what works centre for CHILDREN'S SOCIAL CARE

Trial Evaluation Protocol
Schwartz Rounds
Evaluator (institution): Cascade, Cardiff University
Principal investigator(s): David Wilkins

Template last updated: March 2019

Intervention Developer	Point of Care Foundation
Delivery Organisations	Six Local Authorities in England and the Point of Care Foundation
Evaluator	Cascade
Principal Investigator	David Wilkins
Protocol Author(s)	David Wilkins and Donald Forrester
Type of Trial	Randomised control trial
Age or Status of Participants	Members of local authority staff working for children's services departments
Number of Participating Local Authorities	Six
Number of Children and Families	None
Primary Outcome(s)	Psychological well-being of staff
Secondary Outcome(s)	Sickness-related absence and retention rates, psychological well-being of staff
Contextual Factors	Schwartz Rounds has been evaluated in health settings in the UK and the USA. We will investigate its impact in the context of children's services in the UK.

Table of contents

Background and Problem Statement

Working in children's services is challenging, with workers often reporting high levels of stress and 'burn out'. Such difficulties can contribute to high rates of sickness-related absence and turnover (Ravalier, 2018). Recent Department for Education (2019) figures indicate a headcount turnover rate of 16% in the year to September 2018, which compares to a turnover rate for teachers of 9% over a similar period. Previous research has shown that the expected working life for a social worker is only eight years, compared with twenty-five years for doctors and fifteen years for nurses (Curtis et al, 2010). Levels of stress may be exacerbated by limited resources, high workload and insufficient organisational support. Yet even in ideal circumstances children's services would still be a stressful workplace. Social workers and others will regularly encounter people living in stressful situations themselves, who have experienced abuse, neglect, poverty and social exclusion. Helping staff to provide the best possible levels of service means taking account of the nature of the work itself, and how it can create problematic emotional responses.

Schwartz Rounds is an intervention aimed at improving the psychological well-being of staff and improving the nature of care provided. There is some evidence that it works in health settings. This study will evaluate whether it improves psychological well-being and reduces staff stress and sickness in English children's services.

Intervention and Theory of Change

Name of the intervention: Schwartz Rounds.

Why: To improve the psychological well-being of staff.

Who: All members of staff employed by children's services (including social workers, managers, family support workers, administrative / professional support staff and others).

Where: Six local authorities in England (more detail on how these sites were selected can be found on the What Work's Centre for Children's Social Care website).

How much: Each local authority will hold at least 6 Schwartz Rounds during the trial period (May to December 2019).

A recent realist evaluation of Schwartz Rounds in health-care settings provided a description of the intervention as follows:

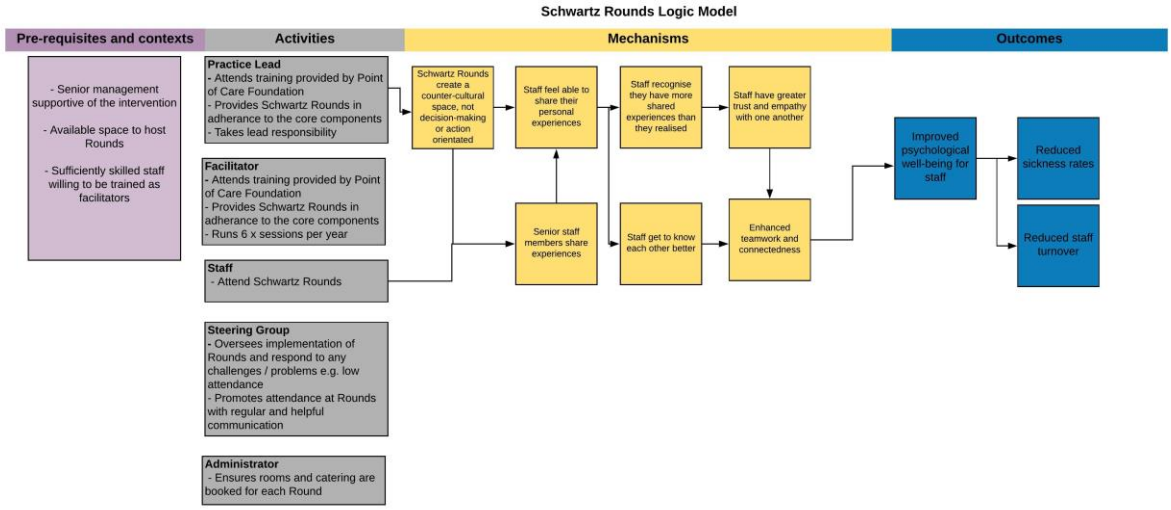
"*Schwartz Rounds provide a regular open forum for multidisciplinary staff to come together* [and] *reflect on, explore and tell stories about the difficult, challenging and rewarding experiences they face when delivering care. Rounds last for 1 hour and are often held during lunch periods (with food provided). The focus is on the psychosocial, ethical and emotional issues surrounding* [relationships] *– and attendees are encouraged to be open and honest, and reflect, discuss and explore their experiences thoughts and feelings. Rounds* [can lead to] *improved communication and teamwork between staff and* [families]*, improved well-being, enhanced resilience* [and] *improved compassionate care*" (Maben et al, 2018, p.14).

