What Works for Children's Social Care

Trial Evaluation Protocol
Symbolic Awards: Beneficiary Messages

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Michael Sanders, Ashley Whillans, Kevin Daniels, Dana Unger

Happier Healthier Professionals - Symbolic Awards: Beneficiary Messages

Intervention Developer	What Works for Children's Social Care
Delivery Organisations	• Bracknell Forest Council • Bradford County Council • Brighter Futures for Children (Reading Borough Council) • Devon County Council • Northumberland County Council • Nottinghamshire County Council • Sutton Council • Surrey County Council
Evaluator	What Works for Children's Social Care
Principal Investigator	Michael Sanders, Ashley Whillans, Kevin Daniels, Dana Unger
Protocol Author(s)	Shibeal O'Flaherty, Clare Clancy, Chris Mitchell, Emily Walker
Type of Trial	Two-armed randomised controlled trial
Age or Status of Participants	
Number of Participating Sites	8 (social worker *N* = 1888)
Number of Children and Families	N/A
Primary Outcome(s)	Social worker subjective well-being
Secondary Outcome(s)	• Burnout • Motivation • Perceived social worth
Contextual Factors	

Summary

- This document outlines the evaluation of a ‘symbolic award’ trial, whereby a treatment group of social workers in 8 participating Local Authorities are sent a video of care leavers from their council talking about their positive experiences with their social worker. The trial is part of What Works for Children’s Social Care’s (WWCSC) Happier Healthier Professionals (HHP) programme, and aims to investigate whether exposure to the beneficiaries of their work can improve social workers' subjective well-being, measuring burnout, motivation and perceived self worth as secondary outcomes.
- The evaluation will collect data from a two-arm randomised control trial taking place across 8 Local Authorities in England. Participating social workers in this programme will be randomised to either receive the video of care leavers or not. Baseline and endline survey data will be taken from both the treatment and control group, the findings will then be analysed for evidence of the intervention improving the outcome measures. Approximately 1888 social workers will be participating in this project across 2021, with the intervention to be implemented in early June.

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Correspondence

If you would like to get in touch about the project, please email: hhp@whatworks-csc.org.uk.

Background and Problem Statement

High workloads and the emotionally demanding nature of frontline social work means that employees face particularly acute challenges relating to burnout and stress. These are outcomes we have good reason to believe are antithetical to well-being.[1] This in turn likely contributes to high levels of turnover in the social work profession (15.1% per year across England in 2018/19),[2,3] and high incidence of sickness absence (3%).[4]

This is troubling not only in terms of social worker well-being, but also because research suggests that social worker turnover has a direct impact on the experience of the children and families they work with. Indeed, frequent changes of social worker have been associated with a lack of trust amongst children in care. A study by Coram and the University of Bristol found that amongst looked after children, there was a significant correlation between a perceived lack of trust in their social worker and their having had three or more social workers in the past 12 months.[5]

Moreover, survey data suggests that if a child reports lacking trust in their relationship, they are less likely to discuss issues openly with their social worker, potentially constraining the therapeutic relationship.[6] This finding is echoed in many studies where children state their need for fewer changes in their social worker.[7,8,9,10,11] We can therefore reason that the instability within the social work workforce is adversely affecting the experience of children in care.[12]

Despite the evidence which suggests children benefit from continuity in their social worker, between March 2017 and March 2018, 1 in 4 children in care experienced two or more changes of social worker. In local authorities with higher rates of social worker turnover and

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[1] Travis, D., Lizano, E., & Mor Barak, M. (2015). 'I'm So Stressed!': A Longitudinal Model of Stress, Burnout and Engagement among Social Workers in Child Welfare Settings. *British Journal Of Social Work, 46*(4), 1076-1095. doi: 10.1093/bjsw/bct205

[2] Department for Education (2019). Longitudinal study of local authority child and family social workers (Wave 1). Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/826965/LongCAF_Wave1_report_IFF_DfE_August19.pdf

[3] From the Local Authority Interactive Tool (LAIT).

[4] Department for Education (2019). Experimental statistics: Children and family social work workforce in England, year ending

[5] Selwyn, J., Magnus, L., & Stuijfzan, B. (2018). Our lives our care: Looked after children's views on their well-being 2017. Retrieved 11 June 2020, from http://www.bristol.ac.uk/media-library/sites/sps/documents/hadleydocs/our-lives-our-care-full-report.pdf

[6] Oliver, C. (2010). Children's views and experiences of their contact with social workers: a focused review of the evidence.

[7] Barn, R., Andrew, L., & Mantovani, N. (2005). *Life after care: The experiences of young people from different ethnic groups*. Joseph Rowntree Foundation.

[8] Biddulph, M. (2006). Failed by the System: The Views of Young Care Leavers on Their Educational Experiences, Barnardo's Policy and Research Unit, and Supporting Children in Public Care in Schools: A Resource for Trainers of Teachers, Carers and Social Workers. By John Holland and Catherine Randerson.

[9] Commission for Social Care Inspection (2007) Children's Services: CSCI findings 2004-07, London: Commission for Social Care Inspection.

[10] Ofsted (2009) Children's Care Monitor 2009, London: OFSTED.

[11] Mainey, A., Ellis, A., & Lewis, J. (2009). Children's views of services: A rapid review. London: National Children's Bureau.

[12] Children's Commissioner (2019). Stability Index 2019. Available at: https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/07/cco-stability-index-2019.pdf

agency staff, children are more likely to experience multiple changes of social worker in a year.[13]

Social workers are at high risk of experiencing stress, burnout and low job satisfaction, due to the emotional labour and high-level of client involvement inherent in their roles.[14] There is evidence to suggest that social work is higher in work-related stress and burnout than other comparable professions, and risk factors include low work autonomy, low professional self-esteem, vicarious trauma, and the challenges associated with delivering services to clients.[15,16] Research has identified various job resources that can help to reduce stress and burnout amongst social workers, e.g. culture, workload, social support, supervision, self-care, education, and work environment.[17] This is supported by findings from focus groups run by WWCSC as part of the first phase of the HHP research programme, in which participants identified the lack of feeling valued and recognised for their work as having a significant negative influence on their well-being.

Research suggests that the extent to which employees feel that their work is valued and appreciated by others (i.e. perceived social worth) is related to their well-being,[18] and when employees feel that their individual efforts at work are valued and recognised, they are more motivated to contribute to their work.[19] Interventions designed to improve well-being and reduce social workers' burnout could therefore be expected to reduce turnover and indirectly also improve the experience of the children and families they serve. Well-being is also important in and of itself - all workers, especially those doing a public good - deserve to be in environments that promote their well-being. However, until recently there have been few rigorous evaluations of such interventions in the UK, with the HHP research programme (the results from a set of such interventions as part of the first phase of HHP were released in February 2021 and can be found here).

In response to these challenges, the Happier Healthier Professionals (HHP) research programme aims to address social worker well-being through light-touch, low-cost interventions informed by behavioural science. Identifying successful examples of such interventions, which can be easily adopted by local authorities, has the potential to have a

[13] Children's Commissioner (2019). Stability Index 2019. Available at: https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/07/cco-stability-index-2019.pdf
[14] Acker, G. M. (1999). The impact of clients' mental illness on social workers' job satisfaction and burnout. *Health & Social Work, 24*(2), 112-119.
[15] Lloyd, C., King, R., & Chenoweth, L. (2002). Social work, stress and burnout: A review. Journal of Mental Health, 11(3), 255-265.
[16] Ben-Porat, A., & Itzhaky, H. (2015). Burnout among trauma social workers: The contribution of personal and environmental resources. Journal of Social Work, 15(6), 606-620.
[17] Bell, H., Kulkarni, S., & Dalton, L. (2003). Organizational prevention of vicarious trauma. Families in society, 84(4), 463-470.
[18] Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. American Psychologist, 55, 68 –78.
[19] Kurtessis, J. N., Eisenberger, R., Ford, M. T., Buffardi, L. C., Stewart, K. A., & Adis, C. S. (2017). Perceived organizational support: A meta–analytic evaluation of organizational support theory. Journal of management, 43(6), 1854-1884. https:// doi.org/10.1177/0149206315575554

meaningful, positive impact on the UK workforce of 30,700 FTE social workers[20] if rolled out widely.

Research Aims

The Happier, Healthier Professionals (HHP) research programme aims to support the social work profession by addressing how to increase social worker overall well-being and decrease turnover and sickness absence rates.

Specifically, this intervention is the distribution of symbolic awards that signal gratitude from beneficiaries (i.e. care leavers) for social workers' work. These symbolic awards will be in the form of video messages conducted with care-leavers, who will describe their experiences with their social worker, and how this has positively impacted their lives. This study aims to investigate the impact of sending these video messages to social workers on their subjective well-being, as well as secondary outcomes of burnout, intrinsic and prosocial motivation, and perceived social worth.

Research Design

The trial design is an individual-level randomised controlled trial, with half of the participant social workers assigned to the treatment (receiving the beneficiary messages) and the other half to a waitlist control group (who do not receive the message until after final data collection). We will send online surveys to all children's social workers at participating local authorities to measure subjective well-being, and three other mechanisms, at pre-intervention and post-intervention. Before and after the intervention, we will also collect administrative data on sickness absence and turnover rates from local authorities to conduct exploratory analyses.

Outcome Measures

- **Primary outcome:** Subjective well-being (combining cognitive and affective components),measured via survey measures one week after the intervention.
- **Secondary outcomes:** Burnout; Intrinsic and prosocial motivation; and Perceived social worth, measured via survey measures one week after the intervention.
- **Exploratory outcomes:** Turnover and Sickness absence, measured via administrative data one month after the intervention.

Analyses

For our primary outcome measure (subjective well-being), we will use a linear regression model. The same regression specification will be used to analyse mechanisms (burnout,

[20]Department for Education (2019) Official statistics: Children and family social work workforce in England, year ending 30 September 2019. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/868384/CSWW_2018-19_Text.pdf

intrinsic and prosocial motivation, and perceived social worth). We will also undertake an implementation and process evaluation, a fiscal cost-effectiveness analysis and further exploratory analysis on levels of sickness absence rates and staff turnover.

Intervention and Theory of Change

Intervention: What will be implemented?

The intervention 'Symbolic Awards: Beneficiaries' will involve sending messages of gratitude coming from beneficiaries of social workers, specifically care leavers. Social workers in the treatment group will receive a video that contains messages from three care leavers ('beneficiaries') from their local authority, in which they reflect on the importance of the role of their social worker, the positive impact it has had on their life, and express gratitude for that social worker's hard work and efforts. The videos will not be directed to a social worker, and each social worker in the treatment group (within a particular local authority) will receive the same video.

Rationale: What is the theory behind the intervention?

Understanding ways to effectively recognise employees for their work is important for attracting and retaining employees. Symbolic awards, (i.e. awards the value of which is not primarily financial, but provide verbal or written recognition to employees for their work) have also shown promise in terms of motivating, attracting and retaining employees.[21] Moreover, the social work profession expects high levels of personal commitment from social workers in exchange for less pay than other occupations, and while social workers may derive satisfaction and awards from their work in the form of helping others, high job demands can impact the morale of employees and the organisation as a whole.[22] Thus, finding ways to award and motivate employees in the context of these conditions may produce small, yet meaningful improvements in well-being.

To build evidence on how symbolic awards can improve social worker well-being, we designed the 'beneficiaries' intervention, which is aimed at increasing social workers' subjective well-being, their intrinsic and prosocial motivation; their sense that their work has a positive impact on others; and their sense that they are valued and recognised for their work The study also builds on preliminary findings from a trial conducted as part of phase one of the HHP research programme in 2019, where social workers who were sent letters of recognition from a senior-level figure in their local authority reported significantly higher perceived social worth (i.e. a sense of feeling valued and recognised for one's work) and prosocial impact (i.e. a sense that one's work has a positive impact on others), though there was no impact on overall wellbeing (the primary outcome of the trial).[23]

This study also builds on prior research on the impact of non-monetary, symbolic awards on well-being, retention and motivation of employees. For instance, one field experiment

[21] Thibault Landry, A., Schweyer, A., & Whillans, A. (2017). Winning the war for talent: Modern motivational methods for attracting and retaining employees. *Compensation & Benefits Review*, *49*(4), 230-246.
[22] McLean, J., & Andrew, T. (1999). Commitment, satisfaction, stress and control among social services managers and social workers in the UK. *Administration in Social Work, 23*(3-4), 93-117.
[23] https://whatworks-csc.org.uk/research-project/happier-healthier-professionals-symbolic-awards/

examined how to retain volunteer contributors at the website Wikipedia.[24] They randomly provided a non-monetary award in the form of a certificate to half of newcomer volunteers, and the other half to a control group who did not receive a certificate. They found that the number of newcomers who remained active in the month after the award date was 7 percentage points higher for the treatment group (42%) compared to the control group (35%, $p < 0.001$). These findings indicated that symbolic awards - even certificates with no objective value - can have a significant impact on later effort and retention.

