

**Trial Evaluation Protocol**  
**Happier Healthier Professionals:**  
**Symbolic Awards Evaluator (institution): WWCS**  
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**and Ashley Whillans**

**Happier Healthier Professionals: Symbolic Awards Intervention**

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<b>Delivery Organisations</b>	<u>At time of trial launch:</u> Bracknell Forest, Dudley, Shropshire, Southwark
<b>Evaluator</b>	What Works Centre for Children's Social Care
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<b>Title</b>	Happier Healthier Professionals: A Cluster Randomised Controlled Trial of a symbolic awards intervention in Children's Social Care
<b>Type of Trial</b>	Randomised Controlled Trial
<b>Age or Status of Participants</b>	Children's Social Workers
<b>Number of Initial Participating Local Authorities</b>	4
<b>Number of Social Workers (full sample)</b>	920
<b>Primary Outcome(s)</b>	Staff wellbeing
<b>Secondary Outcome(s)</b>	Staff sickness absence, mediating outcomes (sense of feeling valued/recognised, boost in extrinsic/prosocial motivation, increased sense of belonging)
<b>Contextual Factors</b>	Local authorities had to volunteer in order to be part of the trial. In terms of the intervention: the intervention interacts with social workers' prior experience with the employer, family life and demographic characteristics.



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## Background and Problem Statement

More than most professions, the high risk and emotional nature of social work means that the sector faces particularly acute challenges with employee stress. Likely as a result, children's social workers have high rates of turnover (15.2% per year across England). Absence and turnover create disruption within children's services, and social workers picking up additional cases means they have less time available with each family, at the risk of decreasing the quality of support they are able to provide.

Social worker absence and turnover has also been shown to have a direct impact on the experience of the children and families they work with. A report published by Coram and the University of Bristol in February 2018, for example, indicated that children's wellbeing between the ages of four and seven was negatively associated with not knowing their social worker<sup>1</sup>. However, there have been no rigorous evaluations of social worker wellbeing interventions in the UK.

A key contributor to low levels of social worker wellbeing is likely to be how valued and recognised they feel by their local authority for their work. Social workers may also be subject to lower rates of motivation and reduced job satisfaction due to this lack of feeling valued by their supervisor(s)/employer, which in turn relates to increased rates of sickness absence and staff turnover. Wellbeing is also important in and of itself -- all workers, especially those doing a public good -- deserve to be in environments that promote their wellbeing.

This research programme aims to support the profession by understanding how local authorities might address rates of employee sickness absence and turnover by introducing interventions designed to alleviate stress and increase employee wellbeing. This particular intervention is aimed at increasing the sense of value and recognition felt by social workers via sending them a symbolic award (i.e. a letter from a senior-level figure in the local authority expressing gratitude).

Initial recruitment of local authorities for this programme took place between January and March 2019 with a public call for local authorities interested in being part of a wider set of trials to test interventions focused on improving social worker wellbeing. Local authorities recruited earlier in the process (Bracknell Forest, Southwark) took part in the co-development of the intervention; the research team from the What Works Centre gathered information about the challenges faced by social workers in the local authorities and used these insights to inform intervention choices and design. Recruitment continued through June 2019, with more local authorities likely to be added to the trial after the initial launch.

One important point on this research piece is that LAs were matched where possible with interventions that seemed to match local conditions and participation in trials was on the basis of applications by LAs. This to some extent may decrease the external validity of the work, as participating LAs may have expended more time in making the interventions work or had more enthusiastic senior leadership teams.

## Objective:

This research aims to support the social work profession by understanding how local authorities might address levels of employee wellbeing by introducing a symbolic awards intervention designed to increase the sense of value and recognition that social workers feel in the workplace.

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<sup>1</sup> <http://www.bristol.ac.uk/media-library/sites/sps/documents/hadleydocs/our-lives-our-care-full-report.pdf>



The research questions are:

1. Can receiving a symbolic award with little to no monetary value (i.e. a letter of gratitude signed by a senior, well-respected figure in the local authority) increase self-reported wellbeing amongst staff?
2. Does the symbolic award reduce the rate of sickness absences?
3. Do symbolic awards increase reported staff wellbeing, by increasing sense of belonging, motivation and/or sense of feeling valued and recognised for their work by their local authority, and perceived impact of work on others?
4. What is the fiscal benefit cost ratio of the intervention, and how does this compare to other HHP interventions?

## Intervention and Logic Model

### *Overview*

We aim to test whether sending social workers a letter coming from a well-respected, senior-level figure in their local authority (e.g. Director of Children's Services) increases subjective wellbeing and indirectly sickness absence rates.