In children's social care, the intention is to adhere to this approach as closely as possible. Schwartz Rounds will be open to all staff in the intervention group – including social workers and other professionals and non-professionals who are directly employed to work in children's services across the trial sites (e.g. family support workers, specialist adult workers, administrative and professional support staff, etc.). This reflects the multidisciplinary nature of the Rounds in healthcare settings. Sites will also be expected to have steering groups, and to nominate a senior champion (who we are calling a Practice Lead). Each site will also have

trained facilitators and an administrator to support delivery. The facilitators, administrators and Practice Leads will be identified prior to randomisation and will not formally be part of either the intervention or the control groups.

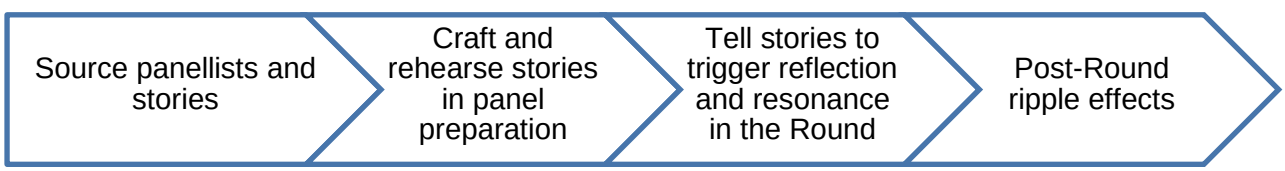
The Point of Care Foundation (the licensed provider of Schwartz Rounds in the UK) will train two to three facilitators and a Practice Lead from each site. Facilitators and Practice Leads will attend two training days and receive ongoing mentoring support from Point of Care Foundation throughout the trial and beyond. Point of Care Foundation mentors will also observe one to two rounds at each site, in order to support implementation and advise on fidelity.

Logic model



This logic model is based on Maben et al (2018, p. 99). For this trial, the primary aim is to measure the effect of Schwartz Rounds in children's social care rather than to evaluate the logic model. In their report, Maben at al suggest that Schwartz Rounds work by offering staff a space in which they can share personal experiences of work. By being explicitly *not* a decision-making or action-oriented space, staff feel able to have different kinds of conversations. By sharing personal experiences of work in a different way, staff get to know one another better and recognise their shared experiences. This can be particularly powerful when senior members of staff are involved and share their stories. As staff feel more connected, they develop greater trust and empathy with one another. This in turn leads to an enhanced sense of connectedness between staff and better teamwork. This leads to better psychological well-being for the staff involved.