Employees' sense of connectedness to the beneficiaries of their work may also have an effect on the perceived positive impact of their work on others, and consequently increase motivation. Research suggests that when employees are connected to their beneficiaries and have higher beneficiary contact, they perceive that their work has a higher prosocial impact, given that the direct consequences of their work are more salient.[25,26] Employee perceptions of prosocial impact are associated with higher levels of effort, persistence and performance in one's job.[27]

Research suggests that employees' perception of how much their individual efforts are valued by others (i.e, perceived social worth) act as a fundamental motivator to contribute to their work and organisation. Awards that remind employees how their work benefits others, particularly in jobs where employees are subjected to negative perceptions of their professions in the wider public - may help to boost job satisfaction and buffer against burnout.[28] Symbolic awards help management to communicate a narrative that resonates with employees,[29] and may foster a sense of loyalty amongst the award recipients along with greater organisational identification.

This intervention is hypothesised to have particular potential amongst social workers due to their motivations for entering the job. Evidence from survey data suggests that public sector employees (as compared to those in the private sector) find more motivation in intrinsic rewards (i.e., internal, psychological rewards that employees achieve through completing their work successfully) than they do extrinsic rewards (i.e., monetary incentives).[30,31,32]

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[24] Gallus, J. (2017). Fostering public good contributions with symbolic awards: A large-scale natural field experiment at Wikipedia. *Management Science, 63*(12), 3999-4015.
[25] Grant, A. M. (2007). Relational job design and the motivation to make a prosocial difference. *Academy of Management Review*, *32*(2), 393-417.
[26] Grant, A. M. (2012). Leading with meaning: Beneficiary contact, prosocial impact, and the performance effects of transformational leadership. *Academy of Management Journal, 55*(2), 458-476.
[27] Grant, A. M. (2008). Does intrinsic motivation fuel the prosocial fire? Motivational synergy in predicting persistence, performance, and productivity. *Journal of Applied Psychology*, *93*(1), 48.
[28] Grant, A. M., & Campbell, E. M. (2007). Doing good, doing harm, being well and burning out: The interactions of perceived prosocial and antisocial impact in service work. *Journal of Occupational and Organizational Psychology, 80*(4), 665-691.
[29] Dubner, S., & Levitt, S. (2015). Think Like a Freak. HarperCollins USA.
[30] Crewson, P. E. (1997). Public-service motivation: Building empirical evidence of incidence and effect. *Journal of Public Administration Research and Theory, 7*(4), 499-518.
[31] Houston, D. J. (2000). Public-service motivation: A multivariate test. *Journal of Public Administration Research and Theory, 10*(4), 713-728.
[32] Cowley, E., & Smith, S. (2014). Motivation and mission in the public sector: evidence from the World Values Survey. *Theory and Decision, 76*(2), 241-263.

The current study builds on previous research outlined above suggesting that symbolic awards can have a positive impact on an employee's experiences at work. While we acknowledge that the positive reflections collected from care leavers are not representative of all young peoples' experiences in the social care system, the intervention acts as a mechanism for social workers to receive authentic positive feedback from service users about the importance of their work, which they otherwise seldom receive.

Recipients: Who is taking part?

Coordinator - an individual at each local authority who will assist in the coordination and delivery of the intervention. They will likely be someone who works with the local authority's care leavers council or similar, and will be responsible for contacting beneficiaries and inviting them to take part in the video recording, as well as delivering the intervention to social workers in the treatment group.

Beneficiaries - these are care leavers in each local authority. They will be identified in collaboration with local authorities, and will involve reaching out to beneficiaries through using care leavers councils. This will result in a list of identified beneficiaries who will be invited for a video interview. We will record a maximum of three video interviews with three care leavers from each local authority.

Videographer - this is the individual responsible for recording the beneficiary videos, as well as handling the editing of the raw footage to produce a final video containing excerpts from three care leavers.

The Coordinator will be asked to limit beneficiaries to those who have left care in the previous two years, and who are aged 18 or over. They will also be asked to exclude any beneficiaries where there is any concern that receiving a message request could be inappropriate or detrimental to the individual concerned, such as particularly serious and/or sensitive cases. The Coordinator will then be asked to contact each beneficiary on this list, by sending them an email containing the invitation to take part in a video recording (see Appendix B for flyer invitation sent to care leavers).

Recipients - social workers and social work managers who receive the video messages.

Procedures: How will it be implemented?

To collect video recordings from beneficiaries (i.e. care leavers), we will utilise the participating local authorities' care leaver councils and ask them to invite care leavers to participate in an interview with WWCSC where they can provide positive feedback about their social worker (see Appendix B for invitation). As part of this communication, care leavers will also be given information about their local authority's advocacy service, where they can provide negative or critical feedback if they would like to do so. Due to COVID-19, the videos will be produced virtually over an online meeting platform (i.e. Zoom).

Once the Coordinator has identified three care leavers who are interested, the Coordinator will coordinate with the HHP research team regarding the scheduling of the interview. Beneficiaries will then be interviewed by WWCSC researchers, and will be provided with short written prompts and questions to reflect on their experience with a particular social worker (see Appendix A for video interview guidance). Beneficiaries offering them the opportunity to contribute video messages where they will describe their experience with their social worker(s), and how they had a positive impact on them through their work.

The Videographer will then edit the care leaver video messages (three in total from each local authority) and combine the three clips to produce a short 3-minute video. This will then be shared with the local authority for them to distribute it to social workers in the treatment group. The HHP research team will work with the Videographer to approve edits, ensuring that the content included in the final version of the video has a positive impact on the viewer, and to ensure to exclude any messages which are considered negatively valenced and/or which might risk having a negative impact on social workers who receive it.

The HHP research team will then work with the local authority to distribute the final edited video to employees in the treatment group via an email which will contain password-protected links to the video on the Vimeo video hosting platform. The intervention will also be administered to social worker participants in the control group after final data collection takes place.

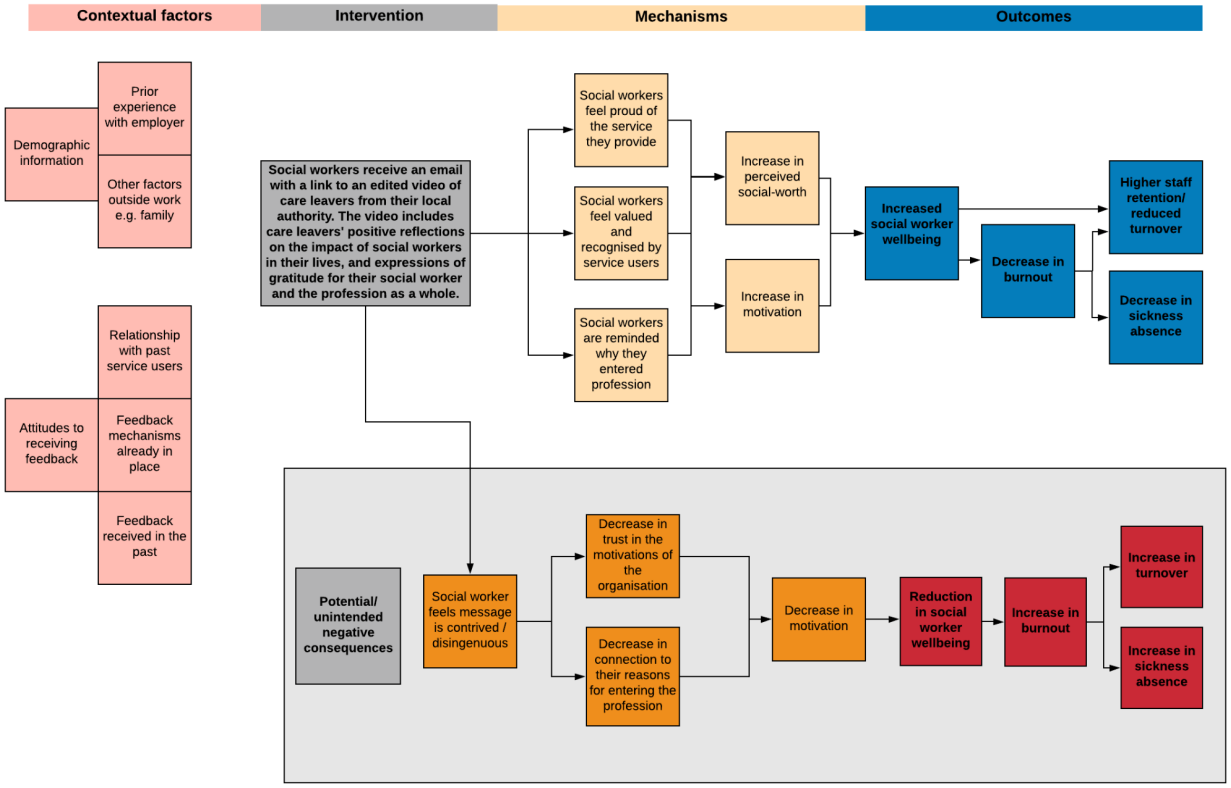
Location: Where will it be implemented?

Participants (i.e. social workers and team managers) will receive an email to their work email address, containing a link to the password-protected video recording hosted on the video platform Vimeo, alongside the password to access the video (see Appendix C for the email that will be sent to participants in the treatment group containing the video link).

Dosage: When, how often and for how long will it be implemented?

Coordinators will distribute the video link once via email to social workers in the treatment group on the date of the intervention launch (see Appendix C for email). Social workers will be given one week to view the videos, and will receive a reminder email on day 5 after the introduction of the intervention to watch the videos (see Appendix D for email reminder). The intervention will be launched in early June with 7 of the local authority partners, and launched in early July with 1 local authority partner.

Logic Model


Contextual factors
Intervention
Mechanisms
Outcomes
Demographic information
Prior experience with employer
Other factors outside work e.g. family
Attitudes to receiving feedback
Relationship with past service users
Feedback mechanisms already in place
Feedback received in the past
Social workers receive an email with a link to an edited video of care leavers from their local authority. The video includes care leavers' positive reflections on the impact of social workers in their lives, and expressions of gratitude for their social worker and the profession as a whole.
Social workers feel proud of the service they provide
Social workers feel valued and recognised by service users
Social workers are reminded why they entered profession
Increase in perceived social-worth
Increase in motivation
Increased social worker wellbeing
Decrease in burnout
Higher staff retention/ reduced turnover
Decrease in sickness absence
Potential/ unintended negative consequences
Social worker feels message is contrived / disingenuous
Decrease in trust in the motivations of the organisation
Decrease in connection to their reasons for entering the profession
Decrease in motivation
Reduction in social worker wellbeing
Increase in burnout
Increase in turnover
Increase in sickness absence

Impact Evaluation

Research Questions

The research questions (RQs) are:

Primary:

- RQ1: What impact does the beneficiary video have on the well-being of social workers who respond to the endline well-being survey, one week after the video is sent?

Secondary:

- RQ2: What impact does the beneficiary video have on the levels of burnout of social workers who respond to the endline well-being survey, one week after the video is sent?
- RQ3: What impact does the beneficiary video have on the intrinsic and prosocial motivation of social workers who respond to the endline well-being survey, one week after the video is sent?
- RQ4: What impact does the beneficiary video have on the perceived social worth of social workers who respond to the endline well-being survey, one week after the video is sent?
- RQ5: What is the fiscal cost-effectiveness ratio of the intervention?

Exploratory:

- **RQ6:** What impact does the beneficiary video have on the sickness absence rates of social workers, two months after the video is sent?
- **RQ7:** What impact does the beneficiary video have on the sickness absence rates of social workers, two months after the video is sent?

Design

We will conduct an individual randomised controlled trial, randomising social workers into treatment and control groups at the individual-level.