### *Logic Model (see page over)*

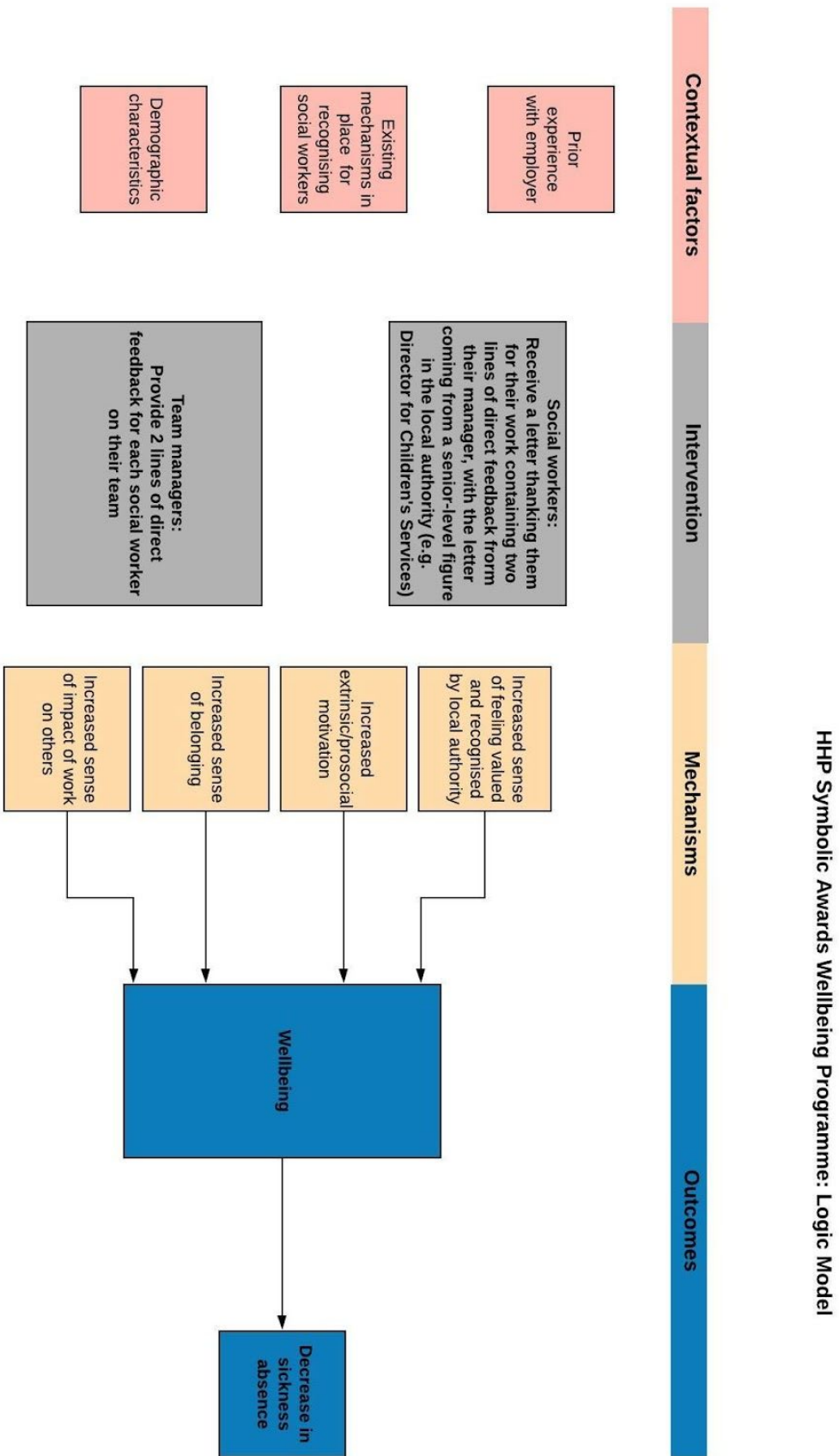
The intended operation of the intervention, as well as the contextual factors around it are described in the logic model over the page. The intervention was developed from findings in the behavioural science literature demonstrating a strong association between receiving a symbolic award (e.g. a letter of gratitude with little to no monetary value) and the positive impact on work-related outcomes. Therefore, in this trial we test the capacity of a simple symbolic award to impact on a wide range of outcomes related to social worker wellbeing, including:

- A. Increase social workers' sense of wellbeing,
- B. Increase social workers' motivation to complete their work,
- C. Increase social workers' sense of belonging in their local authority,
- D. Increase social workers' sense of feeling valued and recognised by their local authority for their work,
- E. Increase social workers' perceived impact of work on others.

Our hypothesis is that social workers will derive an increase in wellbeing via receiving the letter (a), through an increased sense of motivation, sense of feeling valued and recognised, an increased sense of belonging, and an increased sense that their work is impactful (b-e). Then, due to the increase in wellbeing they are absent less at work.



Figure 1. Logic Model





### ***Intervention: What will be implemented?***

The intervention involves sending social workers specialised letters which recognise them for their work. Each letter will contain a short note thanking each social worker for their work, and will include specific short pieces of feedback (two lines - one standardised line, one personalised line) coming directly from each social worker's team manager. The intervention aims to boost the wellbeing of social workers via a number of pathways:

- increasing the sense of value and recognition felt by social workers for their work,
- maintaining and boosting motivation to complete their work,
- increasing the sense that their work is positively benefitting others,
- developing an increased sense of belonging to their local authority.

The intervention is provided by the local authority, through a personalised letter sent to the social worker's home address which contains the note of recognition/gratitude and specific feedback from their manager. This intervention was developed based on previous research by demonstrating that non-monetary, low-cost symbolic awards such as certificates can have a disproportionately high impact on employee performance.<sup>2</sup> Signals of gratitude in particular can increase an employee's sense of subjective well-being.<sup>3</sup> Thus, letters incorporated short notes signalling gratitude to social workers for their work, coming directly from a senior-level figure chosen by each local authority on the basis of who they deemed most appropriate (e.g. Director of Children's Services).

Materials for the experiment were adapted based on prior research from the psychology and management literature investigating how recognition and symbolic awards impact on worker outcomes. For instance the letter was adapted based on a study investigating the impact of recognition on employee performance.<sup>4</sup> The feedback messages incorporated into the letters were adapted based on standardised messages deriving from prior research investigating pro-social impact and demonstrating how increasing employee contact with beneficiaries of their work can improve employee motivation.<sup>5</sup> The research team at the What Works Centre adapted various materials, adding details and examples relating specifically to the social work context.