Maben at al (2018) identify four stages in the delivery of each Round and nine context-mechanisms-outcome (CMO) configurations, detailing "*what it is about* [the] *initiative that works, for whom and in what circumstances*" (p. 95). The four stages are as follows:



The nine CMOs identified by Maben et al are as follows:

1. Trust, emotional safety and containment

2. Countercultural / third space for staff
3. Storytelling
4. Role-modelling vulnerability
5. Shining a spotlight on hidden stories / roles
6. Self-disclosure
7. Contextualising service users and staff
8. Reflection and resonance
9. Group interaction

Detailed explanations of each of these CMOs can be found in Maben et al's report, pp. 100 – 119.

Impact Evaluation

Hypotheses

The primary hypothesis is that being assigned to attend Schwartz Rounds will decrease GHQ-12 scores after 6 rounds.[1]

The GHQ-12 (General Health Questionnaire) is a screening tool for identifying increased risk of anxiety, depression and related psychiatric disorders in the general population. It is suitable for all ages and is widely validated. It has been used previously with social workers in four local authorities to assess their levels of stress and general well-being (Antonopoulou et al, 2017).

The main secondary hypotheses are:

a. The proportion of GHQ-12 scores above the 'caseness' threshold (of 3) will decrease due to being assigned to attend Schwartz Rounds.

b. The number of days of sickness-related absence in the intervention group will be decrease during months 6 to 8 of the trial period due to being assigned to attend Schwartz Rounds.

c. More regular attendance at Schwartz will be associated with a greater decrease in GHQ-12 scores compared with less regular and non-attendance.

d. Schwartz Rounds will be considered acceptable by the intervention group.

We will also conduct some other exploratory analyses described in the analysis plan.