Trial type and number of arms	Waitlist randomised controlled trial, two arms
Unit of randomisation	Individual (social worker)

Stratification variables (if applicable)		N/A
Primary outcome	Variable	Staff subjective well-being (combining evaluative and affective components)
	Measure (instrument, scale)	• Satisfaction with Life scale (survey data, 1 item on a scale from 0-10) • Schedule for Positive and Negative Affect (survey data, 6 items on a scale from 1-6)
Secondary outcome(s)	Variable(s)	Burnout
	Measure(s) (instrument, scale)	Copenhagen Burnout Inventory (survey data, 19 items on a scale from 1-5)
	Variable(s)	Motivation
	Measure(s) (instrument, scale)	Intrinsic and Prosocial Motivation (survey data, 3 items on a scale from 1-7)
	Variable(s)	Perceived Social Worth (i.e. feeling valued and recognised by others for one's work)
	Measure(s) (instrument, scale)	Mechanism 3: Perceived Social Worth (survey data, 2 items on a scale from 1-7)
Exploratory outcome(s)	Variable(s)	Staff sickness absence / days attended
	Measure(s) (instrument, scale)	Maximum number of working days over the course of the trial at 3 months, minus the number of days on sick-leave and any days after the individual leaves the organisation added together (administrative data)
	Variable(s)	Turnover
	Measure(s) (instrument, scale)	Whether or not a participant has left the programme, measured at 3 months post intervention launch

Our primary outcome measure is social workers' subjective well-being, as measured by survey data at two time-points: once approximately 1.5 months before the launch of the intervention (T1 survey), and once one week after the video message has been sent to participants (T2 survey). This reflects a policy priority of local authorities to identify workplace interventions which can, by positively impacting features of social workers' professional environment, have a downstream effect on their overall well-being. It is important to note that while local authorities may place a higher value on whether such interventions can have positive downstream effects for organisational outcomes such as turnover and sickness absence rates, we would have been underpowered to detect any effect of the intervention on these outcomes, and therefore are analysing these two outcomes via exploratory analyses.

We will also conduct exploratory analyses to examine whether the intervention has any impact on sickness absence and turnover by collecting administrative data before the intervention is launched, and again 2 months after the intervention is launched. This will allow us to understand whether and to what extent the intervention has effects these outcome measures, which will help to inform future research.

Randomisation

Randomisation will be conducted at the individual-level within each local authority, using baseline administrative data provided by the local authority before the baseline survey is sent.

We do not stratify within these local authority randomisations. We will report balance on age, gender and length of service at the local authority. We will conduct balance checks on rates of sickness absence over the past 12 months (for all staff who have been at the local authority for at least that time), as this is likely to be correlated with the well-being outcome, and also because we are unlikely to have sufficient well-being data from the T1 survey to be confident of balance on this measure. Randomisation code is included in Appendix E.

We will conduct the randomisation on all participants for whom we receive baseline administrative data from the local authority. The control group will be sent the video message only after the final survey and administrative data have been collected, approximately 2.5 months after the intervention launch.

We will ensure that we keep records of which social workers are assigned to which arm (pseudonymised, meaning they are stored by unique IDs with no variables that would allow instant identification). We, but not the Coordinators at the local authorities, will be blind to the group allocation.

An individually-randomised design was chosen to maximise statistical power to detect effects on our outcome measures. This does, however, increase the possibility of spillover effects between participants embedded within the same local authorities. However, we believe that the risk is substantially reduced as participants continue to work for the most part from home, and members of the control group will therefore be less likely to be exposed to the intervention as a result of a shared working environment with the intervention group.

Participants

Recruitment of local authorities

Initial recruitment of local authorities took place between January and March 2020 with a public call for local authorities interested in being part of a wider set of trials to test interventions focused on improving employee well-being. Local authorities recruited earlier in

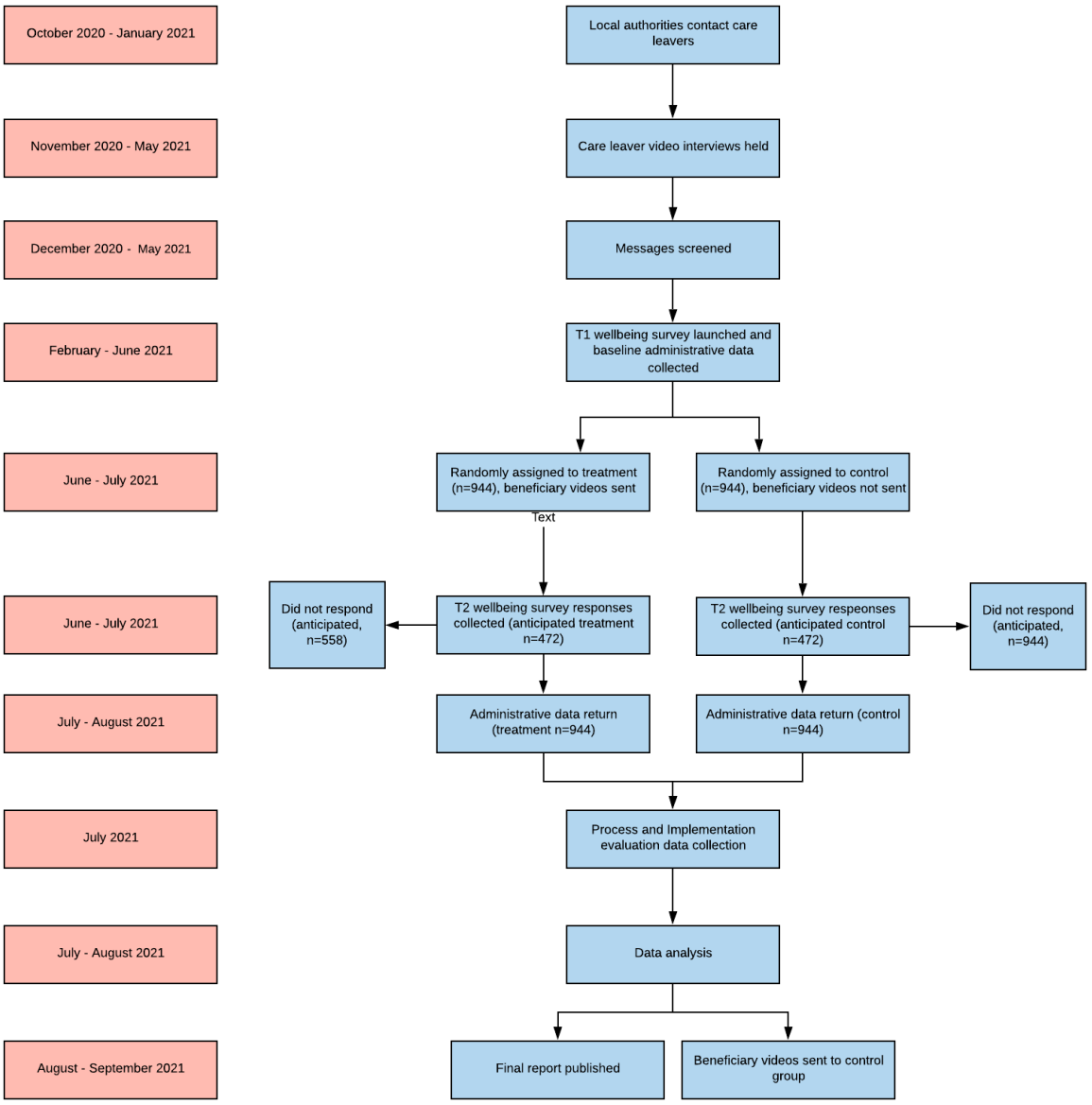
the process took part in consultation prior to the design of the intervention; the HHP research team gathered information about the challenges faced by social workers in their workplaces via a series of focus groups and interviews, and used these insights to inform decision-making relative to intervention design.

Local authorities were matched where possible with interventions that seemed to match local conditions (i.e. the intervention which local authority partners felt stood the best chance of having a positive impact on their workforce) and participation in trials was approved by WWCSC on the basis of applications made by LAs. It is worth noting that this may decrease the external validity of the work, as participating LAs may have spent more time in making the interventions work and/or had more enthusiastic senior leadership teams.

Recipients

All children's social workers and managers working in the 8 local authorities.

Participant Flow Diagram



Sample Size / Minimum Detectable Effect Size Calculations

The minimum detectable effect size (MDES) (displayed in the table below) was calculated with Stata using the power commands. Code is provided in Appendix F.

		Subjective well-being
MDES (Cohen's D)		0.1826
MDES (on the scale)		0.286
Primary / secondary outcome		Primary
Mean baseline measure of well-being		6.3
Baseline / endline correlation		-
Standard deviation of baseline		1.8
Alpha		0.05
Power		0.8
One-sided or two-sided		Two-sided
Total sample		1888
Assumed attrition / inability to match data		50%
Anticipated sample size after attrition	Treatment	472
	Control	472
	Total	944

We now explain the assumptions that led to these numbers.

Primary Outcome: well-being

Baseline well-being, standard deviation and baseline correlation

A baseline rate of subjective well-being of 6.3 and standard deviation of 1.8 was obtained from the pre-intervention survey data returned by local authorities who participated in the first round of Happier, Healthier Professionals trials in 2019. Baseline endline correlations were 0.4 for those who had completed both T1 and T2 surveys. However, due to the high level of missingness in T1 well-being from those who complete T2, the association between baseline and endline for the analytical sample became quite low ($R^2 = 0.1$).

As such we do not include this correlation in our calculations, preferring to provide a conservative estimate. In the event that a significant proportion of our participants provide well-being at both T1 and T2, if other assumptions hold, the MDES will be lower. We also collect relatively few control variables (listed in the 'Analysis Plan' section) and do not anticipate them to add much explanatory power to the models. We have therefore excluded them from our MDES calculations.

Sample size

Our total sample size of *N* = 1888 was estimated from the numbers of children's social workers and managers provided by contacts at the local authorities. We are assuming that at least one care leaver at each local authority will be willing to participate in the video recording. Thus, we anticipate being able to share video messages for social workers at all participating local authorities.

Sample size was held as a constant to calculate MDES for our primary outcome.

Attrition / inability to match data

We expect a high attrition rate in our primary outcome data, which is recorded by opt-in surveys distributed to staff by local authorities. The attrition rate of 50% was based on the average completion rate in the first round of HHP trials, though we hope to increase the rate with a new strategy for incentivising survey completions (outlined in the next section titled 'Survey plan' below). We therefore anticipate this response rate and subsequently our MDES calculation as conservative.

It is also possible that our intervention, if it has an effect, might influence the likelihood of participants completing the survey, which may add another possible source of bias into the analysis. Our stated covariates in the analysis plan will help account for any imbalance that occurs due to this self-selection, however the imbalance would still undermine the robustness of the findings. Further, we will not be able to either determine or mitigate against any imbalances that may occur on unobservable characteristics. We will conduct balance checks to see whether there is a difference in attrition between treatment conditions, as well as conducting balance checks on all observables.

Survey plan

To increase survey completion, we will use various incentivisation methods:

- We will work with the local authorities to identify suitable survey launch dates when surveys will be distributed to participants via email.
- The initial email to participants containing the survey links will include short instructions. We will also send two follow-up reminder emails to participants prompting them to complete the survey - one approximately 7 days after the first survey email was sent, and one approximately 13 days after the first survey email

was sent the day before the survey deadline. See Appendix H for survey email templates.

- To incentivise survey participation, we will make a charitable donation (£1 per response) to a charity chosen by the local authority.
- If the local authority does not nominate a charity, the proceeds will be donated to Become Charity as the default choice. This charity was identified by members of the WWCSC practice team as one that social workers in particular would value and find meaningful in terms of making a charitable donation.
- If the response rate is not sufficiently high after the 14-day survey period at the point of the deadline, we will ask the local authority contact to extend the deadline, and to communicate the extended deadline with participants.

Outcome measures

Data Collection

Survey data:

Survey data will be collected twice - the first survey will be sent approximately 1.5 months before the launch of the intervention (T1) and the second approximately 1 week after the messages are sent to participants (T2). Each survey will be live for three weeks. Full survey measures are included in Appendix I, with the survey consent form included in Appendix G. The survey consent form will also contain a link to the privacy notice (see Appendix J for privacy notice). The survey data materials may vary slightly depending on the local authority (e.g. the name of the local authority and who the survey email is being sent from).

Administrative data:

Partner organisations provide administrative data at two time-points:

- Pre-randomisation - this includes a unique ID that can then be matched with the participants' survey data and a number of individual characteristics including baseline sickness absence rates; age; gender; team; and their local authority (see 'Individual Characteristics' section).
- Endline (12 weeks after the introduction of the intervention) - this includes turnover (i.e. whether or not the participant had left the course over the intervention period), and levels of sickness absence, both for use in the exploratory analysis.

Primary Outcome

Subjective well-being (SWB):

To measure participants' SWB, we use two survey scales on evaluative and affective aspects of well-being, standardise them using z-scores, then sum the results to produce one composite measure.

These scales, validated by Whillans and Dunn,[33] are the 'Satisfaction with Life' scale (evaluative) and the 'Positive Affect and Negative Affect' scale (affective). SWB is defined as referring to the various types of subjective evaluations of one's life, and recent guidance states that measures of SWB should include both judgment-focused measures like life satisfaction and affective measures - both which are included above.[34]

Providing the correlations between both above scales are above 0.50, we will standardise and combine these measures to create an overall Subjective well-being (SWB) composite score. Otherwise, we will do separate regressions on each component.