The letter template was standardised and consistent across local authorities, with the only variants being 1. the name of the social worker, 2. the sender of the letter, and 3. the specific feedback messages included in the letter, which are specific to the social worker (fed directly from their manager). Letter templates will be populated with these pieces of information and sent directly by local authorities to social workers' home addresses.

One week after letters are sent, social workers will be asked to fill in a short wellbeing survey, investigating whether there is a boost in wellbeing for participants in the treatment vs. control groups.

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<sup>2</sup> Gallus, J. (2016). Fostering public good contributions with symbolic awards: A large-scale natural field experiment at Wikipedia. *Management Science*, 63(12), 3999-4015.

<sup>3</sup> McCullough, M. E., Tsang, J. A., & Emmons, R. A. (2004). Gratitude in intermediate affective terrain: links of grateful moods to individual differences and daily emotional experience. *Journal of Personality and Social Psychology*, 86(2), 295.

<sup>4</sup> Bradler, C., Dur, R., Neckermann, S., & Non, A. (2016). Employee recognition and performance: A field experiment. *Management Science*, 62(11), 3085-3099.

<sup>5</sup> Grant, A. M., Campbell, E. M., Chen, G., Cottone, K., Lapedis, D., & Lee, K. (2007). Impact and the art of motivation maintenance: The effects of contact with beneficiaries on persistence behavior. *Organizational behavior and human decision processes*, 103(1), 53-67.



**Recipients: Who is taking part?**

All children's social workers below the level of team manager will be eligible, working in the 4 local authorities listed above. In some cases, the recipient group is extended to other teams (e.g. adult social care workers) in cases where local authorities felt they could benefit from the programme. More detailed eligibility criteria by authority are included in [here](#), and will be updated with details of any LAs added after the start of the trial.

**Procedures: How will it be implemented?**

Team managers will be asked to provide two lines of feedback for each of the social workers within their team, and will be reminded twice over the feedback collection period to send this information on to the local authority. It is hypothesised that incorporating feedback directly from one's team manager will make the letter feel more personalised, thus increasing the impact of the letter on social worker wellbeing.

**Location: Where will it be implemented?**

Participants will receive one letter in their home environment, and during the follow-up wellbeing survey, we will include a manipulation check to ensure that they received the letter. Each social worker within the local authorities will receive a letter at some point, with half of social workers receiving the letter during the first half of the trial, and the other half of social workers (who were initially assigned to the control/no treatment group) receiving the letter after the second wellbeing survey has been administered.

**Dosage: How often will it be implemented?**

Each social worker in the treatment group will receive precisely one letter over the course of the trial.

**Impact Evaluation**

**Design**

<b>Trial type and number of arms</b>		Randomised controlled trial, two-armed
<b>Unit of randomisation</b>		Individual
<b>Stratification variables (if applicable)</b>		N/A
<b>Primary outcome</b>	variable	Staff wellbeing (combining cognitive and affective components)
	measure (instrument, scale)	Survey measures
<b>Secondary outcome(s)</b>	variable(s)	Staff sickness absence, Mediating outcomes (motivation, sense of belonging, sense of feeling valued/recognised)
	measure(s) (instrument, scale)	Administrative data (absence), survey measures (mediating outcomes)

Our primary outcome measure is focused on a main policy priority of local authorities which is to increase the subjective wellbeing of social workers. Choosing this as our main outcome of interest is



based on the rationale that subjective wellbeing is the outcome variable that we expect the largest increase from baseline scores as a result of our treatment (intervention).

Our logic model hypothesises that our primary outcome subjective wellbeing will directly influence social worker sickness absence (an administrative, objective measure). While our administrative measure of sickness absence may contain measurement error, we are assuming that since the trial will involve random assignment of our treatment, that this will be uncorrelated with treatment assignment. We predict that turnover will be both a difficult outcome to impact given the duration of this trial, hence we will not include turnover in our list of outcome variables.

Additionally, the logic model hypothesis that there are a range of secondary mechanisms through which social worker wellbeing is boosted. Therefore, we have included measures to test the mechanisms we believe may influence subjective wellbeing and subsequently the administrative measure outlined above. Therefore, scales are included to measure participants' sense of motivation (both prosocial and intrinsic motivation), sense of belonging to their organisation, sense of feeling valued and recognised for their work, and the sense that their work is positively impacting on others. These are included in order to test our proposed causal pathway and due to these elements comprising a good workplace environment.

### ***Randomisation***

Randomisation will be conducted at the individual level. We will ensure that we keep records of which social workers are assigned to which arm (anonymised, so stored by ID number with no individually-identifying information) but we will not be blind to the group allocation.

We will conduct the randomisation using baseline data provided by LAs before the commencement of the trial.

### ***Participants***

Participants are all children's social workers from the Bracknell Forest, Dudley, Shropshire and Southwark local authorities. In Southwark, the symbolic awards trial will be conducted alongside an intervention testing the impact of providing free coffee/tea to children's social care teams.

All staff in children's social workers (excluding managers) are eligible for inclusion in the trial, while local authorities were also given the option of including employees from other teams, such as Early Help teams, who they felt experienced similar challenges in their roles and therefore might benefit from the intervention.

### ***MDES calculations***

MDES was calculated with Stata using the 'clustersamps' package. It is worth noting that the MDES (available in the table below) on the current number of local authorities would be a stretch goal at conventional levels of power. However, we will continue in our efforts to recruit local authorities after the start of the trial in order to increase statistical power.