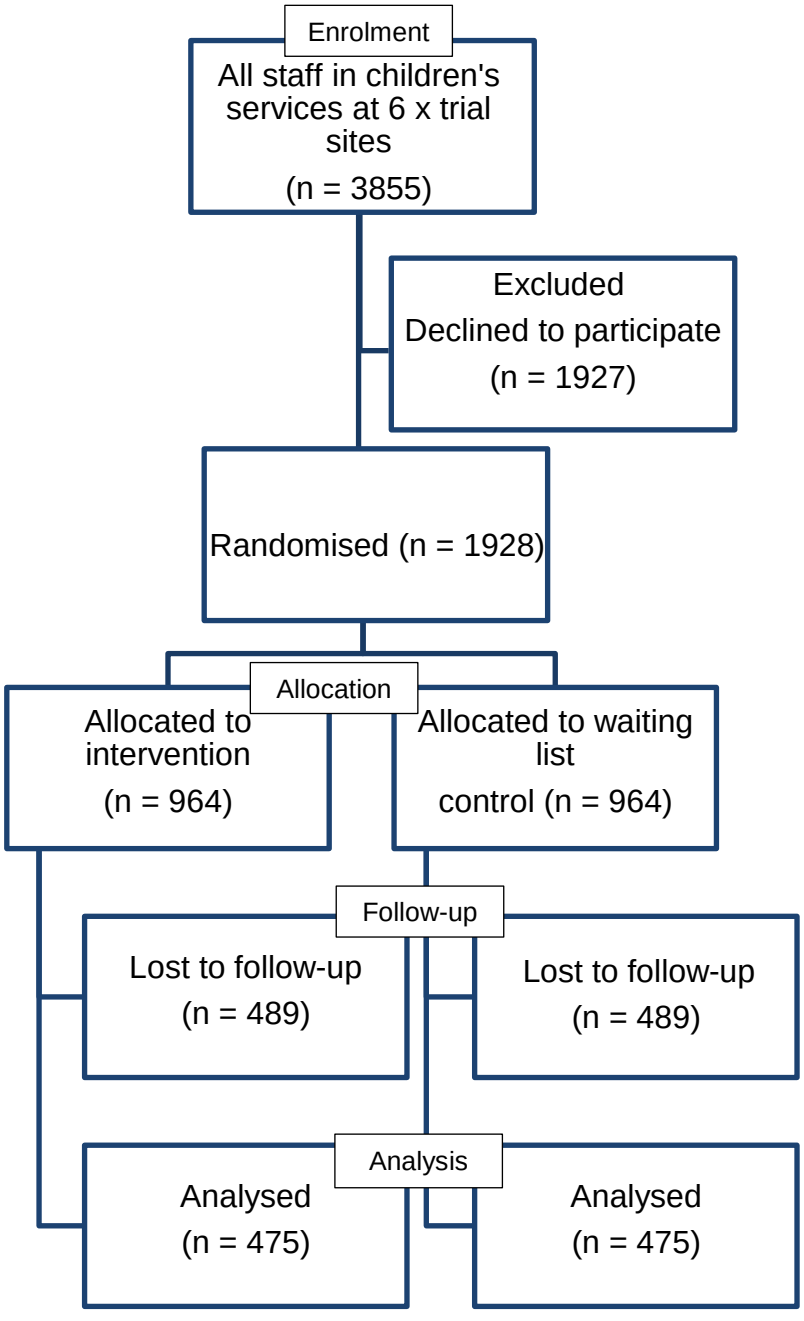
Design

The overall study design is an individually randomised control trial with two arms, an intention-to-treat intervention group and a waiting-list control, with the aim of assessing the

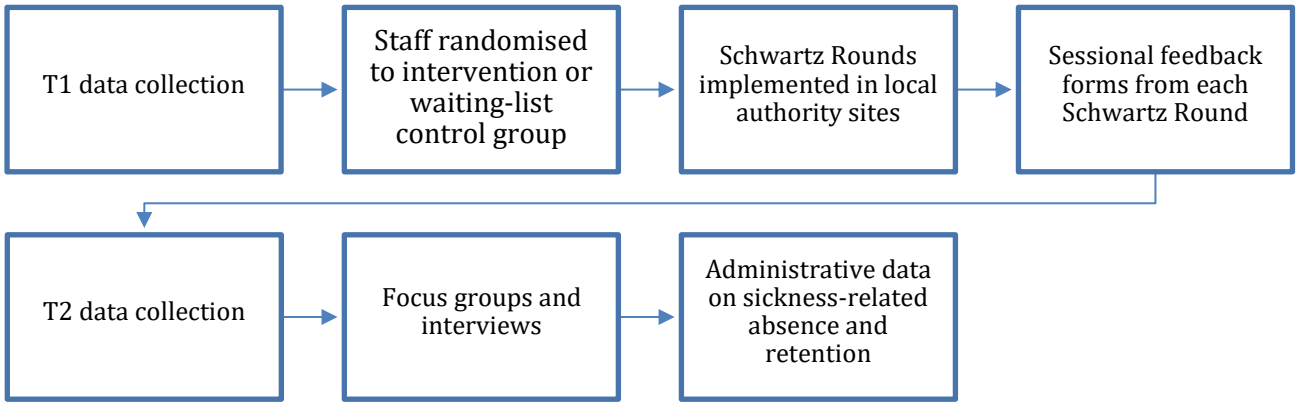
[1] Permission to use the GHQ-12 is required from GL Assessment and we will not use the measure until the necessary permissions have been obtained.

effectiveness of Schwartz Rounds within children's social care for improving the psychological well-being of staff.

Trial type and number of arms		Randomised control trial with two arms (intention-to-treat and waiting-list control)
Unit of randomisation		Individual members of staff
Stratification variables (if applicable)		n/a
Primary outcome	variable	Psychological well-being of staff
	measure (instrument, scale)	GHQ-12
Secondary outcome(s)	variable(s)	Sickness-related absence
	measure(s) (instrument, scale)	Administrative LA data



Data collection points



T1 data collection (GHQ-12 plus additional questions about personal and professional characteristics, views about the intervention and current forms of emotional support) will be collected electronically via Qualtrics. Links to the survey will be sent to all members of children's services staff at participating sites. Participants will be asked to include their initials and day and month of birth, so that T1 responses can be linked with sessional feedback questionnaires (see below) and T2 questionnaire responses. Raw data will be downloaded from Qualtrics to a secure Cardiff University computer for analysis via SPSS. Data from each of the six sites will be merged together into a single database.