Evaluative component: First, respondents will report their overall life satisfaction by answering the following question: *"Taking all things together, how happy would you say you are?" on a scale from 0 = Not at all to 10 = Extremely.*"

Affective component: To capture the affective component of SWB, we will ask participants to rate their positive and negative affect in the last four weeks using the Schedule for Positive and Negative Affect: *"Please think about what you have been doing and experiencing DURING THE PAST FOUR WEEKS. Then report how much you experienced each of the following feelings, using the scale below."* Participants are then asked to rate the following items on a 5-point scale (1 = Very rarely/never to 5 = Very often/always): Positive, Bad, Negative, Unpleasant, Good, Pleasant.

Secondary Outcomes

We also included three validated measures to test the effectiveness of the intervention on mechanisms identified in the logic model.

Secondary outcome 1

Burnout:

To measure burnout, we included the Copenhagen Burnout Inventory.[35] The scale contains 17 items in total and measures three separate facets of burnout through three subscales: personal burnout, work-related burnout, and client-related burnout:

[33] Whillans, A.V., & Dunn, E.W. (2018). Valuing Time Over Money Predicts Happiness After a Major Life Transition: A Pre-Registered Longitudinal Study of Graduating Students. Harvard Business School Working Paper 19-048. Retrieved from https://www.hbs.edu/faculty/Publication%20Files/19-048_a3814174-e598-46af-ae70-0c81cdffdb9e.pdf

[34] Diener, E., Lucas, R. E., & Oishi, S. (2018). Advances and open questions in the science of subjective well-being. *Collabra. Psychology*, *4*(1).

[35] Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work & Stress, 19*(3), 192-207.

- Personal burnout (6 items) is measured on a 5-point scale (1 = Never to 5 = Always).
- Work-related burnout (7 items) is measured on a 5-point scale for items 1-4 (1 = Never to 5 = Always), and on a 5-point scale for items 5-7 (1 = To a very low degree to 5 = To a very high degree), with item 4 being reverse-scored.
- Client-related burnout (6 items) is measured on a 5-point scale for items 1-4 (1 = To a very low degree to 5 = To a very high degree), and on a 5-point scale for items 5-6 (1 = Never/almost never to 5 = Always).

The participant's response to each item will be scored in the following way, and then averaged to give a score between 0 and 100:

- Never/almost never = 0, Seldom = 25, Sometimes = 50, Often = 75, Always = 100. The total score on the subscale is the average of the scores on the items.
- To a very low degree = 0, To a low degree = 25, Somewhat = 50, To a high degree = 75, To a very high degree = 100. The total score on the subscale is the average of the scores on the items.

Thus, the final score for each participant will be an overall sum of their score on the 19 items contained in the three subscales (between 0-1900).

Secondary Outcome 2

Intrinsic and Prosocial Motivation:

To measure motivation, we included the Intrinsic and Prosocial Motivation Scale.[36] The scale typically measures 8 items on a 7-point scale (1 = Disagree strongly to 7 = Agree strongly). These capture two dimensions related to motivation: intrinsic motivation (the desire to do work for intrinsic reasons) and prosocial motivation (the desire to do work in order to help others). This scale was edited down to 3 items, and rationale is included below in the 'Shortening measures' section on using condensed rather than full versions of scales. Thus, the final score for each participant will be an overall sum of their score on the three items (between 3-21 in total).

Secondary Outcome 3

Perceived Social Worth:

To measure a sense of feeling valued and recognised for one's work, we included an adapted version of the Perceived Social Worth Scale.[37] The scale measures 2 items on a 7-point scale (1 = Disagree strongly and 7 = Agree strongly). Thus, the final score for each participant will be an overall sum of their score on the two items (between 2-14 in total).

[36] Grant, A. M. (2008). Does intrinsic motivation fuel the prosocial fire? Motivational synergy in predicting persistence, performance, and productivity. *Journal of Applied Psychology*, *93*(1), 48. (http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.710.3949&rep=rep1&type=pdf)

[37] Grant, A. M. (2008). The significance of task significance: Job performance effects, relational mechanisms, and boundary conditions. *Journal of Applied Psychology*, *93*(1), 108.

Manipulation check

We will also include a manipulation check in the T2 well-being survey to verify that the participant received and opened the video message. Though we will not include this in our impact evaluation, it will be helpful to understand the proportion of participants who successfully received and opened their video messages. We will also examine the response to the manipulation check as part of sensitivity analyses.

Shortening Measures:

Past research shows that perceived survey burden or survey length can have deleterious effects on responses rates.[38] We included shortened versions of one validated measure to test the effectiveness of the intervention on one of our mechanism outcomes: Motivation. The measure was shortened to maximise survey response amongst participants, and survey items were selected based on using the highest-loading items based on the preliminary results of the Symbolic Awards trial from the first phase of our Happier, Healthier Professionals programme - highest-loading items explain the most variance for a given factor within a scale.

The process of choosing the highest-loading items from scales involved conducting Factor Analysis of the measures via IBM SPSS Software, comparing the factor loadings of items listed in the 'Component Matrix' table, and choosing the scale items that had the highest loadings on the various scale factors. Additionally, we conducted Reliability Analysis prior to conducting Factor Analysis to ensure that the scale items were strongly correlated (i.e. with an alpha >.07) prior to including any items in our final choice for shortened scales.

Exploratory Analysis: Turnover and Sickness Absence Rates

Turnover:

We will collect individual-level data from local authorities on whether social workers included in the original administrative dataset have left their role over the course of the trial at a three-month follow-up point (three months after the launch of the intervention in their local authority). This will be recorded as a binary variable, with 1 for having left the local authority and 0 otherwise.

Days attended:

To produce a measure of sickness absence, local authorities provide the number of days missed due to sickness per social worker over the course of the trial (from the date the intervention is launched in that local authority, to three months after the intervention launch date).

[38] Crawford, S. D., Couper, M. P., & Lamias, M. J. (2001). Web surveys: Perceptions of burden. Social Science Computer Review, 19(2), 146-162.

Those who have left the local authority over the course of the trial will be classed as absent every day after they leave, and we will subtract this overall absence measure from the total number of possible working days from the start to the end of the trial to generate a 'days attended' measure. Days of annual leave taken will not be included in this measure.

Analysis plan

Intention-to-treat

For both primary and secondary outcome measures, we will employ an intention-to-treat (ITT) approach. This means that we analyse the effect of being randomised into a group (treatment or control), rather than actually complying with or receiving the intervention. This approach gives the truest account of the effect of the intervention when delivered in real world conditions, without the need for more onerous assumptions.

Multiple comparisons testing

As we have three secondary outcomes (not including the fiscal cost-effectiveness analysis), we will not correct for multiple hypothesis testing.

Missing data

Missing survey data:

Well-being outcome data is likely to be missing for a large proportion of participants (anticipated 50%) due to non-response to the endline (T2) survey. This is likely due to non-completion of the surveys by social workers who are in the trial, as well as for a minority who leave the local authority. This data is unlikely to be missing completely at random - those who leave or those who stay but do not take the survey may have lower well-being and perhaps be differentially responsive to the treatment. To check the latter, we will conduct and report balance checks between respondents and non-respondents on treatment.

We will not be able to send surveys to participants who leave their local authority, resulting in missing outcome data. In the event that, as hypothesised, the treatment would positively effect wellbeing and wellbeing is associated with attrition from this cause, we would underestimate the treatment effect. This has implications for the validity of our findings as our sample is effectively restricted to those individuals who were sufficiently satisfied with their roles to continue with them, and this is likely to be related to one's overall well-being, and this is thus a limitation of our research.

Staff who join the local authority after the submission of baseline administrative data will not be included in the trial.

Covariates:

We will conduct balance checks between respondents and non-respondents on: age; gender; length of employment at local authority; and level of sickness absence in the 12 months prior to the trial. For any missing covariates, we will conduct null imputation where, for any missing covariate, their values will be set to 0, and we will create a new binary variable taking a value of 1 if that observation was missing T1 values for that variable, and 0 otherwise, and include it in our regression model.

Missing administrative data:

We anticipate there being a substantial amount of missing or incomplete sickness absence data, in both baseline and outcome measures. When providing baseline data, local authorities reported that a high proportion of their staff are either new (and therefore will not have 12 months of historical sickness absence data), or agency staff (whose sickness absences are not always routinely recorded), resulting in measurement error due to incomplete baseline sickness absence data. There may also be instances where staff sickness data is missing at random due to administrative error. Moreover, excluding participants from the absence analysis who have left the local authority over the course of the trial risks underestimating the treatment effect (assuming there is one), as we suspect that individuals' likelihood to leave is correlated with their well-being.

To account for these in randomisation and also to generate data for use as control in our analysis, we intend to use a pro-rata calculation of sickness absence for those who had been in post for over three months but less than a year. Intuitively, this provides a reasonable time period from which to extrapolate the 12 month measure. Those who had not worked over three months will be assigned the mean sickness level. Sickness data for staff whose data are missing entirely, including agency staff, will be null imputed.

Primary Analysis

Subjective Well-being:

For this outcome, we will use a linear regression model, with the following model specification for individual *i*:

$$Y_{ilt2} = \alpha + \beta_1 T_i + \beta_{2-6} X_i + \beta_4 Y_{it1} + \beta_5 Indicator_{it1} + \beta' c_l + \epsilon_{ik}$$

where

- Y_{ilt2} is the subjective well-being of social worker i in local authority l at T2
- α is the regression constant
- β_1 is the coefficient of interest
- T_i is the treatment assignment of individual i (coded as a binary variable - 1 if in the treatment group, 0 if in the control group),

- X_i is a vector of participant-level characteristics (see 'Individual characteristics' below)
- Y_{it1} is the well-being score of individual social worker i at T1 (set to 0 if missing - as per the null imputation method described above),
- $Indicator_{it1}$ is a binary variable indicating 'missingness' of T1 well-being scores (set to 1 if T1 well-being score is missing and 0 if otherwise),
- c_l is the local authority fixed effect for LA l,
- ϵ_{ik} are cluster-robust standard errors.

Individual Characteristics:

The individual-level covariates, represented by the vector X_i in the equation above, are as follows:

- Gender dummy variables (male, female, and other),
- Role dummy variables (Student Social Worker, Newly Qualified Social Worker, Social Worker, Senior Practitioner, Social Work Team Manager, Social Work Assistant, and Other),
- Contract (a binary variable for whether the social worker is a part-time or full-time worker)
- Agency (a binary variable for whether the social worker is working at the LA via an agency or not)
- Dummy variables for length of employment at the LA measured in months at T1 (0-3 months; 4-12 months; 13-24 months, 25+ months)

Secondary Analysis:

Mechanisms:

The following mechanisms are also measured by the survey:

- Mechanism 1: Burnout
- Mechanism 2: Intrinsic and Prosocial Motivation
- Mechanism 3: Perceived Social Worth (i.e. Sense of feeling valued and recognised)

We will use the same regression specification as for the subjective well-being analysis, except that we will control for the baseline level of the mechanism outcome.

Exploratory Analysis

Sickness Absence

For this outcome, we will use the same linear regression specification as for the subjective well-being analysis, except using days attended as our outcome and baseline sickness absence recorded as the number of days sickness absence taken in the 12 months prior to T1, instead of baseline well-being:

$$Y_{ilt2} = \alpha + \beta_1 * T_k + \beta_{2-6} X_i + \beta_7 Y_{it1} + \beta_8 Indicator_{it1} + \beta' c_l + \epsilon_{ik}$$

where

- Y_{ilt2} is the days attended of individual social worker i in local authority a (which for those who leave we will classify them as absent each day after they have left),
- α is the regression constant,
- β_1 is the coefficient of interest,
- T_i is the treatment assignment of individual i (coded as a binary variable),
- X_i is a vector of participant-level characteristics (see 'Individual characteristics' above),
- Y_{it1} is the number of days sickness absence taken in the 12 months prior to T1 by individual social worker i(set to 0 if missing),
- is a binary variable indicating 'missingness' of T1 measures of sickness absence (set to 1 if T1 sickness absence is missing and 0 if otherwise),
- c_l is the local authority fixed effect for LA l (this also accounts for multi-site effects),
- ϵ_{ik} are cluster-robust standard errors.

Turnover:

While we hypothesise that our intervention might lead to reduced turnover, we also anticipate that the size of the effect will be quite small, as it is quite a difficult outcome to shift. This means that we do not believe we would be powered to detect an effect for a single trial. However, we conduct a meta-regression to estimate the effect of all of our Phase 2 Happier Healthier Professionals (HHP) interventions on the rate of turnover from their local authorities or from the social work education programme.

