

# The SWIS Trial: An evaluation of school based social work

<b>Submission date</b> 13/11/2020	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 27/11/2020	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 20/02/2025	<b>Condition category</b> Other	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

Current plain English summary as of 04/04/2022:

The Social Workers in Schools (SWIS) trial will study an intervention that puts social workers into secondary schools across 21 English Local Authorities. Following on from three previous studies which showed evidence of promise, the trial will evaluate the programme on a larger scale to establish the impact it has on some important social care and educational outcomes. The study team will also learn more about how the intervention works and how it varies.

Education and Children's Social Care (CSC) have an important inter-agency relationship, and both play a vital role in keeping children safe and promoting their wellbeing. Policymakers have been increasingly interested in finding ways to improve how education and CSC work together to respond to safeguarding concerns and protect children, and in the context of the COVID-19 pandemic, these efforts are likely to intensify.

SWIS is a promising approach to doing this. The central idea is that having a social worker linked to and based within a secondary school can have a range of benefits. In particular, to improve the service delivered to children and families, enhance interagency working, reduce risks to children and lead to better outcomes.

Since the study protocol was published the time period of the intervention has been extended twice by the Department for Education (DfE), and the COVID-19 pandemic has caused us to change some activities that were planned. This has affected the timing of analysis and reporting and changed the nature of some data collection activities.

## Who can participate?

The programme initially planned to fund the evaluation in ten local authorities, but following high levels of interest, the project has been expanded to cover 297 schools across 21 local authorities: Croydon Council, Cumbria County Council, Devon County Council, Ealing Council, Gateshead Council, Haringey Council, Harrow Council, (Kingston upon) Hull City Council, Lambeth Council, Merton Council, Newcastle City Council, Salford City Council, Somerset County

Council, Southwark Council, Staffordshire County Council, Sutton Council, Swindon Borough Council, Tameside Metropolitan Borough Council, Tower Hamlets Council, Wirral Council and the City of Wolverhampton Council.

What does the study involve?

Social workers will work within schools across 21 Local Authorities (LAs) in England, and the study will evaluate the impact of the programme by comparing outcomes between schools that have a social worker and those that continue as normal, without a social worker based on the premises. Schools will be selected randomly from a pool of schools put forward by LAs to receive a social worker so that we can be confident any differences we observe are due to the intervention and not another difference between the groups.

The primary outcome tested will be Child Protection (Section 47) enquiries, but other social care and educational outcomes will also be analysed to see what impact the intervention has on these. The study will also calculate the costs of SWIS and will explore how and why the intervention works as it does.

What are the possible benefits and risks of participating?

The risks of participation are minimal. Data will be anonymised and at school level, so there is no risk to individuals within schools. Data collection will involve surveys and interviews with social workers and their managers, school staff, and children. It may also involve participant observation— where researchers shadow social workers to understand more about their day to day activities— if restrictions associated with COVID-19 allow. During these activities, risks are thought to be low, as the primary focus will be the intervention and not any difficulties children and families are experiencing. However, in line with standard research ethics protocols, steps will be taken to ensure that participants are not harmed by taking part and the chance of experiencing distress is minimised. Participants will be involved using informed consent, and can withdraw at any time and draw on support following the data collection if they need to.

Where is the study run from?

The Centre for Trials Research (CTR) at Cardiff University and the Children's Social Care Research and Development Centre (CASCADE) at Cardiff University (UK)

When is the study starting and how long is it expected to run for?

From August 2020 to March 2024

Who is funding the study?

The Department for Education via What Works for Children's Social Care (England) Foundations What Works Centre for Children & Families (Formerly What Works for Children's Social Care) (England)

Who is the main contact?

1. General enquires, [SWISTrial@cardiff.ac.uk](mailto:SWISTrial@cardiff.ac.uk)
2. Mr David Westlake (PI), [WestlakeD@cardiff.ac.uk](mailto:WestlakeD@cardiff.ac.uk)

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Previous plain English summary as of 04/10/2021:

Background and study aims

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studies which showed evidence of promise, the trial will evaluate the programme on a larger scale to establish the impact it has on some important social care and educational outcomes. The study team will also learn more about how the intervention works and how it varies.