At least two Schwartz Rounds will be observed at each site, one by Point of Care Foundation and one by a researcher from the evaluation team. Research observations will be recorded in hand-written notes, with reference to the nine CMOs identified by Maben et al (2018).

Sessional feedback questionnaires will be given out on paper to every attendee at a Schwartz Round, by one of the facilitators, or the Practice Lead, or by the local authority Schwartz Round administrator. These forms are used widely in Schwartz Round studies and ask people to report their subjective experience of having attended. We will also use these as a record of attendance, by asking participants to include their initials and day and month of birth. These forms will be collected back in at the end of each Round and collected from each site by a member of the research evaluation team. The data from the forms will be entered into SPSS. The SPSS database will be stored securely on a Cardiff University computer. Paper copies kept in a secure locked cupboard at Cardiff University, accessible only to members of the evaluation team.

T2 data collection (GHQ-12 and admin data plus additional questions about other forms of emotional support utilised within the trial period and views about the intervention) will be collected in the same way as T1 data.

To minimise missing data at T1 and T2, we will work with local authority sites to ensure good communication with participants and will send two follow-up reminders to participants who do not complete the survey after the first request. We will follow up any still-missing participants directly with the local authority (i.e. they will be informed of participants who have not responded and asked to send a third follow-up request). We will also offer an incentive for completing T2 data collection, entering each participant who does so into a draw to win £250, with one winner selected from each local authority site.

Focus groups and interviews will be held within each site, in local authority offices. Interviews and focus groups will be conducted and facilitated by members of the evaluation team. They will be audio recorded using digital Dictaphones. Recordings will be uploaded to

a secure Cardiff computer and deleted from the Dictaphone as soon as reasonably possible. Interviews and focus group recordings will then be transcribed and analysed using Nvivo, based on a coding framework developed from the relevant research questions.

Administrative data on sickness-related absence will be gathered from each site's HR department.

Anonymised versions of the entire dataset will be provided to the What Works Centre for Children's Social Care for archiving, as well as being stored at Cardiff University for five years after publication of findings.

Randomisation

A researcher not otherwise involved in the study will prepare the randomisation schedule using ad-hoc randomisation to maintain balance between treatment arms. The finalised schedule will then be provided to a Research Assistant within the evaluation team.

To achieve this, each local authority will provide an anonymised list of staff working in children's services to the evaluation team, and this list and the randomisation schedule will be used to allocate all members of staff to either the intervention group or a waiting-list control group (Zelen, 1979). Each local authority (via their Practice Lead) will then be given a list of staff in each group, and individual emails sent out accordingly to inform participants of their grouping. A list of the intervention group in each site will also be made available on the local authority intranet, to allow individual members of staff to check and remind themselves what group they are in. A master list of intervention and control groups at each site will also be stored securely in Cardiff.

The control group will be explicitly asked not to attend Schwartz Rounds during the trial period but will continue to receive 'business as usual' support from their authorities (the intervention group will also continue to receive 'business as usual' support but in addition will be invited to attend Rounds). For social workers, 'business as usual' support will likely include monthly one-to-one supervision with a line manager. In some sites, this may also include group supervision, reflective practice groups or other group-based interventions. Some sites may also provide staff with counselling services where this is required. For non-social work staff, 'business as usual' support may include some or none of these elements.

Direct contamination (by members of the control group attending Rounds) will be measured via sessional feedback questionnaires. The extent and significance of indirect contamination (by members of the intervention group talking about the intervention outside of Rounds) will be explored via focus groups at T2.

Analysts will be blinded to group allocation in relation to GHQ-12 and group-level absence data.