	<b>Subjective Wellbeing</b>	
<b>MDES</b>	0.31 (assuming 30% completion rate)	
<b>Mean baseline measure of wellbeing (mean based on preliminary TI SWB score)</b>	M = -.0035	
<b>SD baseline measure of wellbeing (SD based on preliminary TI SWB score)</b>	SD = 2.49	
<b>Alpha</b>	0.05	
<b>Power</b>	0.8	
<b>One-sided or two-sided?</b>	Two-sided	
<b>Assumed attrition / inability to match data</b>	70%	
<b>Anticipated sample size after attrition (social workers)</b>	Intervention	138
	Control	138
	<b>Total</b>	276

We now explain the assumptions that led to these numbers.

### **Sample size**

Our total sample size was estimated from the numbers of children’s social workers provided by contacts at the local authorities, resulting in an estimated total sample size of 920. Sample size was held as a constant to calculate MDES for our primary outcome.

### **Attrition / inability to match data**

#### **Subjective wellbeing (primary outcome)**

Since our primary outcome is subjective wellbeing data which is recorded via opt-in surveys recorded by local authorities, we expect a high attrition rate in endline (T2) survey response rates. The attrition rate of 70% was based on existing TI survey response rates, calculated and up to date at the time that this trial protocol went live.

#### **Sickness absence (secondary outcome)**

A baseline rate of sickness absence was calculated to be 2.08 days absent through sickness in 3 months by multiplying the national average sickness absence rate<sup>6</sup> by the number of working days in a three-month period. Annual leave provision was excluded, as it was not included in the national rate.

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<sup>6</sup> From the [Local Authority Interactive Tool \(LAIT\)](#).



We estimate that the correlation between individuals' past and future sickness absence will be 0.6. It is likely that social workers with higher levels of sickness absence pre-treatment will continue to experience the same environmental and psychological pressures that caused this after the introduction of the intervention.

### *Outcome measures*

#### **Survey Data**

The primary outcome variable for this trial is subjective wellbeing, which will be recorded twice - at the pre-treatment and post-treatment periods (T1 and T2) - using a validated measure by standardising and summing three scales on cognitive and affective aspects from Whillans, Macchia and Dunn (2018)<sup>7</sup>:

- We will combine cognitive component (satisfaction with life) and affective components (PA and reverse-scored NA) into a single subjective wellbeing composite if we observe an R-squared value above 0.50 between these measures. Providing the correlations are above 0.50, we will standardise and combine these measures to create a Subjective Well-being (SWB) composite. Otherwise, we will do separate regressions on each component.
- Cognitive 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<sup>8</sup>.
  - Next, participants will complete the Cantril Ladder<sup>9</sup>, reporting where they currently stand in life on a ladder spanning from the worst possible to the best possible life imaginable (from 0 = Bottom Rung to 10 = Top Rung).
- Affective component:
  - To capture the affective component of SWB, we asked participants to rate their positive and negative affect in the last four weeks using the Schedule for Positive and Negative Affect<sup>10</sup>.

We also included validated measures to test the effectiveness of the intervention on the following mediating outcomes: participants' self-reported sense of motivation, sense of belonging, sense of feeling supported by their organisation, sense of feeling valued/recognised by their organisation, and perceived impact of work on others. To measure motivation, we included an 8-item measure of Intrinsic and Prosocial Motivation on a 7-point scale (1 = Disagree strongly to 7 = Agree strongly).<sup>11</sup> To measure belonging and sense of feeling supported by one's organisation, we included the Affective Commitment and Perceived Organisational Support Scale. The scale measures 14 items on two dimensions, affective commitment (6 items) and perceived organisational support (8 items),

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<sup>7</sup> Whillans, A.V, Macchia, L., & Dunn, E. (In press, 2019). Time over money predicts happiness after a major life transition: A pre-registered longitudinal study of graduating students. *Science Advances*.

<sup>8</sup> Jowell, R. (2007). European Social Survey 2006/2007. Round 3: Technical Report. City University, Centre for Comparative Social Surveys, London.

<sup>9</sup> Cantril, H. (1965). Pattern of human concerns. New Brunswick, NJ: Rutgers University Press

<sup>10</sup> 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.

<sup>11</sup> 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.



rated on a 7-point scale (1 = Strongly disagree to 7 = Strongly agree).<sup>12</sup> The scale also contains a single item to capture participants' sense of belonging, "I feel strong sense of belonging to my organisation." To measure sense of feeling valued and recognised by one's organisation, we included a 3-item measure of Perceived Prosocial Worth on a 7-point scale (1 = Disagree strongly to 7 = Agree strongly).<sup>13</sup> To measure perceived impact of one's work on others, we included and adapted a 2-item Perceived Prosocial Impact scale on a 7-point scale (1 = Disagree strongly to 7 = Agree strongly).<sup>14</sup>

The first wellbeing survey (T1) data collection will take place over the course of three weeks, directly prior to implementing the intervention (i.e. sending the letters). The second wellbeing survey (T2) data collection will take place over the course of three weeks, sent approximately one week directly after participants are expected to receive the letter.

## **Administrative Data**

The secondary outcome measure for this trial is individual social worker sickness absence - recorded as an average number of days missed due to sickness per social worker over the course of the trial (2 months from implementation of trial to the final administrative data collection). For analysis, we will compute a 'days attended' measure from the data reported by local authorities. This will allow us to include social workers who leave their posts over the course of the trial - these individuals will be classified as absent every day after they leave. Excluding these participants from the absence analysis would risk biasing the results, as we suspect that individuals' likelihood to leave is correlated with their rate of sickness absence.

Local authorities will return individual-level baseline data on [this outcome and other covariates](#) prior to the randomisation process.

Administrative data will be reported by the local authorities at an individual level at two time periods:

- pre-treatment (including absence patterns at the individual level for the previous 12 months to provide a baseline),
- and post-treatment (2 months after the introduction of the intervention to provide the endline measure).

## **Analysis plan**

### **Primary Analysis:**

#### **General Principles**

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

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<sup>12</sup> Rhoades, L., Eisenberger, R., & Armeli, S. (2001). Affective commitment to the organization: The contribution of perceived organizational support. *Journal of applied psychology, 86*(5), 825.

<sup>13</sup> Grant, A. M. (2008). The significance of task significance: Job performance effects, relational mechanisms, and boundary conditions. *Journal of applied psychology, 93*(1), 108.

<sup>14</sup> 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.



control), rather than actually complying with the intervention. We are doing this as there may be an effect from just knowing that the intervention exists and we cannot objectively monitor who actually participates in the intervention (i.e. physically opening and reading the letter).

We have not conducted multiple comparisons corrections, as this is a two-arm trial with one primary outcome so there will be one primary comparison in total.

### **Primary Outcome: Wellbeing Measure**

Subjective wellbeing is our primary outcome of interest for this particular trial, and we expect survey attrition rates to be high, in addition to the added difficulty of our inability to ensure that each individual completes both T1 and T2 surveys. Thus, in our analysis, we will only include individuals who complete T2 survey responses. Then, we will control for T1 survey responses by using null imputation in the T1 survey responses for each individual who completes T2 but not T1. This works by taking everybody who completes T2 (and excluding those who do not complete T2), imputing their T1 values as 0, and creating a binary variable taking a value of 1 if that observation was missing T1 values for that variable, and 0 else.

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

$$Y_{it1} = \alpha + \beta_1 * T_i + \gamma_1 * Gender_i + \gamma_2 * Role_i + \gamma_3 * PT_i + \gamma_4 * LE_i + \gamma_5 * Y_{it0} + \gamma_6 * Indicator_i + c_a + \epsilon_i$$

where:

- $Y_{it1}$  is the wellbeing score of individual social worker  $i$  at T2,
- $T_i$  is the treatment assignment of social worker  $i$  (which is 0 if control group and 1 if treatment group),
- $Gender_i$  is the gender of person  $i$  (coded as a binary variable),
- $Role_i$  is the role of the social worker  $i$  (which is a dummy variable with base level “student social worker” and other levels: Newly Qualified Social Worker, Social Worker, Senior Practitioner, Social Work Team Manager or Other),
- $PT_i$  is a binary variable for whether social worker  $i$  is part-time or not,
- $LE_i$  is a continuous variable for length of service at that LA in years of social worker  $i$ ,
- $Y_{it0}$  is the wellbeing score of individual social worker  $i$  at T1 (set to 0 if missing),
- $Indicator_i$  is a binary variable indicating ‘missingness’ of T1 wellbeing scores (set to 1 if T1 wellbeing score is missing and 0 if otherwise),
- $c_a$  is the local authority fixed effect for LA  $a$  (this also accounts for multi-site effects),
- $\epsilon_i$  is the error term for social worker  $i$ .



## Secondary Analysis:

### Secondary Outcome: Sickness Absence Rates (attendance)

Though our primary outcome is wellbeing, for secondary analysis we will compute a ‘days attended’ measure from the data reported by local authorities, which allows us to include social workers who leave their posts over the course of the trial by classifying them as absent every day after they leave. For this outcome, we will use a linear regression model with clustered standard errors at team and LA level, with the following model specification for individual  $i$  in team  $k$  in local authority  $a$ :

$$Y_i = \alpha + \beta_1 * T_i + \gamma_1 * Gender_i + \gamma_2 * Role_i + \gamma_3 * PT_i + \gamma_4 * LE_i + c_a + \epsilon_i$$

where:

- $Y_i$  is the days attended of individual social worker  $i$  (which for those that leave we will classify them as absent for each day of the trial after they have left),
- $T_i$  is the treatment assignment of social worker  $i$  (which is 0 if control group and 1 if treatment group),
- $Gender_i$  is the gender of person  $i$  (coded as a binary variable),
- $Role_i$  is the role of the social worker  $i$  (which is a dummy variable with base level “student social worker” and other levels: Newly Qualified Social Worker, Social Worker, Senior Practitioner, Social Work Team Manager or Other),
- $PT_i$  is a binary variable for whether social worker  $i$  is part-time or not,
- $LE_i$  is a continuous variable for length of service at that LA in years of social worker  $i$ ,
- $c_a$  is the local authority fixed effect for LA  $a$  (this also accounts for multi-site effects),
- $\epsilon_i$  is the error term for social worker  $i$ .

Though our primary outcome is wellbeing, for analysis we will compute a ‘days attended’ measure from the data reported by local authorities, which allows us to include social workers who leave their posts over the course of the trial by classifying them as absent every day after they leave.

### Secondary Outcome: Mediators

The following mediators are also measured by the survey:

- Sense of motivation to conduct one’s work;
- Sense of belonging in the local authority;
- Sense of support felt by social workers from their local authority;
- Sense of feeling valued and recognised by one’s local authority for one’s work;
- Perceived impact of work on others.

### Exploratory Analysis

None.



### Contextual Factors Analysis

We do not think this is applicable here, because these are light-touch behavioural interventions which are directed at individual social workers and teams rather than whole-system changes. We will provide a qualitative description of the LAs involved and why the interventions were chosen as part of the final report.

Local authorities volunteered to be a part of the trial and all but one LA was in an area with higher levels of deprivation than the national average. In terms of the intervention: the intervention interacts with prior experience with the employer, family life and demographic characteristics of the social workers. However, we do not have the sample size or data collection ability to usefully measure these interactions.