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Who is the main contact?

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2. Mr David Westlake (PI), WestlakeD@cardiff.ac.uk

## Contact information

### Type(s)

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### Contact name

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**Additional identifiers****Clinical Trials Information System (CTIS)**

Nil known

**ClinicalTrials.gov (NCT)**

Nil known

**Protocol serial number**

Nil known

**Study information****Scientific Title**

The SWIS Trial: A randomised controlled trial of school-based social work

**Acronym**

SWIS RCT

**Study objectives**

Current study hypothesis as of 04/04/2022:

Is SWIS more effective than usual practice in:

1. Reducing rates of Section 47 enquiries (across 2 academic years, starting on 2nd September 2020 and measured 23 months later), compared to usual practice?
2. Reducing rates of referral to CSC and Section 17 assessments (across 2 academic years, starting on 2nd September 2020 and measured 23 months later)?
3. Reducing the number of days children spend in care (across 2 and 3 academic years, starting on 2nd September 2020 and measured 23 and 35 months later)?
4. Improving educational attendance, (recorded termly across 2 academic years, starting on 2nd September 2020) and attainment (recorded June 2021 and 2022)?

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Previous study hypothesis as of 04/10/2021:

1. Reducing rates of Section 47 enquiries (across 2 academic years, starting on 2nd September 2020 and measured 19 months later), compared to usual practice?
2. Reducing rates of referral to CSC and Section 17 assessments (across 2 academic years, starting on 2nd September 2020 and measured 19 months later)?
3. Reducing the number of days children spend in care (across 2 academic years, starting on 2nd September 2020 and measured 19 and 31 months later)?
4. Improving educational attendance, (at 19 months after the start of the academic year) and attainment (at 19 months after the start of the academic year) (reported at 31 months after the start of the academic year)?

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Previous study hypothesis:

Is SWIS more effective than usual practice in:

1. Reducing rates of Section 47 enquiries (at 9 months following the start of the school year)?
2. Reducing rates of referral to CSC and Section 17 assessments (at 9 months following the start of the school year)?
3. Reducing the number of days children spend in care (at 9 months and 21 months following the start of the school year)?
4. Improving educational attendance, (at 8 and 10 months following the start of the school year) and attainment (at 9 months following the start of the school year)?

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Approved 26/08/2020, School of Social Sciences Research Ethics Committee, Cardiff University (Glamorgan Building, King Edward VII Avenue, Cardiff CF10 3WT; +44 (0)29 2087 5179; no email address available), ref: SREC/3865

Extension amendment approved 24/05/2021

Second extension amendment approved 29/03/2022

### **Study design**

Cluster randomized controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Prevention

### **Health condition(s) or problem(s) studied**

Children's Social Care - aiming to reduce rates of Section 47 enquiries, referrals to children's social care, Section 17 assessments, and the number of days children spend in care.

### **Interventions**

Current interventions as of 04/04/2022:

The objective is to evaluate the effectiveness and cost-effectiveness of an intervention called Social Workers in Schools (SWIS). SWIS involves embedding social workers into schools so that they can work more effectively with education colleagues and with children and families. Having a social worker linked to and based within a secondary school is thought to have a range of benefits including enhanced school response to safeguarding issues, increased collaboration between social worker and school staff, and parents, and improved relationships between the social worker and young people, thus reducing the risks to children, leading to better outcomes.

Previous research has identified three pathways through which SWIS may work. Pathway A is based around regular communication between the social worker and school staff and requires the social worker's expertise and contribution to be welcomed by the school. The advice and support given to school staff is thought to increase their confidence in safeguarding issues and improves the quality of school referrals. Pathway B is about working directly with families and improving relationships between social workers and parents. Pathway C is more about working with children and young people directly. Frequent interactions with the social worker are thought to enable the young person to trust the social worker and to feel understood and supported. This is theorized to lead to improved school attendance and participation, better management of a young person's risks, and improved outcomes. In all three pathways, improved child and family outcomes are theorized to lead to a reduction in the number of children in care.