Participants

All local authorities in England were eligible to apply to take part in the trial. A call was made to the sector in January 2019, asking for applications, with a closing date of 8th February. Local authorities were selected on the basis of pre-set criteria: senior leadership support, ability to deliver the intervention, ability to facilitate randomisation and ability to support data collection. More details about the application process and the criteria can be found on the What Work's Centre for Children's Social Care website.

All members of staff in participating children's services departments are eligible to take part.

Sample size calculations

		MDES (Proportion of a Standard Deviation)
MDES		0.16
Baseline/Endline correlations	Child	n/a
	Family	n/a
	Social Worker	0.33
Intracluster correlations (ICCs)	Family	n/a
	Social Worker	n/a
	Team	n/a
Alpha		0.05
Power		0.8
One-sided or two-sided?		One-sided
Level of intervention clustering		Individual
Average cluster size		n/a
Sample Size (children)	Intervention	n/a
	Control	n/a
	Total	n/a
Sample Size (families)	Intervention	n/a
	Control	n/a
	Total	n/a
Sample Size (children's services staff, including social workers and others)	Intervention	475
	Control	475
	Total	950

These calculations assume a 50% attrition rate and that the correlation between T1 and T2 will be reduced by missing data at T1.

Outcome measures

Our primary outcome is the psychological well-being of children's services staff. The main secondary outcome is the amount of sickness-related absence. The primary outcome will be measured using the GHQ-12, administered at T1 (prior to the start of the intervention) and at T2 (after eight months). The secondary outcome will be measured using administrative LA data.

Analysis plan

Primary Analysis:

The main outcome of the trial (preliminarily GHQ-12 scores) will be assessed through a linear regression model, specified as;

$$Y_{it} = \alpha + \beta_1 S_i + \beta_2 Y_{it-1} + \beta_3 X_i + \epsilon_{it}$$

Where
Y_{it} is the level of an outcome measure observed by participant I at time t (the endline survey)
α is a regression constant
S_i is a binary indicator of treatment assignment, set to 1 if participants have been assigned to treatment, and 0 else.
Y_{it-1} is participant I's baseline score for the outcome measure
X_i is a vector of participant level characteristics
ϵ_i is a Huber white robust standard error.

Where participants have endline data but not baseline data, Y_{it-1} will be inputted as 0, and a binary variable contained within the vector X denoting that baseline data are missing will be set to 1 (else 0).

Secondary analysis will be considered using matched exclusion. For this analysis the model used will be identical to the main model, with the data used for the model having been subject to exclusion. Participants for exclusion will be matched on characteristics contained within X and on their baseline data.

Secondary Analysis

The main secondary hypotheses are:

a. The proportion of GHQ-12 scores above the 'caseness' threshold (of 3) will decrease due to being assigned to the Schwartz Rounds. We will get evidence on this hypothesis by replacing the outcome measure in the primary analysis above with the proportion of GHQ-12 scores above the 'caseness' threshold (of 3).

b. The number of days of sickness-related absence in the intervention group will be decrease due to being assigned to the Schwartz Rounds during months 6 to 8 of the trial period. Likewise, we will get evidence on this hypothesis by replacing the primary outcome measure with number of days of sickness-related absence.

c. More regular attendance at Schwartz will be associated with a greater decrease in GHQ-12 scores compared with less regular and non-attendance. We will conduct a complier average causal effect (CACE) analysis, with the treatment being replaced by the fraction of sessions attended and the treatment status being used as an instrument. This will be fit using two-stage least squares (2SLS),

$$Attendance_i = \alpha + \beta_1 S_i + \beta_2 Y_{it-1} + \beta_3 X_i + \epsilon_i$$

$$Y_{it} = delta + \beta_1 Predicted\ attendance_i + \beta_2 Y_{it-1} + \beta_3 X_i + tau_{it}$$

where:

- Attendance is the fraction of sessions attended,
- α and delta are regression constants
- S_i is a binary indicator of treatment assignment, set to 1 if participants have been assigned to treatment, and 0 else. This is our instrumental variable.
- Predicted attendance_i is the fitted value of attendance from the first stage regression.
- Y_{it-1} is participant I's baseline score for the outcome measure
- X_i is a vector of participant level characteristics
- ϵ_i is a Huber white robust standard error.

d. Schwartz Rounds will be considered acceptable by the intervention group. We will measure this with the IPE set out below.

Exploratory Analysis

In addition to the primary and secondary analyses outlined above, we will seek to explore whether there are any associations in our data between GHQ-12 scores and the following variables – local authority, team, role, length of time in post, gender, ethnicity and age.

Contextual Factors Analysis

Although the intervention will be implemented in a similar way in 6 x children's services departments, nevertheless each site will be distinctive in some potentially important ways. We will interact the sites with the treatment status, and see if there is a significant interaction effect. We cannot conclude anything about why this is necessarily the case due to site characteristics as there are only 6 sites.

We can also see the effects of individual social worker characteristics on the treatment effect. In particular, we will interact baseline GHQ-12 scores with the treatment status to see if for example having poor baseline mental health increases the effectiveness of Schwartz Rounds.

Implementation and process evaluation

The implementation and process evaluation will address the following questions:

- Is it feasible to implement Schwartz Rounds in children's services?
- What adaptations, if any, are made to the intervention as it is implemented in children's services?

- How do social workers and other members of staff view the experience of attending Schwartz Rounds?
- For members of staff who do not attend, what reasons do they give for their non-attendance?
- For members of staff who attend only irregularly (1 – 3 Schwartz Rounds), what reasons do they give for their irregular attendance?
- For members of staff who attend regularly (4+ Schwartz Rounds), what reasons do they give for their regular attendance?
- How do key informants within children's services (Assistant Directors, Principal Social Workers, Heads of Service, facilitators and practice leads) view the intervention?
- What impact do regular attendees think Schwartz Rounds have had on their psychological well-being?
- What impact do regular attendees think Schwartz Rounds have had on their direct work with children and families?

The primary methods for addressing these research questions will be interviews (with key informants) and focus groups (with regular, irregular and non-attendees). The data gathered from these methods will be supplemented via sessional feedback questionnaires, completed by each participant at the end of each Schwartz Round.

The level of fidelity in each local authority will be assessed jointly by the evaluation and the intervention team, based on Maben et al's (2018) nine CMOs. Experienced trainers from the Point of Care Foundation will observe at least one Round in each site. Researchers from the evaluation team will do the same. The researchers and the experienced trainers will discuss their observations of each site and agree whether they have successfully implemented the intervention.

Cost evaluation

An economic evaluation will be in incorporated into the trial design for the collection of both costs and outcomes data at T1 and T2. A cost-effectiveness analysis (CEA) will be carried out from a social care perspective.

Costs related to the delivery of Schwartz rounds will encompass the costs of setting-up and delivering the Schwartz rounds intervention. These will include, training costs for the practice lead and facilitators of the Schwartz Rounds at each local authority, venue and catering costs for each Schwartz Round and staff costs including time spent attending a Schwartz Round as well as time spent on preparation and administrative tasks in-between each Round

Direct and indirect costs of the intervention will be gathered from each local authority:

- The direct cost of the contract with the Point of Care Foundation is £5,000 per authority.
- Data on room use and catering costs will be collected from each local authority.
- Staff time for attendance will be calculated based on sessional feedback questionnaires.

- Staff time for preparation and administration will be collected from each local authority, via interviews with facilitators, practice leads and administrators.

In addition, sickness-related absences will be tracked at the level of the individual social worker to calculate any potential savings resulting from the intervention. This will be based on knowledge of the grade of each social worker randomised in the trial applied to administrative data on sickness-related absence and retention collected from each local authority. This data will be used to calculate any potential savings resulting from the intervention.

The results of the CEA will be expressed in an incremental cost per unit reduction in the GHQ-12 score. The impact of uncertainty on the CEA results will be quantified by carrying out a probabilistic sensitivity analysis and summarising the results using cost-effectiveness acceptability curves.

Ethics & Participation

Ethical approval for the study has been given by the School of Social Sciences, Cardiff University.

Staff in participating local authorities will be given information and consent sheets about the study. Each local authority will then implement an individual communication strategy, to ensure staff are aware of the intervention, involving a mixture of email bulletins, intranet blogs and staff briefing sessions. Written consent will be obtained from each attendee at each Schwartz Round (to ensure that irregular attendees, who may not have attended the first Round or any Round before, are also given the opportunity to consent or not). This will be done as part of the sessional feedback questionnaire. Questionnaires will be given out to each member of staff upon arrival at the Round by one of the facilitators or the Practice Lead. At the end of each Round, staff will be reminded to fill in the questionnaire and return it to the facilitators on their way out. If staff have already completed a consent form, they will not need to fill in another one on subsequent Rounds but may choose to do so as part of completing the feedback questionnaire.

Each member of staff in the department will also be emailed a T1 and T2 questionnaire (including the GHQ-12). Completion of the questionnaire will be voluntary. This will be made clear in the invitational email and at the start of the questionnaire itself.

Data protection

We will only collect and process data in order to address our research questions. In all circumstances, the identities of individuals taking part in the study and the data they provide will be kept confidential, and will only be used for research purposes. Participants will be informed of their right not to take part in the study, either by not attending Schwartz Rounds or by attending without taking part in data collection activities.

Data will be processed only when the data subject has given consent to the processing of his or her personal data for the specific purpose of conducting this trial.

All data collected will be stored securely on Cardiff University computers.

Personnel

Evaluation Team

- David Wilkins, Principal Investigator, Cardiff University
- Zoe Bezecky, Research Assistant, Cardiff University
- Aimee Cummings, Research Support Officer, Cardiff University

Delivery Team

- Julian Groves, Head of Staff Experience Programme and Resources, Point of Care Foundation

Timeline

Dates	Activity	Staff responsible/ leading
March 2019	First contact between local authorities and the Point of Care Foundation	David Wilkins
March and April 2019	Nomination of practice leads, facilitators and administrators	Local authorities
April and May 2019	Collection of T1 questionnaire data	David Wilkins and practice leads
May 2019	Initial training for facilitators	Point of Care Foundation and practice leads
June 2019	First Schwartz Rounds in each local authority	Facilitators and practice leads
September 2019	Mid-way key informant interviews	David Wilkins and practice leads
October 2019	Interim report	David Wilkins
End of December 2019	Completion of sixth Schwartz Round in each local authority (minimum)	Facilitators and practice leads
January and February 2020	Collection of T2 questionnaire data	David Wilkins and practice leads
February 2020	Focus groups and follow-up key informant interviews	David Wilkins and practice leads
March 2020	Final report	David Wilkins

References

Antonopoulou, P., Killian, M. and Forrester, D. (2017) Levels of stress and anxiety in child and family social work: Workers' perceptions of organizational structure, professional support and workplace opportunities in Children's Services in the UK. *Children and Youth Services Review*, 76, p. 42-50.

Curtis, L., Moriarty, J. and Netten, A. (2010) The expected working life of a social worker. *British Journal of Social Work*, 40, p. 1628-43.

Department for Education (2019) Children and family social work workforce in England, year ending 30 September 2018. Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/782154/Children_s_social_work_workforce_2018_text.pdf [Last accessed 7 March 2019].

Maben, J., Taylor, C., Dawson, J., Leamy, M., McCarty, I., Reynolds, E., Ross, S., Shuldham, C., Bennett, L. and Foot, C. (2018) A realist informed mixed methods evaluation of Schwartz Rounds in England. *Health Services Delivery Research*, 6.

Ravalier, J. (2018) Psychosocial working conditions and stress in UK social workers. British Journal of Social Work, bcy023, https://doi.org/10.1093/bjsw/bcy023

Zelen, M. (1979) A new design for randomized control trials. New England Journal of Medicine, 300, p. 1242-5.