### Implementation and process evaluation

As this is a light-touch intervention, we will not conduct a formal IPE. However, in the final wellbeing survey (and towards the end of the survey so as not to impact on survey responses) we will ask participants whether they remember receiving the letter, and whether they were aware of other social workers receiving such a letter within their local authority.

### Cost-benefit analysis

We will calculate the fiscal benefit cost ratio of the intervention for the duration of the intervention with no lag:

Benefit / cost ratio =

1. Wellbeing (primary outcome):
  - a. Wellbeing / (time for symbolic award \* social worker salary)', i.e. for every £1 spent, wellbeing increases by X.
2. Sickness Absences (secondary outcome):
  - a. Reduction in absence \* social worker salary / (time for symbolic award \* social worker salary)'

We are assuming that the interventions work as intended for measuring costs, as a conservative measure.

The Confidence Interval (CI) for the ratio is:

CI for Benefit / cost ratio = (CI for Increase in Wellbeing \* Social worker salary + CI for Reduction in Absence \* Social worker salary) / (Intended symbolic award time \* Social worker salary)

We focus on the fiscal cost benefit and do not conduct a full economic valuation including the economic and social benefits. The fiscal benefits are likely to be cashable if the equivalent is hiring agency workers.

We will compare these to the other HHP interventions, and conduct pairwise t-tests on whether there are statistically significant differences.



## Ethics & Participation

The symbolic awards intervention was designed to be a light-touch intervention, requiring only approximately 2 minutes of a social worker's time to open and read the letter. It does not require the introduction of new processes within local authorities, and therefore there is very little likelihood of any disruption to services. There is also very little potential for the content of the intervention to distress participants, since the letters are designed to provide recognition and gratitude, along with feedback that is designed to be standardised and positively valenced.

No children will be directly impacted by the intervention, though it is possible that there will be potential improvements to social worker wellbeing, and subsequently reductions in social worker sickness absence, which could improve the quality of services being provided to children and families by the participating local authorities.

The trial will be put to the ethics board of one of the principal investigators (Harvard Business School).

## Registration

We will pre-register the protocols on OSF (<https://osf.io/registries>).

## Data protection

We will gather data in two main ways:

- Administrative data on absence/turnup, relevant demographic information and an anonymised team ID - individuals are identified via a meaningless identifier;
- A survey filled in by social workers - individuals are identified using their first and surnames and email addresses.

We will seek opt-in informed consent as our legal basis to process the survey data and allow for matching to administrative data. This is necessary because of the need to match pre- and post-intervention survey data in a way which is not too much of an administrative burden to social workers (meaningless identifiers are unlikely to be remembered between the pre- and post-intervention surveys). Immediate identifiers will be stored separately from the trial data and destroyed 6 months after the completion of the publication of the final report.

We anticipate the local authority will match the names and email addresses from our survey to meaningless identifiers which correspond to the same individuals in the administrative datasets.

## Personnel

Delivery team:

- Michael Sanders, Executive Director at the What Works Centre for Children's Social Care
- Ashley Whillans, Assistant Professor at Harvard Business School
- Shibeal O'Flaherty, Researcher at the What Works Centre for Children's Social Care: overall project management, intervention development and design
- Chris Mitchell, Researcher at the What Works Centre for Children's Social Care: intervention development and co-design



- Theo Stopard, Research Assistant the What Works Centre for Children's Social Care: intervention development and co-design
- Louise Reid, Head of Programmes at the What Works Centre for Children's Social Care

Evaluation team:

- Michael Sanders, Executive Director at the What Works Centre for Children's Social Care
- Ashley Whillans, Assistant Professor at the Harvard Business School
- Shibeal O'Flaherty, Researcher at the What Works Centre for Children's Social Care
- Chris Mitchell, Researcher at the What Works Centre for Children's Social Care
- Elizabeth Castle, Head of Research at the What Works Centre for Children's Social Care

## Timeline

Dates	Activity	Staff responsible/leading
September 2019	Trial launched in 4 local authorities	Shibeal O' Flaherty, Chris Mitchell, Louise Reid, Theo Stopard
October 2019	Endline wellbeing and administrative data collection	Shibeal O' Flaherty, Chris Mitchell, Theo Stopard
December 2019	Endline data analysis	Shibeal O' Flaherty, Chris Mitchell, Theo Stopard
Jan 2020	Results published	Shibeal O' Flaherty, Chris Mitchell, Theo Stopard, Michael Sanders, Ashley Whillans, Elizabeth Castle

## Risks and Mitigation

Risk	Mitigation
Social workers feel as though the letter is generic and does not feel specialised to them	Letter will contain specific feedback (1-2 lines) from each social worker's team manager, and the letter will be addressed to the social worker's name and home address, in order to make the letter feel more personalised
Letter does not get read/gets thrown out	Letter will be sent to social workers' home addresses and will be addressed to them specifically in order to increase the likelihood that it will be read