According to the intervention manual shared with delivery sites, key features of the SWIS programme, delivered over 23 months include:

1. Social workers embedded within secondary schools (but can also work with feeder primaries). They should have their own office space in the school and opportunities to integrate.
2. Experienced social workers (being in practice for at least 2 years).
3. A focus on statutory social work with additional opportunities for "preventative" aspects, which could involve "advising staff, families and young people" and working with children who are not at the threshold for formal involvement.
4. Caseloads managed within the team and in line with local authority averages, and where possible the carry-over of existing caseloads prior to the launch should be minimal. To avoid disrupting existing relationships, SWIS workers are expected to take on new cases (as opposed to taking on cases handed over by other social workers).
5. Face to face contact should be the basis for the intervention in order to build strong relationships with school staff, children, and families.

21 local authorities and up to 291 schools across England (approx. 290,000 students) will take part in the study. Clusters (schools) will be randomised to receive either the social workers in schools program or continue with usual practice. Schools will be stratified by local authority and we will use a balancing algorithm for important baseline covariates. The effectiveness and cost-effectiveness of social workers in schools will be assessed and reported 23 months after the start of the school year (with educational attainment reported at 31 months and days in care assessed and reported at 35 months in addition to at 23 months).

The researchers will be looking to see if there are reduced rates of Section 47 enquiries (at 23 months following the start of the school year). Child protection (Section 47) enquiries are investigations CSC carry out when they have "reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm" (Children Act, 1989). This is a key point in the work of CSC; an enquiry would normally involve an assessment of the child's needs and the ability of family members of carers to meet them. Social workers would normally interview family members, children (if they are old enough), and use information from

other agencies such as schools and health. A reduction in this measure could be taken to indicate that risks to children were reduced, as fewer children would be reaching this threshold of perceived risk.

The study will also explore if SWIS is more effective than usual practice in reducing rates of referral to Children's Social Care and Section 17 assessments (at 23 months), reducing the number of days children spend in care (at 23 months and 35 months), improving educational attendance (at 19 months) and attainment (at 23 months and reported at 35 months) and whether these changes are greater within schools that received the intervention compared to schools that did not.

Case study interviews with social workers, students, and school staff will also be conducted to explore what happened during the setup and use of the SWIS programme, how people feel about the intervention, and in what ways it has been useful. Finally, the cost of the intervention will be calculated to see if it provides good value for money.

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Previous research has identified three pathways through which SWIS may work. Pathway A is based around regular communication between the social worker and school staff and requires the social worker's expertise and contribution to be welcomed by the school. The advice and support given to school staff is thought to increase their confidence in safeguarding issues and improves the quality of school referrals. Pathway B is about working directly with families and improving relationships between social workers and parents. Pathway C is more about working with children and young people directly. Frequent interactions with the social worker are thought to enable the young person to trust the social worker and to feel understood and supported. This is theorized to lead to improved school attendance and participation, better management of a young person's risks, and improved outcomes. In all three pathways, improved child and family outcomes are theorized to lead to a reduction in the number of children in care.

According to the intervention manual shared with delivery sites, key features of the SWIS programme, delivered over 19 months include:

1. Social workers embedded within secondary schools (but can also work with feeder primaries). They should have their own office space in the school and opportunities to integrate.
2. Experienced social workers (being in practice for at least 2 years).
3. A focus on statutory social work with additional opportunities for "preventative" aspects, which could involve "advising staff, families and young people" and working with children who are not at the threshold for formal involvement.
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## **Intervention Type**

Behavioural

### **Primary outcome(s)**

Current primary outcome measure as of 04/04/2022:

Number of child protection (Section 47) enquiries calculated from data collected from Local Authority (LA) CSC departments, based on a data-sharing agreement between each LA and the research team at 23 months

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Previous primary outcome measure as of 04/10/2021:

Number of child protection (Section 47) enquiries calculated from data collected from Local Authority (LA) CSC departments, based on a data-sharing agreement between each LA and the research team at 19 months

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Previous primary outcome measure:

Number of child protection (Section 47) enquiries calculated from data collected from Local Authority (LA) CSC departments, based on a data-sharing agreement between each LA and the research team at 9 months