This analysis will seek to determine what the average impact of our interventions is on turnover, and by combining data from multiple trials we will be well-powered to detect a smaller effect size than with our evaluations for each individual intervention. We will publish a separate trial protocol outlining the plan for this analysis before any analysis is conducted on HHP Phase 2 trial data.

Implementation and Process Evaluation

Aims

Research Questions

This trial will test three objectives using the following research questions:

1. Evidence of feasibility

a. Was the intervention implemented as intended (i.e. as set out in the intervention description and logic model) and in what way does implementation vary between local authorities (if at all)
b. What are the contextual barriers and facilitators for delivery of the intervention, and are these accurately captured in the intervention description and logic model?
c. Is the intervention acceptable to key stakeholders including recipients of the intervention (i.e. managers and social workers) and senior leaders amongst local authority partners?

2. Evidence of promise

a. Is there evidence to support or extend the intervention theory of change as set out in the logic model, including the mechanisms by which change is achieved and the facilitators and barriers to change?
b. What potential impacts of the intervention do stakeholders identify (i.e. mechanisms)?
c. Do there appear to be any unintended consequences or negative effects of the intervention?

3. Suitability to scale

a. Is there a clear description of the intervention and the contextual facilitators and barriers that would allow it to be implemented and evaluated in other places?
b. Is the intervention able to be delivered consistently across local authorities and participants?
c. Are any changes needed to the theory, materials or procedures before rollout?

Design

This Implementation and Process Evaluation (IPE) seeks to understand how effectively the process of collecting feedback from beneficiaries worked, and the experiences of both care leavers who were given the opportunity to send a message to social workers at the local authority, and the social workers who received the video message. We hypothesise that, if successful, the intervention will result in participants feeling a higher sense of feeling valued and recognised for their work, which may result in a reduction in burnout and an increase in motivation.

The table below sets out in more detail the plan for answering the proposed research questions.

IPE Design Table	
Indicators	**Method and Time Point**
1. Research Question 1: Evidence of Feasibility	
a. Implementation ● How feasible was it for the coordinator to facilitate the collection of messages from care leavers? ● Did coordinators identify any particularly effective means for reaching out to care leavers? ● How feasible was it for the coordinator to facilitate the sending of messages to social workers? ● What was the experience of social workers in receiving the intervention? ● What were the barriers/facilitators to social workers being able to receive/access the video? ● Were the messages received as intended by social workers using the password-protected links in emails? ● Are there any similar mechanisms already in place, or did social workers receive messages of gratitude in other ways? ● To what extent is the intervention delivered and operating consistently across participants? **b. Contextual barriers and facilitators** ● What was the experience of care leavers participating in the video? ● How did care leavers perceive the guidance on participating ● Did care leavers find the guidance on how to participate in the video recording useful? ● What were the barriers/facilitators to care leavers being able to provide messages? **c. Acceptability** ● How easy did care leavers find the experience of providing the messages?	● Interviews with care leavers, social workers, and LA coordinators ● July 2021
2. Research Question 2	
2. Evidence of promise **a. Impact** ● What was recipients' experience of receiving the video message from the care leavers?	● Interviews with care leavers, social workers, and LA coordinators

b. Mechanisms ● How do recipients describe the different mechanisms that are influenced by receiving the video? **c. Unintended consequences** ● Did recipients experience any negative reaction to receiving the beneficiary message? If so, for what reason?	● July 2021
3. Research Question 3	
3. Suitability for scale ● To what extent is the intervention delivered and operating consistently across participants? ● Revised logic model comprising clear description of the intervention and its mechanisms as well as contextual facilitators and barriers ● Description of any changes to the theory, materials or procedures that would support rollout ● What support would other LAs need to be able to deliver a version of this intervention?	● Interviews with care leavers, social workers, and LA coordinators ● July 2021

Methods

Sample and Recruitment

Participants in the IPE, listed below, will be recruited by local authorities, and partners will be asked to select for a broad mix with respect to demographics (e.g. gender, ethnicity and age):

A. **Recipients (social workers and managers)**; staff who received a video message.
B. **Beneficiaries (care leavers);** individuals who provided messages of thanks to their former social worker.
C. **Coordinators;** local authority contacts who work with the care-leaver council

Data Collection

Semi-structured individual interviews will be undertaken with the above groups of stakeholders. The interviews will be carried out at one time-point - one month after the launch of the intervention. We will conduct 10 interviews in total: 6 interviews with Recipients, 2 interviews with Beneficiaries, and 2 interviews with local authority Coordinators.

Interview questions will be designed carefully focusing on the IPE research questions and in consultation with qualitative researchers on the WWCSC research team.

These interviews will be carried out in person where possible. However, due to Covid-19, in-person meetings may not be possible or feasible, and in this case, we will use appropriate online conferencing tools (e.g. Zoom) to conduct interviews/focus groups virtually.

Schedule of interviews:

Method	Sample size	Time point
Interviews (45-minutes)	6 recipients (social worker participants)	July 2021 (post endline survey data collection)
Interviews (45-minutes)	2 beneficiaries (care leavers)	July 2021 (post endline survey data collection)
Interviews (45-minutes)	2 local authority coordinators	July 2021 (post endline survey data collection)

Analysis

Responses from interviews will be recorded via Zoom, and the audio recordings from these interviews will be downloaded and stored securely consistent with WWCSC's Data Protection policy. These recordings will then be transcribed by an external transcription vendor (with the relevant data sharing agreement in place with the vendor). We will conduct thematic analysis on the interview transcriptions via NVivo. As we have focused research questions, we will use a deductive approach to thematic analysis, though we will also attempt to identify and understand any unanticipated mechanisms or outcomes as a result of the intervention which emerge from interviews. In order to increase our confidence that the qualitative analysis is an accurate reflection of participants' experiences, we will present examples of participant responses using quotes in the final report of findings.

Cost Evaluation

A well-established method to help decision makers understand whether a well-being intervention is worth implementing is to calculate cost effectiveness, defined as the monetary cost per unit improvement in well-being. This is an effective tool that helps to convert various impacts (e.g. 5% reduction in sickness absence and 10% increase in well-being) into the same units - life satisfaction units (also defined as the "common currency") - so that decision-makers and policymakers have adequate information to make decisions regarding the allocation of resources to a particular intervention.[39] Using standardised methods to

[39] What Works Well-being (2016). Measuring well-being and cost-effectiveness analysis. Available at: https://whatworkswell-being.files.wordpress.com/2016/08/common-currency-measuring-well-being-series-1-dec-2016v2.pdf

calculate the cost effectiveness of behavioural interventions provides us with the ability to communicate this information to employers, leaders and policymakers, which is important since should we find that the intervention has a positive impact on well-being, costs of implementation will be a key driver of intervention take-up for decision-makers.[40]

The subjective well-being data being collected as part of this project can be used in order to run a cost-effectiveness analysis (CEA), which will allow us to capture the full range of the intervention's impacts, specifically by calculating the cost of improving one participant's life satisfaction by one point per year.[41] In order to run the CEA, we will follow guidance issued by What Works Well-being (WWW) on how to quantify subjective well-being in a CEA,[42,43] and we will use the cost-effectiveness calculator recently issued by WWW. The guidance issued by WWW heavily draws from the National Institute of Care and Excellence guidelines for conducting CEA.

The intervention has been designed to be cheap and light-touch, and as such, the intervention materials are inexpensive. The main cost which will be accounted for as part of the CEA will be staff time involved in implementing the intervention. Costs will be estimated based on the best resource information available. With small or negligible costs and benefits, these will briefly be discussed in the final analysis, but not accounted for in the CEA. We have outlined the potential costs and benefits (both direct and indirect) involved in running the intervention below, and the final ex-post CEA for the intervention will be included in final reporting for the intervention.

Measuring Costs

One of the minimum requirements to conduct CEA is to have data available on the total monetary costs of implementing the intervention at an organisation. The main costs for this intervention are staff time spent on implementation, and participants' time spent as part of the intervention. The intervention materials are either low-cost or free. The cost of storing and sending the videos via Vimeo is free, and the sending of videos via email is free.

To account for staff and participant time, we will use figures provided by the project partner on gross hourly wage (i.e. amount they are paid per hour before tax and other deductions) to calculate the breakdown of costs (i.e. total cost of staff time will be 15 hours x gross hourly wage for staff; total cost of participants' time will be 5/60 x the gross hourly wage for social workers). According to WWW guidance (p.13), 'costs related to developing the intervention should not be included unless these costs will be replicated were the intervention

[40] Wilson, D. K., Christensen, A., Jacobsen, P. B., & Kaplan, R. M. (2019). Standards for economic analyses of interventions for the field of health psychology and behavioral medicine. Health Psychology, 38(8), 669–671. http://dx.doi.org/10.1037/hea0000770

[41] HM Treasury (2013). The Green Book: appraisal and evaluation in central government. Available at: https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent

[42] What Works well-being (2017). A guide to well-being ECONOMIC EVALUATION. Available at: https://whatworkswell-being.org/wp-content/uploads/2020/02/WWCW-Economic-Evaluation-Cost-Effectiveness_Version-1.2-For-website-1.pdf

[43] What Works well-being (2020). How cost effective is a workplace well-being activity? A how-to guide to cost effectiveness analysis. Available at: https://whatworkswell-being.org/resources/how-cost-effective-is-a-workplace-well-being-activity/

implemented more widely (for instance, if the intervention needs adapting to local context).' Thus, we will not include WWCSC staff time or project partner time spent on developing the intervention in the CEA, since this would not be replicated if the intervention were to be implemented by others. Costs are listed below:

Item	Details
Staff time (e.g. Coordinator) spent on implementing the intervention	Project partner contacts - 15 hours total • Time spent on outreach to care leavers (3 hours) • Time spent collecting and compiling videos from 2-3 care leavers (8 hours) • Time spent sending intervention materials (i.e. email with video) to participants (2 hours)
Participants' time spent being involved in the intervention	Participants - 5 minutes total • Participant time taken to open the email and watch the 2-3 minute video

Measuring productivity benefits

Productivity can be measured through a variety of indicators, including sickness absence, which is being collected as part of the intervention via administrative data. To account for this in the analysis, we will measure the total number of sickness days recorded, calculate the average hourly wage of participants (and if participants are not being paid, we will use their estimated future pay on entering the workforce as a newly qualified social worker), and follow these steps:

1. We will use the treatment effect derived from the coefficient on the treatment dummy on the regression of days present on treatment and covariates described in the exploratory analysis. This will give the average number of additional days that the social workers attend due to the treatment.
2. We will then multiply the coefficient by the number of participants to calculate the reduced number of days a LA has to employ agency workers to replace social workers who are on sickness absence leave.
3. We will then multiply this figure by the agency worker day rate.

To note, we will only monetise this figure and include in the analysis if the impact of the treatment on sickness absence is found to be significant.

Measuring well-being benefits

We will measure individual-level subjective well-being once at baseline (directly prior to the start of the intervention), and once at endline (approximately one week after the intervention ends). As per WWW guidance (p.9), while Life Satisfaction (LS) is considered a reliable measure of well-being, other measures can also be used as long as they are converted into life satisfaction units. We will follow these steps to calculate well-being benefits:

1. We will use our estimate of the treatment effect on subjective well-being from our primary analysis to get a more accurate estimate, and multiply this figure by 0.72.
2. Repeat step 1, but for participants in the control group only.
3. Calculate net LS effect per participant as the difference between the changes in treatment participants (Step 1), minus the changes in the control participants (Step 2) as indicated below: Total LS = LS change in treatment participants minus the LS change in control participants.

In accordance with WWW guidance, we will convert our measure of subjective well-being (which translates to overall life happiness), and convert into 'life satisfaction years' to capture any well-being benefits of the intervention. To convert our measure of subjective well-being ('overall life happiness' on a scale from 0-10) into LS, we will use the guidance (p.25) to convert our measure into LS by means of an 'exchange rate'. The exchange rate between Happiness and LS is 0.72. This means that a 1 point improvement in someone's Happiness score is equivalent to a 0.72 point improvement in their LS.

Additionally, because we will only be collecting follow-up well-being data approximately one month after the launch of the intervention, any well-being benefits included in our CEA analysis will only be accounted for up to one month post the intervention launching. When we report the results of the CEA in reports of findings, we will make this assumption clear.
To calculate the potential well-being effects of the intervention, we will calculate the Cost-Effectiveness Ratio (CER), as the ratio between the net cost per participant and the net LS effect per participant: CER = Net cost per participant divided by the net life satisfaction per participant. To determine whether the intervention was indeed cost-effective, we will follow the threshold set out by the National Health and Care Excellence (NICE), which states that an intervention is cost-effective if, over a year, it can deliver an extra point in LS costing less than 2,500 GBP. To calculate the 1-month equivalent of this for the intervention, we will divide the 2,500 GBP figure by 12.

Determining overall cost-effectiveness / Sign of success

We will calculate a Cost-Benefit Analysis taking into account the following costs and benefits:

Benefits	Costs
• Benefit of having to recruit fewer agency workers to replace staff on sickness absence leave • Benefit of having to recruit fewer new staff members to replace staff who have left the local authority • Well-being benefits (in the form of LS units; not monetised)	• Staff time in delivering the intervention • Participant time in partaking in the intervention • Cost of paying agency worker to replace social worker on sickness absence leave • Costs of recruiting a new staff member to replace staff who have left the organisation

Risks

Risk	Mitigation
Negative or harmful feedback provided by the care-leaver.	Responses will be screened by a member of the research team, and flagged if there is content that could conceivably be perceived negatively. These responses will then be reviewed by three other research team members, and if two of these members deem the message to be too negative it will not be sent on.
Care leavers feel pressured to provide feedback, causing distress.	Care leavers will receive an information sheet informing them they are under no obligation to complete feedback and should only do so if they feel it is appropriate. They will be fully informed how this information will be used, and how information will be kept securely in accordance with GDPR. They will also receive contact information for relevant supports (e.g. contact information for mental health services in their locality and advocacy services), provided by the local authority.
Video is shared with social workers in teams assigned to control group, leading to us under-estimating any treatment effect.	We will include a line in the email containing the link to the videos asking participants not to forward the video on to anybody else at the local authority.
Social workers are unhappy that past service users have been contacted to provide positive feedback.	Social workers will be informed in consent forms that the trial will involve contacting and collecting positive feedback from care leavers at their local authority. They will be assured the care leaver is under no obligation to complete the feedback, and they have the option to withdraw at any time. Contact details for a member of the research team will be provided should they have any further concerns.
Well-being survey is not filled out, reducing our power to detect effects and risking biasing our results	Incentives will be provided to motivate survey completion. A charitable donation will be made for completed survey responses (e.g. £1 per response to a charity relevant to children's social care, chosen to increase the likelihood that recipients would want to complete the survey). We will conduct and report balance checks on completion by the treatment group and acknowledge this limitation in our findings in reporting. We will also work with the local authority to

	identify who the survey email would best come from in order to increase the likelihood of staff attending to and completing the survey, e.g. Director of Children's Services.
Data is not returned in time by partner organisations	We will follow up with partners via email and phone calls to ensure that they return the data by the assigned deadline. We will also offer support to the partner in the form of additional guidance over phone calls (e.g. on how to conduct anonymisation of administrative datasets). However, there is an extent to which this risk cannot be mitigated, given that local authorities have competing priorities which take precedent, particularly in the context of the Covid-19 pandemic.
Social workers in the treatment group may be more likely to complete the endline survey than social workers in the control group, resulting in differential attrition and which could bias our estimate of the treatment effect.	Both treatment and control participants will receive the same incentive type (charitable donation) to complete surveys. Additionally, the charity will be on which the local authority identifies as personally meaningful for social workers in their organisation (e.g. a local charity) to increase the likelihood that they will take part. We will also conduct balance checks on survey completion by treatment condition to determine whether this seems to be the case.
Participants in the control rather than treatment group receive intervention	There is a risk participants may forward on the message to those in the control group. To mitigate against this risk we will be including a request to participants in the email in which they receive the link to the video that they refrain from forwarding messages on to other colleagues.
Local authority handling responsibility of sending randomised video messages could encounter issues (e.g. not being able to ascertain who is in the treatment group).	Local authorities will be provided with carefully written instructions on how to send the video messages, as well as provided with over-the-phone guidance to address any concerns they have regarding sending the video messages.

Ethics & Participation

The study has received ethical approval from the University of East Anglia research ethics committee, (see Appendix K for approval letter). Participation in the research is on the basis of local authorities signing up to the research. Participants are informed of their right to refuse to participate, and of their right to withdraw from the research for whatever reason they wish, via a privacy notice issued to them in the initial survey email. They are also informed of the point at which their data cannot be excluded via the privacy notice.

Participation in the surveys and interviews is on a voluntary basis, and informed consent is gathered from all participants who take part in surveys/interviews as part of the project.

Care leavers who are invited to participate in the video interviews are contacted by local authorities and issued with information sheets and an informed consent form for signature prior to participating (see Appendix L for filming consent form and Appendix M for information sheet). We have carefully considered the ethics of approaching care leavers for feedback and acknowledge that asking care leavers to re-engage with services, or to reflect and evaluate their experiences with their social worker, carries some risk of producing a negative emotional response. We therefore felt it was important to stress that this was not a mandatory exercise, and that they should only respond if they would like to. In order to address any negative emotional responses experienced by care leavers, links to psychological health related resources in their locality, as well as contact information for the local authority's advocacy services, are contained in the information sheet.

Registration

The trial protocol has been pre-registered on the Open Science Framework website: osf.io/yh75r.

Data Protection

WWCSC has conducted a Data Protection Impact Assessment (DPIA) and published a privacy notice (see link here), in line with the Data Protection Act (2018), for this project. We also have relevant agreements (i.e. Project Collaboration Agreements outlining data sharing terms) in place with local authority partners. All data subjects will be notified of the data processing via the first survey they receive for the project, which will contain a link to the privacy notice published on our website.

The following types of data will be collected from participants at local authorities:

- Survey data
- Administrative data

- Interview data

The following types of data will be collected from participating care leavers:
- Interview data

The following types of data will be collected from Coordinators at local authorities:
- Interview data

The following personal data will be collected:
- Health data, e.g. subjective well-being (via survey data) and sickness absence rate (via administrative data)
- Gender (via administrative data)

The anonymity and confidentiality of all participants will be preserved in accordance with WWCSC data protection guidelines, and all research activity will be overseen by the WWCSC Data Protection Officer. Data is stored in a secure manner and only authorised individuals will be granted access.
Access will only be granted to research team members named as protocol authors.

All individual-level data will be stored by WWCSC for 24 months post publication of the findings in a research report, after which WWCSC will delete all individual-level data. The aggregate-level data will continue to be stored after this point in external reports. All individual-level quantitative data will also be transferred to a Data Archive hosted by the Office of National Statistics, where it will be stored indefinitely.

Process for collecting data from local authorities:

The project partner will be given instructions on how to populate a data spreadsheet that contains administrative data for all individuals included in the trial. The data will be pseudonymised, with local authorities creating a meaningless identifier for each individual in the trial, which will facilitate linkage between administrative data-sets collected at two time points, and the survey data. This will include data on the following:

- Unique Staff ID
- Team ID
- Role
- Gender
- Length of Employment
- Contract Type
- Illness Related Absences
- Turnover (at 3-month follow-up only)

Contact information for participants in order to send the surveys and video messages will be held by the project partner, and will not be accessible by WWCSC. The project partner will contact the participants directly on our behalf.

The data spreadsheet provided by the project partner will form the basis of our initial sample size, and will be used by the WWCSC research team to conduct the correct randomisation and appropriate tests (e.g. balance checks) needed in order to launch and implement the trial. Administrative data will only be shared outside of WWCSC on an aggregated (i.e. non-individual, summary-level) basis.

Process for collecting survey data:

Surveys will be completed by participants at two time points, before and after the intervention. Individual-level survey responses to which will be accessible only by WWCSC (not the project partner), and the pseudonymised ID (meaningless identifier) will facilitate linking of the individual's survey responses to their administrative data held by the project partner. Both the project partner and WWCSC will have access to the spreadsheet that links pseudonymised IDs of individuals to administrative data and unique survey links. Survey data will only be shared outside of WWCSC on an aggregated (i.e. non-individual, summary-level) basis.

Process for collecting interview data:

Interviews will be conducted by WWCSC staff with participants, local authority Coordinators and care leavers. This will include data that will be stripped of any instant identifiers (e.g. names) but may be identifiable due to content contained within interview responses of participants. Steps will be taken to ensure that the individuals are not individually identifiable outside of WWCSC (e.g. in later reporting). WWCSC will not be conducting matching of interview data to survey or administrative data.

Accountability and Governance

The Executive Director of the What Works Centre and Principal Investigator for this research (Dr. Michael Sanders) will be ultimately responsible for the conduct of the research.

WWCSC has a Data Protection Officer and a Data Protection Working Group which has the responsibility for the management of Data Protection on behalf of the Organisation. The Data Protection Team includes the Director of Operations, ensuring compliance with GDPR at the highest level of management. The Centre takes and documents the appropriate technical and organisational measures in place to comply with GDPR. The approach of WWCSC to information security is outlined in its IT Usage Policy.

The WWCSC data controller can be contacted at: dpo@whatworks-csc.org.uk.

Checks on staff

The data will only be accessed by project team members. Research staff at WWCSC have undergone data protection training and have substantial experience in handling data. The research team continues to review the training needs of the team to ensure the Centre's approach remains up-to-date.

Personnel

Delivery team:

- Michael Sanders, Chief Executive at What Works Centre for Children's Social Care
- Shibeal O'Flaherty, Research Associate at What Works Centre for Children's Social Care: overall project management, intervention development and design, and implementation
- Chris Mitchell, Research Associate at What Works Centre for Children's Social Care: intervention development and co-design
- Bev Curtis, Practice Manager at What Works Centre for Children's Social Care: intervention development and co-design
- Emily Walker, Research Assistant at What Works Centre for Children's Social Care: intervention implementation
- Fiona O' Connor, Head of Communications at What Works Centre for Children's Social Care: intervention development
- Clare Clancy, Programmes Manager at What Works Centre for Children's Social Care: intervention development and implementation
- Ashley Whillans, Assistant Professor at Harvard Business School
- Kevin Daniels, Professor of Organisational Behaviour at University of East Anglia
- Dana Unger, Associate Professor in Organisational Behaviour at University of East Anglia

Evaluation team:

- Michael Sanders, Chief Executive at the What Works Centre for Children's Social Care: final reporting
- Shibeal O'Flaherty, Research Associate at the What Works Centre for Children's Social Care: analysis and final reporting
- Chris Mitchell, Research Associate at the What Works Centre for Children's Social Care: analysis and final reporting
- Nick Fitzhenry, Research Associate at the What Works Centre for Children's Social Care: quality assurance
- Emily Walker, Research Assistant at What Works Centre for Children's Social Care: analysis and final reporting

Timeline

Dates	Activity	Staff Responsible/ Leading
Oct - Nov 2020	Local authorities contact potential beneficiaries	Shibeal O' Flaherty Clare Clancy
Nov 2020 - May 2021	Video interviews conducted with care leavers	Shibeal O' Flaherty Bev Curtis Chris Mitchell Fiona O' Connor Clare Clancy
Dec 2020 - May 2021	Response screening at local authorities	Shibeal O' Flaherty Bev Curtis Fiona O' Connor
Feb - June 2021	T1 well-being and baseline administrative data collection	Shibeal O' Flaherty Emily Walker
May 2021	Randomisation	Shibeal O' Flaherty
June 2021	Send video messages to treatment participants	Shibeal O' Flaherty Emily Walker
June - July 2021	T2 well-being data collection	Shibeal O' Flaherty Emily Walker
July 2021	Implementation and Process Evaluation	Shibeal O' Flaherty Emily Walker
August 2021	Endline administrative data collection	Shibeal O' Flaherty Emily Walker
July - August 2021	Data analysis	Shibeal O' Flaherty Chris Mitchell Emily Walker
August 2021	Results Published	Shibeal O' Flaherty Chris Mitchell Emily Walker
September 2021	Beneficiary messages sent to participants in the control group	Shibeal O' Flaherty Emily Walker

Appendices

Appendix A

Information for Recording and Interviewing on Zoom

Welcome!

Thank you so much for taking part in this Zoom interview! By participating, you are contributing to exciting research led by What Work's for Children's Social Care, aiming to improve the well-being of social workers within your local authority.

We are giving you this sheet to provide you with some information about filming on Zoom:

- Please make sure your phone is on airplane mode.
- Before we start filming, we will introduce ourselves and have a brief chat about the questions we are going to ask, and we will be able to answer any questions you might have.
- Kieran (the videographer recording the interview) will tell you when he is about to press record.
- You are welcome to do as many takes as you like, and repeat any parts you aren't happy with.
- We can also take a break at any time.
- We've scheduled the interview slot for 1 hour, but it shouldn't take longer than 45 minutes.

As this interview is taking place over Zoom, we have some guidance listed below to ensure filming runs smoothly.

Guidance when filming:

1. **Lighting:** When recording, try not have your back to a window, as this can make you look darker, and less visible on the footage.
2. **Background:** If possible, try sitting in front of a plain, natural background, for example a white or blank wall. Please also make sure your laptop is at face-level e.g. by placing your laptop on top of books.
3. **Sound:** Make sure you are in a quiet space where you won't get disturbed while recording. When talking, please make sure that you are speaking clearly so the microphone can pick you up. If possible, please use headphones with a mic for more clear better-quality audio. Everyone else on the call will place themselves on mute whilst you are speaking to limit background noise.
4. **Internet Connection:** Please try and sit somewhere you are able to access good WiFi. Technical issues can always happen, and if something isn't working properly (e.g. WiFi goes down), not to worry - we can wait until the connection improves or make suggestions on how to fix any issues.

Appendix B: Flyer

What Works *for* Children's Social Care

Care-Leavers' Videos of Recognition for Social Workers

Who are we?

What Works For Children's Social Care (WWCSC) is a charity that aims to improve outcomes for children, young people and families.

We are excited to be launching a new Symbolic Awards (Care Leaver Videos) for Social Workers project, which aims to make social workers feel more valued and recognised for their work, and increase their overall wellbeing. The project will involve videos of recognition and gratitude going to social workers from care leavers at their local authority.

Based on prior research, we believe that these short messages of gratitude can have a disproportionately positive impact on the social workers we send these to, who do not often get to hear the positive reflections of those who have left care. If we can show these messages from care-leavers work, we might make the lives of social workers working with young people and families across the country that little bit brighter.

Why are we contacting you?

We are reaching out because the Care Leaver Council at X Local Authority identified you as a care leaver who might be interested in contributing to the project.

What would my participation involve?

The trial design is an individually randomised controlled trial, with half of teachers assigned to the We will be making a short video (2-3 minutes long) featuring clips of care-leavers expressing thanks to their old social worker. If you agree to participate, we'd be asking you to participate in a 45-minute interview on a date/time that suits you with our research team, where we would provide guidance and prompting questions to help guide the interview. This interview would be recorded and used to create the video messages shown to social workers.

Note that not all videos may be used. Videos may also be used by WWCSC and the local authority for promotional materials and training.We can do as many takes as you like, and you can watch the video back first to make sure you're happy.

How do I take part?

If you'd like to take part, or would just like a bit more information please email **Clare.Clancy@whatworks-csc.org.uk** by Friday, 23rd October, and we will get in touch with you via email or over the phone, whichever you prefer.

Thank you!

Your support can make a big difference to the social workers who work hard to support children, young people and families in the community.

@whatworkscsc

whatworks-csc.org.uk

Appendix C: Email to social workers containing link to video

Subject: Video of thanks from care-leavers, please watch

Dear all,

We have a <hyperlink: video of 'thanks'> from a few of our recent care-leavers, talking about their experiences of having a social worker, that we wanted to share with you.

You'll need a password which will be sent in a separate email.

This video was created as part of a research project being conducted by What Works for Children's Social Care (WWCSC). If you're interested in finding out more about the research click <hyperlink: here>.

Please do not share this video or email more widely as this could undermine the research project.

Kind regards,
X

Appendix D: Reminder email to social workers containing link to video

Subject: Reminder to watch video of thanks from care-leavers

Dear all,

Just a reminder to those of you who haven't already watched the Video of thanks from care-leavers, please do so by (DATE). This video is part of a research project we are conducting with What Works for Children's Social Care to improve the well-being of our social workers.

The video is only **3 minutes long**, and is an opportunity for some of our care leavers to say thank you for the hard work you do.

NB: Please ensure that you DO NOT share this video with anyone else, or forward this email on.

Appendix E: Randomisation Code

```
*Set your directory path
clear
global root "G:\Shared drives\HHP data\HHP2"

*Run file to clean admin data files to prep for randomisation
do "$root\Symbolic\Symbolic Randomisation\do files\HHP2_Symbolic_AdminCleaning.do"


****************************************
* RANDOMISATION *
****************************************

*BRACKNELL*
clear
u "$root\Symbolic\Symbolic Randomisation\temp\Bracknell_1.dta"

codebook StaffID // all unique values, none missing

set seed 28042012

*generate random numbers distributed uniformly between 0 and 1
gen double random1 = runiform(0,1)
gen double random2 = runiform(0,1)

*sort random numbers in ascending order
sort random1 random2

*Randomise based on whether there's an even/uneven # of staff
if mod(_N,2)==0 { // if staff number is even
        *assign top half of list into Control,
        *bottom half into Treatment
        gen assignment = [ceil(2 * _n/_N)]-1
}
else if mod(_N,2)==1{ // if staff number is uneven - randomly assign extra staff to treatment/control

        * create rank
        egen grouped = group(random1 random2)
        egen rank = rank(grouped)

        * create random tiebreaker that determines whether one extra staff is in treatment or control
group
        scalar tiebreaker=runiform(0,1)
        gen assignment =.

        * assign based on tiebreaker
        if tiebreaker>0.5 {
```

```
		replace assignment=1 if rank<=_N/2
		replace assignment=0 if rank>_N/2
	}
	else if tiebreaker<=0.5 {
		replace assignment=1 if rank <=_N/2+1
		replace assignment=0 if rank >_N/2+1
	}
}

*let 0 = Control, 1 = Treatment 1
label define assign 0 "Control" 1 "Treatment"
label value assignment assign

*check the assignment variable
tab assignment

* creating new variable for easy interpretation by LA
gen videos = assignment

tostring videos, replace
replace videos="Receive the video messages" if videos=="1"
replace videos="Do not receive the video messages" if videos=="0"

keep StaffID assignment videos

* Save a version in excel to show treatment assignment
export excel "$root\Symbolic\Symbolic Randomisation\LA assignments\Bracknell_1_assignment.xlsx",
replace firstrow(variables)

*Repeat this process for the 7 other LAs

****************************************
```

Appendix F: MDES Code

```
*** HHP2 MDES calculations for Symbolic Awards Beneficiaries - November 2020 ***

* MDES calculations with sample size from 8 Local Authorities, holding SD and power
constant.

* Initial sample size = 1888
* Assuming 50% survey response rate = 944

power twomeans 6.3, n(944) power(0.8) sd(1.8)
* MDES = 0.3286

* Cohen's d
```

power twomeans 6.3, n(944) power(0.8) sd(1)
* 0.1826

Appendix G: Survey Consent Form

Thank you for taking part in this survey! This contributes to exciting research led by What Works for Children's Social Care (WWCSC) in collaboration with your local authority to help us improve well-being amongst social workers.

The purpose of the survey is to evaluate an intervention designed to improve your individual well-being at work.

We are only requesting data that is necessary for the purposes of this research. We will not capture any information that would allow us to easily identify you. Your response will be matched via a unique code so that we can match your responses before and after the programme. Your unique code will also allow us to match your responses to administrative data, and another survey we have asked you to complete. WWCSC will not take any steps to identify you from your answers. Your answers will be analysed by the research team at the WWCSC, and all data will be deleted 24 months after analysis and quality assurance is complete.

As part of this research trial, we are interested in the impact positive feedback has on employee well-being and facilitating this exchange. If you consent to participate in this research, through your local authority we will contact past services users that have been on your caseload requesting positive feedback. This will be entirely voluntary, with examples given. We will also clearly state the recipient of the message will not be able to respond, and only positive feedback will be passed on. We will provide contact details to support services in your locality, should the past service user feel they require additional support.

If you have any questions after you have completed the survey, and/or later decide that you do not want to participate in this research, and/or you would like your responses to be deleted or rectified, please contact the research team by emailing Shibeal O' Flaherty, Researcher at the WWCSC: shibeal.oflaherty@whatworks-csc.org.uk.

The WWCSC can be contacted at:
What Works for Children's Social Care
The Evidence Quarter
Albany House
Westminster, London, SW1H 9EA
Email: research@whatworks-csc.org.uk

Clicking on the "agree" button below indicates that:

- [Box here to indicate agreement] You have read the above information
- [Box here to indicate agreement] You voluntarily agree to participate in the research
- [Box here to indicate agreement] By agreeing, you expressly acknowledge that, at the outset of the Project, any personal data which you might collect in connection with the Project during the Project Length may be transferred to our secure data archive. This archive is hosted and stored by the Office of National Statistics ("**ONS**") 'Secure Research Service' on our behalf, we are the data controller and access to any data stored within the archive is therefore controlled by the ONS and WWCSC only. You shall ensure that you have all necessary rights, notices and/or consents in place in order to transfer such personal data to us for this purpose.

Appendix H: Survey Emails

Email 1: Initial Survey Email to Participants

- Day 1: To be sent on morning of survey launch
- Subject: Action Required: 3-minute survey for our research into social worker wellbeing - £200 donation to Become

Dear all,

X are participating in some exciting research into staff wellbeing with What Works Centre for Children's Social Care (WWCSC). In the coming months, we'll be testing a new wellbeing intervention with social workers. As part of this project, we're asking you to complete **two 3-minute surveys** - one now, and one in a couple of months time. This is the first of those surveys.

The survey (link below) will take around **3 minutes to fill out,** and for each survey response completed, WWCSC will donate **£1 to Become,** a charity that aims to help children in care and young care leavers to believe in themselves and to heal, grow and unleash their potential. **If we reach a 70% response rate, WWCSC will donate £200 to Become on behalf of our team.**

Just to note that your survey responses cannot and will not be individually traced back to you - your responses will be stored anonymously by WWCSC.

We're asking for **all responses by [Insert date].**

Please find your unique link to the survey here:

{Unique Survey Link}

NB: Please ensure that you complete the survey using your individual link above - do not share this link with colleagues.

Best,
X

First Survey Reminder:

Day 8: To be sent 5 days prior to survey deadline
Subject: Reminder: Complete 3-minute survey by [Insert day] for £200 donation to Become charity
From:
Hi all,

Just a reminder to those of you who haven't already to please complete the wellbeing survey you received on **[Insert survey launch date]**. The deadline to complete the survey is this upcoming **[Insert deadline]**.

It only takes around **3 minutes** to fill out, and for each response, WWCSC will donate **£1 to Become.** We are currently at a **X% response rate, and if we reach a 70% response rate, WWCSC will donate £200 to Become on behalf of our team.**

Your link to complete the survey can be found in the initial email, which was sent on [Insert survey launch date]. Please use the unique link you received to complete the survey.

Best,
X

Second Survey Reminder:

Day 13: To be sent 1 day prior to survey deadline

- Subject: Deadline tomorrow: Complete 3-minute wellbeing survey for donation to Become charity
- From: X

Hi all,

Just a final reminder that the deadline to complete the wellbeing survey you received on **[Insert survey launch date]** is tomorrow, **[Insert deadline]**.

For those of you who haven't already completed the survey, please do so by the **end of the day tomorrow**. We are currently at a **X% response rate, and if we reach a 70% response rate, WWCSC will donate £200 to Become on our behalf.**

Your link to complete the survey can be found in the initial email, which was sent on [Insert survey launch date]. Please use the unique link you received to complete the survey.

Best,
X

Appendix I: Survey Measures

T1 survey:

Q1. Overall life happiness[44]

Taking all things together, how happy would you say you are?

(10-point scale: 0 = Not at all to 10 = Extremely)

Q2. Schedule for Positive and Negative Affect[45]

Please think about what you have been doing and experiencing at work DURING THE PAST FOUR WEEKS. Then report how much you experienced each of the following feelings, using the scale below.

- Positive
- Bad
- Negative
- Unpleasant
- Good
- Pleasant

(5-point scale: 1 = Very rarely/never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Very often/always)

Q3. Copenhagen Burnout Inventory (CBI)[46]

Personal burnout

1. How often do you feel tired?
2. How often are you physically exhausted?

[44] Jowell, R. (2007). European Social Survey 2006/2007. Round 3: Technical Report. City University, Centre for Comparative Social Surveys, London.
[45] Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D. W., Oishi, S., & Biswas-Diener, R. (2009). New well-being measures: Short scales to assess flourishing and positive and negative feelings. Social Indicators Research, 97(2), 143-156.
[46] Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. Work & Stress, 19(3), 192-207.

3. How often are you emotionally exhausted?
4. How often do you think: ”I can’t take it anymore”?
5. How often do you feel worn out?
6. How often do you feel weak and susceptible to illness?

Response categories: 1 = Never/almost never, 2 = Seldom, 3 = Sometimes, 4 = Often, 5 = Always

Work-related burnout
Please think about your experience at work during the PAST FOUR WEEKS. Then, indicate your agreement with each of the following statements, using the scale below.

1. Do you feel worn out at the end of the working day?
2. Are you exhausted in the morning at the thought of another day at work?
3. Do you feel that every working hour is tiring for you?
4. Do you have enough energy for family and friends during leisure time?
5. Is your work emotionally exhausting?
6. Does your work frustrate you?
7. Do you feel burnt out because of your work?

Response categories:
- Q1-4: 1 = Never/almost never, 2 = Seldom, 3 = Sometimes, 4 = Often, 5 = Always. Reversed score for Q4.
- Q5-7: 1 = To a very low degree, 2 = To a low degree, 3 = Somewhat, 4 = To a high degree, 5 = To a very high degree.

Client-related burnout
1. Do you find it hard to work with children and families?
2. Does it drain your energy to work with children and families?
3. Do you find it frustrating to work with children and families?
4. Do you feel that you give more than you get back when you work with children and families?
5. Are you tired of working with children and families?
6. Do you sometimes wonder how long you will be able to continue working with children and families?

- Q1-4: 1 = To a very low degree, 2 = To a low degree, 3 = Somewhat, 4 = To a high degree, 5 = To a very high degree.
- Q5-6: 1 = Never/almost never, 2 = Seldom, 3 = Sometimes, 4 = Often, 5 = Always.

Q4. Intrinsic and Prosocial Motivation[47] (alpha = .837)

[47] Grant, A. M. (2008). Does intrinsic motivation fuel the prosocial fire? Motivational synergy in predicting persistence, performance, and productivity. Journal of applied psychology, 93(1), 48. (http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.710.3949&rep=rep1&type=pdf)

Why are you motivated to do your work at your organisation?

Intrinsic Motivation

1. Because I enjoy it. (loading = .929)

Prosocial Motivation

2. Because I care about benefiting others through my work. (loading = .956)
3. Because I want to have positive impact on others. (loading = .956)

(7-point scale: 1 = Strongly disagree to 7 = Strongly agree)

Q5. Perceived Social Worth[48] (alpha = .974)

1. I feel that others appreciate my work (loading = .987)
2. I feel that other people value my contributions at work (loading = .987)

(7-point scale: 1 = Disagree strongly to 7 = Agree strongly)

Finally, just a few questions about you.

Q6. Age

What is your age?

Q7. Marital Status

What is your marital status?

- Married/civil partner
- Widowed
- Divorced
- Separated
- Single/never married
- Prefer not to say

Q8. Number of Children

How many children do you have who currently live at home with you?

- 0
- 1
- 2
- 3
- 4 or more
- Prefer not to say

Additional Comments

[48] Adapted from: Eisenberger, R., Stinglhamber, F., Vandenberghe, C., Sucharski, I. L., & Rhoades, L. (2002). Perceived supervisor support: Contributions to perceived organizational support and employee retention. Journal of applied psychology, 87(3), 565. As used in: Grant, A. M. (2008). The significance of task significance: Job performance effects, relational mechanisms, and boundary conditions. Journal of Applied Psychology, 93(1), 108.

Thank you for your time. If you have any thoughts about the study, you can provide them in the space below.

T2 Survey:

Same as T1 survey measures with the following changes:

- Remove demographic variables
- Add T2 manipulation check
    - Did you recall receiving a video of a care leaver describing their experiences with a social worker at your LA?

Appendix J: Privacy Notice

What Works for Children's Social Care Privacy Notice

Our contact details

Name: What Works for Children's Social Care
Address: Albany House, Petty France, Westminster, London, SW1H 9EA
E-mail: research@whatworks-csc.org.uk
This policy was last updated on 10/11/2020

The type of personal information we collect

We currently collect and process the following information:

- Quantitative data in the form of administrative data and survey data which can be considered health data (special category data as defined by GDPR), however no direct identifiers (e.g. names) will be contained in this data.
- Qualitative data from focus groups and interviews conducted with participating social workers, which may contain characteristics that make you identifiable and could also be considered health data (special category data as defined by GDPR).

How we get the personal information and why we have it

Most of the personal information we process is provided to us directly by you for one of the following reasons:

- Your team has been chosen to participate in this research and you have voluntarily agreed to participate in the research.
- You have been chosen to participate in a focus group or interview and you have voluntarily agreed to participate.

We also receive personal information indirectly, from the following sources in the following scenarios:

- Your local authority provided us with your contact information in order to facilitate your participation in focus group(s) and interview(s) as part of the study. We do not store any names or email addresses following the focus group(s) and interview(s), and contact information is only provided to facilitate the session.
- Your local authority provided us with administrative data (stripped of any identifiers), which we link to any survey data you provide to us.

Under the General Data Protection Regulation (GDPR), The lawful basis for processing identifiable data is Article 6(1)(f) Legitimate interests. Lawful basis for processing special category data, namely health data is 9(2)(j) Archiving, research and statistics, the associated requirements of part 1, schedule 1 of the DPA 2018 are also met in that the processing;

a) is necessary for archiving purposes, scientific or historical research purposes or statistical purposes,
b) is carried out in accordance with Article 89(1) of the GDPR (as supplemented by section 19), and
c) is in the public interest

How we store your personal information

Directly identifying personal information (e.g. names) shall be removed. It is possible that some data provided in qualitative responses could be used to identify you. This information is stored in a secure manner and only authorised individuals will be granted access. We keep both quantitative and qualitative data for 24 months post publication of the findings in a research report, after which WWCSC will delete your data. This data will also be transferred to a Data Archive hosted by the Office of National Statistics, where it will be stored indefinitely. Your data protection rights
Under data protection law, you have rights including:

- **Your right of access -** You have the right to ask us for copies of your personal information.
- **Your right to rectification -** You have the right to ask us to rectify personal information you think is inaccurate. You also have the right to ask us to complete information you think is incomplete.
- **Your right to erasure -** You have the right to ask us to erase your personal information in certain circumstances.
- **Your right to restriction of processing -** You have the right to ask us to restrict the processing of your personal information in certain circumstances.
- **Your right to object to processing -** You have the right to object to the processing of your personal information in certain circumstances.
- **Your right to data portability -** You have the right to ask that we transfer the personal information you gave us to another organisation, or to you, in certain circumstances.
- You are not required to pay any charge for exercising your rights. If you make a request, we have one month to respond to you.

To exercise any of these rights please contact our Data Protection Officer by emailing dpo@whatworks-csc.org.uk.

How to complain

If you have any concerns about our use of your personal information or would like to make a complaint you can contact our Data Protection Officer by emailing dpo@whatworks-csc.org.uk
You can also complain to the ICO if you are unhappy with how we have used your data.

The ICO's address:
Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Helpline number: 0303 123 1113
ICO website: https://www.ico.org.uk

Appendix K: Ethical Approval Letter

University of East Anglia

What Works for Children's Social Care
The Evidence Quarter,
Albany House,
London,
SW1H 9EA

Faculty of Social Sciences
Norwich Business School

University of East Anglia
Norwich Research Park
Norwich NR4 7TJ
United Kingdom

Email:z.bika@uea.ac.uk

Web: www.uea.ac.uk

23 June 2020

To Whom It May Concern,

This letter is to confirm that the three interrelated ESRC funded 'What Works Centre for Children's Social Care' projects (RIN: R201659) titled 'Healthier, Happier Professionals: Pro-Time (1); Symbolic Awards (2); and Inspiring the Next Generation (3) were granted ethics approval from the NBS S-REC on 14th May, 2020 after submitting the amended documentation.

Approval by the NBS-REC should not be taken as evidence that your study is compliant with GDPR and the Data Protection Act 2018. If you need guidance on how to make your study GDPR compliant, please contact your institution's Data Protection Officer.

Kind regards,

Zografia Bika PhD
Chair of the NBS Research Ethics Committee

NBS RESEARCH ETHICS INFORMATION at https://www.uea.ac.uk/norwich-business-school/research-ethics

Appendix L: Filming Consent Form

Symbolic Awards Beneficiaries: Videos of gratitude for social workers

This video is being made by What Works for Children's Social Care to be sent to social workers at the local authority who worked with you. With your permission, this video may also be used for promotional purposes on our website or on our social media platforms.

	Please initial box
I have read the information sheet for the video	
I have had the opportunity to ask questions and I understand the answers	
I understand that participating in the video recording is voluntary and I am free to withdraw at any time, without giving any reason.	
I agree that the video recording and my first name can be shown to social workers at the relevant local authority.	
I agree that the video recording can be shown at subsequent relevant What Works for Children's Social Care events.	
I agree that the film can be shared on the What Works for Children's Social Care website and social media platforms (e.g. Twitter, YouTube).	
I agree that the film can be used by the Children's Services team at the relevant local authority for training purposes.	

_____ _____ _____

Name of participant Date Signature

_____ _____ _____

On behalf of What Works for CSC

Appendix M: Information Sheet

Information sheet for short videos from beneficiaries to social workers

We are What Works for Children's Social Care (WWCSC), an independent charity seeking better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector.

As part of our Happier, Healthier Professionals Programme, we are aiming to support the social work profession by addressing how to increase social worker well-being and decrease sickness absence rates. In this project, we want to find out whether receiving a video of care-leavers from their local authority, talking about the importance of their social worker and the positive impact they have had on their lives, has an effect on their happiness.

That's why we are asking for your help in making social workers at X feel valued and recognised for their work. Specifically, we wanted to give you the opportunity to provide recognition and gratitude to social workers at the local authority who supported you by taking part in this video recording. This information sheet is to help you decide if you want to take part by making a short video.

Some important notes:

- Please do not mention any sensitive details around specific situations, but aim to be as personal as possible in your response.
- Please note that this research is aimed at improving social worker well-being, and we will not deliver messages that contain negative feedback. If you would like advice on how to file a complaint, or provide feedback, please go to: XXX for further information.
- We have also attached some additional information at the end of the information sheet about where you can go should you feel you need support with your emotional well-being.

Why make the video?

While this is a small act of gratitude, it could have a big impact on the social workers we send these to, who do not often get to hear the positive reflections of those who have left care. If we can show these messages from care-leavers work, we might make the lives of social workers working with young people and families up and down the country that little bit brighter.

Do I have to take part?

No. We know that social workers provide a public service and the young people and families they work with shouldn't feel obligated to thank them. We are inviting those who are interested in reflecting on their experiences and expressing their gratitude for their old social worker to be involved. It's fine if that's not you, but we'd be very happy to hear from anyone who would like to contribute.

We also understand that, even if you are grateful for the role your social worker played, there are many valid reasons you may not want to take part in the videos. That is completely fine too.

Whilst participation is completely voluntary and we capture consent to ensure you understand and make our plans transparent, the lawful basis for processing identifiable data is Article 6(1)(f) legitimate interests and the lawful basis for processing special category data, namely health data is 9(2)(j) Archiving, research and statistics, for more information on how we use your data and your rights in relation to the data you can view our privacy policy.

What goes in the video?

If you would like to create a video, we will ask you to speak for a few minutes reflecting upon how a social worker at the local authority positively impacted upon your life. This might be something specific, such as a time when a social worker supported you to achieve something, or more general reflections about the importance of your experiences with your social worker. . We will provide you with some guidelines and prompts to respond to during the video recording. The film may have subtitles to make it easy to understand.

Will the video be used anywhere else?

Your video recording will be collected by WWCSC, and will then be edited together with others and sent to social workers at X t. If you agree to participate, we may also use your video in promotional materials (e.g. on our website or social media). Bracknell Forest may also use the video recording for their own purposes (e.g. internal training). We wouldn't tag you or name you in the video.

As part of a module for a final year BA (Hons) Creative Media student at University of Plymouth, the student (Kieran Coleman) is collaborating with WWCSC to produce videos for this research project. As part of his course requirements, Kieran will submit one copy of the final version of the videos to the University of Plymouth, which would be viewed by the module leader marking the material.

How will the filming work?

We will ask you to record a video (over Zoom). We will provide you with a bit more information on choosing a good spot and setting up the shot in advance. You can do as many versions as you like to ensure you are happy with the video.

We will then review the videos, editing as necessary and adding subtitles, before uploading them to a password-protected private Vimeo account, and sending them onto the relevant local authority. All videos will be password protected, and we will only send the password in a separate email to social workers in the local authority.

If you have any further questions please contact us at:
Shibeal.OFlaherty@whatworks-csc.org.uk.

Further resources:

Below we have attached some further resources of where to do should you feel you need emotional support or help:

- https://youngminds.org.uk/
- https://www.mind.org.uk/
- https://www.samaritans.org/
- https://www.becomecharity.org.uk/for-young-people/care-advice-line/