Local authority handling responsibility of sending randomised letters could run into issues (e.g. not being able to match manager feedback with the social worker letter)	Local authorities will be provided with careful instructions on how to send the letters using a mail merge, as well as provided with over the phone guidance to address any concerns they have regarding sending the letters
Managers send varied feedback which might skew the impact of letters	Managers will be provided with standardised feedback examples that are adapted from the literature in order to avoid the feedback messages being too varied (e.g. positively or negatively valenced)
Data is not returned by local authorities	We will follow up with LAs via email and phone to ensure that they return the data by the assigned deadline, however there is a degree to which this cannot be mitigated.
Wellbeing survey is not filled out	Incentives provided to motivate survey completion. Social worker teams in which everybody completes the survey will be entered into a draw to win vouchers in a competition within their local authority.
Participants in the control rather than treatment group receive intervention	Local authorities will be given clear information in order to assign individuals to the treatment and control groups, with guidance and instructions on how to match these individuals to administrative and wellbeing data throughout the intervention period.
Managers may not complete the feedback for social workers since due to this creating an additional task to add to their already high workload	The form to fill out with feedback will be kept as prompt as possible (no later than 5 minutes), and managers will be reminded several times to complete the feedback survey, with language regarding the importance of attaining this feedback for the purpose of running the trial and driving forward wellbeing research in their local authority
Social workers who have recently left the local authority may be assigned to receive a letter, and here there may be the risk of someone receiving a letter after having left the local authority (for which there could be negative consequences)	At the exact time of mailing the letters, we have asked that local authorities confirm that each person in the treatment group is still currently full-time employed by the local authority in order to mitigate the risk that somebody would receive a letter of gratitude after having left the organisation
Social workers may find out that others in their organisation have received a letter, and as such, may feel that the letter they have personally received is less valuable	In order to mitigate this risk, we are sending letters of gratitude to home addresses. We are also randomising at the individual- rather than team-level, since individuals are more likely to speak to others within their team. Further, we are also ensuring that letters are highly



	personalised, so that even if social workers find out about others within their local authority receiving a letter, it does not mean that their letter is less valuable
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### **Dissemination policy**

The Centre publicly commits to publishing the full results of this research on its website, and to explain any future deviations from the methods fully (which may need to occur if the trial does not run as intended).

### **Protocol amendments**

The Centre will publish protocol amendments as Appendices if they contain additional information, or as new versions on its website with a full explanation of changes.



## Appendix I - Wellbeing survey: Daily Experience of Social Workers

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

The purpose of the survey "Daily Experiences of Social Workers" is to understand more about your unique experience as a social worker, how this impacts on individual wellbeing, and from this exploring ways to improve social worker wellbeing.

We are only requesting data that is necessary for the purposes of this research. Your survey responses are anonymous, and 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. The WWCSC will be unable to identify you from your answers. Your answers will be analysed by the research team at the WWCSC, and all data will be deleted 12 months after analysis and quality assurance is complete.

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@nesta.org.uk](mailto:shibeal.oflaherty@nesta.org.uk).

The WWCSC can be contacted at:

What Works for Children's Social Care  
58 Victoria Embankment  
London  
EC4Y 0DS

Email: [wwccsc@nesta.org.uk](mailto:wwccsc@nesta.org.uk)  
Telephone: 02073601208

Clicking on the "agree" button below indicates that:

You have read the above information  
You voluntarily agree to participate in the research

Note: If you do not wish to participate, please decline participation by clicking on the "disagree" button.

Agree to participate in the research  
Do not agree to participate in the research



## Section 1: Subjective Wellbeing Questions

### **Q1. Subjective Well-Being**

#### Overall life happiness (1-item)<sup>15</sup>

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

0            1            2            3            4            5            6            7            8            9            10

Not at all

Extremely

#### Cantril Ladder<sup>16</sup>

Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

If the top step is 10 and the bottom step is 0, on which step of the ladder do you feel you personally stand at the present time? (Please circle your response).

0            1            2            3            4            5            6            7            8            9            10

Bottom  
Step

Top Step

#### PANAS (Schedule for Positive and Negative Affect)<sup>17</sup>

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. For each item, select a number from 1 to 5, and indicate that number on your response sheet.

1                            2                            3                            4                            5

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<sup>15</sup> Jowell, R. (2007). European Social Survey 2006/2007. Round 3: Technical Report. City University, Centre for Comparative Social Surveys, London.

<sup>16</sup> Cantril, H. (1965). Pattern of human concerns. New Brunswick, NJ: Rutgers University Press.

<sup>17</sup> 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.



Very rarely/never    Rarely                      Sometimes                      Often                      Very often/always

Positive  
Negative  
Good  
Bad  
Pleasant  
Unpleasant

**Q2. Turnover Intentions<sup>18</sup>**

Indicate to what extent you agree with the following statements. Use the following scale to record your answers.

(7-point scale: Do not agree at all 1, Very Slightly Agree 2, Slightly Agree 3, Moderately Agree 4, Mostly Agree 5, Strongly Agree 6, Very Strongly Agree 7).

1. I think a lot about leaving the organization.
2. I am actively searching for an alternative to the organization.
3. As soon as possible, I will leave the organization.

**Q3. Job Satisfaction<sup>19</sup>**

Below are two items with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item. *Please circle the relevant number with each question.*

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewh at agree	Agree	Strongly agree
In most ways, my job is close to my ideal.	1	2	3	4	5	6	7
I am satisfied with my job.	1	2	3	4	5	6	7

<sup>18</sup> Cohen, A. (1993b). Work commitment in relation to withdrawal intentions and union effectiveness. *Journal of Business Research*. 26, 75-90.

<sup>19</sup> Adapted from Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of personality assessment*, 49(1), 71-75.



#### Q4. Burnout<sup>20</sup>

Please think about your experience at your job during the past four weeks. Then, indicate how much you experienced each of the following states, using the scale below.

	Never 1	Very rarely 2	Rarely 3	Occasionally 4	Frequently 5	Very frequently 6
Periods of fatigue when you couldn't 'get going'						
Being tired						
Being physically exhausted						
Being emotionally exhausted						
Feeling 'burned out'						
Being 'wiped out'						
Feeling 'run down'						
Being weary						

#### Q5. Motivation<sup>21</sup>

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

	Strongly disagree 1	Disagree 2	Slightly disagree 3	Neither agree nor disagree 4	Slightly agree 5	Agree 6	Strongly agree 7
Because I enjoy the work itself.							
Because it's fun.							
Because I find the work engaging.							
Because I enjoy it.							
Because I care about benefiting others through my work.							

<sup>20</sup> Bacharach, Samuel B., Bamberger, Peter, & Conley, Sharon. (1991). Work-home conflict among nurses and engineers: Mediating the impact of role stress on burnout and satisfaction at work. *Journal of Organizational Behavior*, Vol 12(1), 39-53. doi: 10.1002/job.4030120104.

<sup>21</sup> 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.



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Because I want to help others through my work.  
Because I want to have positive impact on others.  
Because it is important to me to do good for others through my work.

**Q6. Affective Commitment and Perceived Organisational Support<sup>22</sup> (Sense of Belonging, Sense of Support Felt from Organisation)**

Rated on a 7-point Likert scale from “strongly disagree” to “strongly agree”

*Affective Commitment*

I feel strong sense of belonging to my organisation.  
I feel personally attached to my work organisation.  
I am proud to tell others I work at my organisation.  
Working at my organisation has a great deal of personal meaning to me.  
I would be happy to work at my organisation until I retire.  
I really feel that problems faced by my organisation are also my problems.

*Perceived organisational Support*

My organisation really cares about my well-being.  
My organisation strongly considers my values and goals.  
My organisation shows little concern for me. (R)  
My organisation cares about my opinions.  
My organisation is willing to help me if I need a special favor.  
Help is available from my organisation when I have a problem.  
My organisation would forgive a mistake on my part.  
If given the opportunity, my organisation would take advantage of me. (R)

**Q7. Prosocial Impact, Social Worth (Perceived Impact of Work; Sense of Feeling Valued/Recognised by Organisation)**

**Perceived Prosocial Impact<sup>23</sup>** (Likert-type scale anchored at 1=disagree strongly and 7= agree strongly)

1. I am very conscious of the positive impact that my work has on others
2. I am very aware of the ways in which my work is benefiting others
3. I feel that I can have a positive impact on others through my work

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<sup>22</sup> Rhoades, L., Eisenberger, R., & Armeli, S. (2001). Affective commitment to the organization: The contribution of perceived organizational support. *Journal of applied psychology, 86*(5), 825.

<sup>23</sup> 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.



**Perceived Social Worth**<sup>24</sup> (Likert-type scale anchored at 1=disagree strongly and 7= agree strongly.)

1. I feel that my local authority appreciates my work
2. I feel that my local authority values my contributions at work

## **Section 2: Demographics**

### **Q1. Age**

What is your age?

### **Q2. Marital status**

What is your marital status?

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

### **Q3. 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

### **Q4. General Health**<sup>25</sup>

In general, how would you rate your health?

- Excellent
- Good
- Fair
- Poor

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<sup>24</sup> Adapted from Grant, A. M. (2008). The significance of task significance: Job performance effects, relational mechanisms, and boundary conditions. *Journal of applied psychology*, 93(1), 108.

<sup>25</sup> DeSalvo, K. B., Fisher, W. P., Tran, K., Bloser, N., Merrill, W., & Peabody, J. (2006). Assessing measurement properties of two single-item general health measures. *Quality of Life Research*, 15(2), 191-201.





### **Q5. Contract Length**

On which of the following basis are you employed?

- On a permanent contract
- On a fixed term or temporary contract
- Via an agency

### **Q6. Overtime Worked**

On average, how many extra hours (above your contracted hours) do you work per week?

(Insert number from 0)

**If so, how many on average per week?**

### **Q7. Caseload**

Do you feel your caseload is manageable? Please use the scale provided to indicate your answer.

(7-point scale where 1=not at all, 7=completely)

### **Q8. Additional Comments**

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



## Appendix 2 - Baseline administrative data returned by LAs

	A	B	C	D	E	F	G	H
1	<p><b>please enter the data related to each children's social worker below and return to us by emailing <a href="mailto:wvprogrammes@nesta.org.uk">wvprogrammes@nesta.org.uk</a> by Friday 3 May, 2019</b></p> <p>In accordance with GDPR, please ensure that you use anonymised unique IDs only (please let us know if you need us to provide these). Do not include names of any individuals.</p> <p>It is very important that you keep a record of which staff IDs relate to which individuals until the end of the project in January 2020 (but please do not share this information with us). It is essential that the same IDs are used for the same staff members when returning the data each time (at the mid-point and end of the project) to allow us to track individual outcomes.</p>							
2								
3								
4	Local Authority:							
5	Date data retrieved:							
6								
7								
8	Unique Staff ID	Team ID (Please use a unique identifier for each team)	Role (Please select the option which best describes the role)	Gender	Length of employment at LA (months)	Over the last 12 months: Overall absence, incl. holiday (no. of days)	Illness related absence (no. of days)	Number of illness related spells of absence
9								
10								
11								
12								
13								
14								
15								
16								
17								





## Appendix 4 - Letter Template (sent to social workers from principle figure in local authority)

### Letter from Senior-Level Figure in Local Authority to Individual Social Worker

The letter below will be populated with the social worker's first name and the corresponding two lines of feedback provided for them by their manager (as requested in the feedback request emails through the feedback form).

#### Letter text:

Dear (Social Worker First Name, e.g. Anna),

I am very grateful for your hard work at (LA Name, e.g. Shropshire). We sincerely appreciate your contributions to the local authority, which help to improve the futures of vulnerable children and families in (LA name, e.g. Shropshire).

While we haven't worked together directly, your manager tells me that (insert 2 lines of feedback from manager to social worker).

Your work makes a huge difference to in order to give families and children the best chance to fulfil their potential.

Kind regards,

Photocopy of Signature

Name (e.g. Sonia Johnson)

Position (e.g. Director of Children's Services)