### **Key secondary outcome(s)**

Current secondary outcome measures as of 04/04/2022:

1. Number of referrals to Children's Social Care measured from anonymised data collected from local authority departments at 23 months
  2. Number of child in need (Section 17) assessments measured from anonymised data collected from local authority departments at 23 months
  3. Number of days in care measured from anonymised data will be collected from local authority departments at 23 months and 35 months
  4. Educational attendance as a percentage of total term days measured using anonymised administrative data requested from the National Pupil Database (NPD) at 32 months
  5. Educational attainment at key stage 4 measured using anonymised administrative data requested from the National Pupil Database (NPD) at 32 months
- 

Previous secondary outcome measures as of 04/10/2021:

1. Number of referrals to Children's Social Care measured from anonymised data collected from local authority departments at 19 months
2. Number of child in need (Section 17) assessments measured from anonymised data collected from local authority departments at 19 months
3. Number of days in care measured from anonymised data will be collected from local authority departments at 19 months and 31 months
4. Educational attendance as a percentage of total term days measured using anonymised administrative data collected from the National Pupil Database (NPD) at 19 months

5. Educational attainment at key stage 4 measured using anonymised administrative data collected from the National Pupil Database (NPD) at 19 months

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Previous secondary outcome measures:

1. Number of referrals to Children's Social Care measured from anonymised data collected from local authority departments at 9 months
2. Number of child in need (Section 17) assessments measured from anonymised data collected from local authority departments at 9 months
3. Number of days in care measured from anonymised data will be collected from local authority departments at 9 months and 21 months
4. Educational attendance as a percentage of total term days measured using anonymised administrative data collected from the National Pupil Database (NPD) at 8 and 10 months
5. Educational attainment at key stage 4 measured using anonymised administrative data collected from the National Pupil Database (NPD) at 9 months

**Completion date**

29/03/2024

## Eligibility

**Key inclusion criteria**

1. Students, school staff, and social workers in England

**Healthy volunteers allowed**

No

**Age group**

Mixed

**Sex**

All

**Total final enrolment**

268

**Key exclusion criteria**

1. Fee-paying schools
2. Schools with <133 students
3. Schools likely to be closed or merged during the trial
4. Previously received the SWIS intervention in the pilot

**Date of first enrolment**

01/09/2020

**Date of final enrolment**

30/11/2020

# Locations

## Countries of recruitment

United Kingdom

England

## Study participating centre

### Centre for Trials Research

Cardiff University

4th Floor Neuadd Meirionnydd

Heath Park

Cardiff

United Kingdom

CF14 4YS

## Study participating centre

### Children's Social Care Research and Development Centre (CASCADE)

School of Social Sciences

SPARK

Cardiff University Social Science Park

Maindy Road

Cardiff

United Kingdom

CF24 4HQ

# Sponsor information

## Organisation

Foundations What Works Centre for Children & Families

## Funder(s)

### Funder type

Government

### Funder Name

Department for Education, UK Government

### Alternative Name(s)

Department for Education (DfE), Department for Education, educationgovuk, DfE

## Funding Body Type

Government organisation

## Funding Body Subtype

National government

## Location

United Kingdom

# Results and Publications

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon reasonable request from SWISTrial@cardiff.ac.uk at the end of the trial and will be considered by Cardiff University and the funder. Aggregated trial and HE data, anonymised qualitative data and National Pupil Database (NPD) data will be archived in the ONS Secure Research Service (SRS) by the funder. Data can be accessed by Approved Researchers remotely accessing data as per ONS processes. This will be following an application to the NPD (if those data are required) as well as an application to ONS for access to the SRS. Consent for this data to be held in the SRS will be sought for the qualitative data, all other data are anonymous /aggregated.

## IPD sharing plan summary

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		31/03/2023	13/11/2023	Yes	No
<a href="#">Results article</a>	Domestic abuse	31/03/2023	13/11/2023	Yes	No
<a href="#">Protocol article</a>		09/06/2022	10/06/2022	Yes	No
<a href="#">Funder report results</a>		01/09/2024	20/02/2025	Yes	No
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes