pair. For each treatment school, the lowest scoring pair will be first preference for matching. Matching will be done with replacement, such that a single comparator school could be used as a match for multiple treatment schools. The robustness of the match will be tested using a Mann-Whitney U test on the hold-out (prior outcome change) differences.

**Analysis**

Our main statistical analysis will be a Difference in Differences (DiD) approach. This is a quasi-experimental approach which allows us to estimate the impact of the intervention by comparing trends with a comparator. DiD offers a robust alternative where randomisation is not possible, as in the case of this pilot study. It has been chosen here over other, similar, approaches because it uses a flexible regression framework that will make comparisons across multiple studies easier (such as those which may be undertaken in future).

In summary, to allow for the fact that this is a pilot study the comparative analyses will be:

**Primary Analysis 1: Comparison of Autumn term 2019 outcomes**

Using a combined outcome measure based on the variables stated above, the DiD analysis will be based on means for the Autumn term in each of the last 3 years. The Autumn term has been chosen because we envisage the set-up impacts being greatest in the period earlier in 2019. This provides a whole term – which should be enough to compare impact.

**Secondary Analysis 1: Theory informed analysis**

It is possible that the qualitative research will identify that the Autumn Term comparison requires some variation. For instance, factors such as staff changes or inspection might mean that Autumn does not provide a valid comparison. **Prior to analysis being undertaken**
qualitative data will inform variations in the primary comparison. The most likely variation being that ineffective implementation in a school suggests it should be excluded from the analysis.

**Statistical techniques**

For our primary quantitative analysis we will use a difference in differences approach. Prior to analysis, each school will be matched with one or more other schools in Lambeth who do not receive a social worker in the school, based on trends in our outcomes of interest. This matching having been completed, we will estimate the effect of the intervention, $\beta_3$;

$$Y_{ist} = \alpha + \beta_1 SW_s + \beta_2 T_t + \beta_3 (SW_s \cdot T_t) + \beta_4 X_i + \beta_5 \Gamma_s + \varepsilon_s$$

Where;
- $\alpha$ is a regression constant
- $SW_s$ is a binary indicator of whether the school is a intervention school
- $T_t$ is a vector of binary indicators of time, indicating the month / year in which the observation takes place after the implementation of the intervention
- $X_i$ is a vector of participant level characteristics
- $\Gamma_s$ is a vector of school level characteristics
- $\varepsilon_s$ is an error term, denoting standard errors clustered at the level of the school (the level at which assignment takes place)

**Inclusion criteria**

For the main analysis an ‘intention to treat’ approach will be used, whereby all schools who were identified as recipients for the intervention at the outset will be included. This would include schools which were supposed to but did not in fact receive the intervention due to a failure of implementation.

However, as noted above, if qualitative analysis suggests that recipients of the intervention in schools where it was successfully implemented benefited from it, secondary analysis will include only these schools. In keeping with the exploratory nature of this pilot, this will help to clarify the potential effectiveness in sites where the programme was rolled out as planned, through removing the potentially diluting effect of other schools where this was not the case. In order to evaluate the treatment effect on treated (ATET), we will use a matched exclusion approach, whereby the intervention schools where implementation failed will be excluded from the analysis, as well as their comparator schools based on the initial matching.

**Cost Evaluation**

An economic analysis will be incorporated within the study to test processes for the collection of costs and outcomes data associated with the intervention and its comparator/s. The main aim of the analysis is to understand which costs and outcomes are most relevant
for the future trial of schools based social workers and develop an underlying framework of a future economic evaluation.

A cost-consequence analysis (CCA) will be carried out to achieve this. A list of disaggregated costs and a range of outcomes appropriate to the intervention will be identified, measured and valued. The CCA will be carried out from a public sector perspective, capturing the direct costs of implementing the intervention, other school-based costs, cost to social care services and the cost of resource use within the public sector. Data on more than one outcome measure will be collected and reported separately; these will include number of referrals, s.47 investigations, CP plans and PLO outlines.

Mean costs and outcomes for each group will be estimated together with appropriate measures of uncertainty such as standard errors and confidence intervals. We will also calculate the raw costs of setting up the intervention.

Ethics
Ethical approval will be obtained from Cardiff University Research Ethics Committee prior to data collection.

Data Handling
All data will be handled in accordance with GDPR regulations.

Personnel
David Westlake will lead the project, with Sarah Wallace providing day-to-day management of the relationship between the evaluation team and the research site. Other members of CASCADE research team will be involved during periods of data collection and analysis.

Risks
This section outlines the risks to the anticipated risks that may arise and steps that will be taken to mitigate against these.

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stockport colleagues are unable to support research administration or data collection</td>
<td>This is built into the contract between Cardiff and Stockport, to aid the effective evaluation of the project</td>
</tr>
<tr>
<td>School staff are unwilling to participate in the evaluation</td>
<td>The primary analysis would still take place, as it uses other data, however this could weaken the qualitative aspect. We have already planned presentations and meetings with senior school staff to introduce the project and build relationships with them. This aims to ensure engagement at an early stage, which we hope to continue throughout.</td>
</tr>
</tbody>
</table>
Families are unwilling to participate

We have extensive experience of recruiting families to research projects in Children’s Social Care, achieving rates of up to 65% in previous studies through a model that is similar to this – involving social workers who introduce the study to families. We are therefore confident that a sufficient number of families will participate, but we will work with Stockport to boost participation if difficulties arise.

Delays caused by changes in leadership, OFSTED inspections, other external events

We will work closely with colleagues in Stockport to manage and minimise any disruption caused by these factors.

### Timeline

<table>
<thead>
<tr>
<th>Phase</th>
<th>Timing</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refine evaluation design</td>
<td>February 2019</td>
<td>CASCADE</td>
</tr>
<tr>
<td>Project launch</td>
<td>March 2019</td>
<td>Stockport</td>
</tr>
<tr>
<td>Phase 1 data collection</td>
<td>May – June 2019</td>
<td>CASCADE</td>
</tr>
<tr>
<td>Interim reporting</td>
<td>July 2019</td>
<td>CASCADE</td>
</tr>
<tr>
<td>Phase 2 data collection</td>
<td>November 2019 – January 2020</td>
<td>CASCADE</td>
</tr>
<tr>
<td>Pilot report</td>
<td>March 2020</td>
<td>CASCADE</td>
</tr>
</tbody>
</table>

### References

Bengtsson, M. (2016) How to plan and perform a qualitative study using content analysis, NursingPlus Open, V2, 8-14

Burnard, P. (1991) Interpreting text: an alternative to some current forms of textual analysis in qualitative research, Social Sciences in Health, V1, 236-245

Appendix 1: Draft Logic Model