

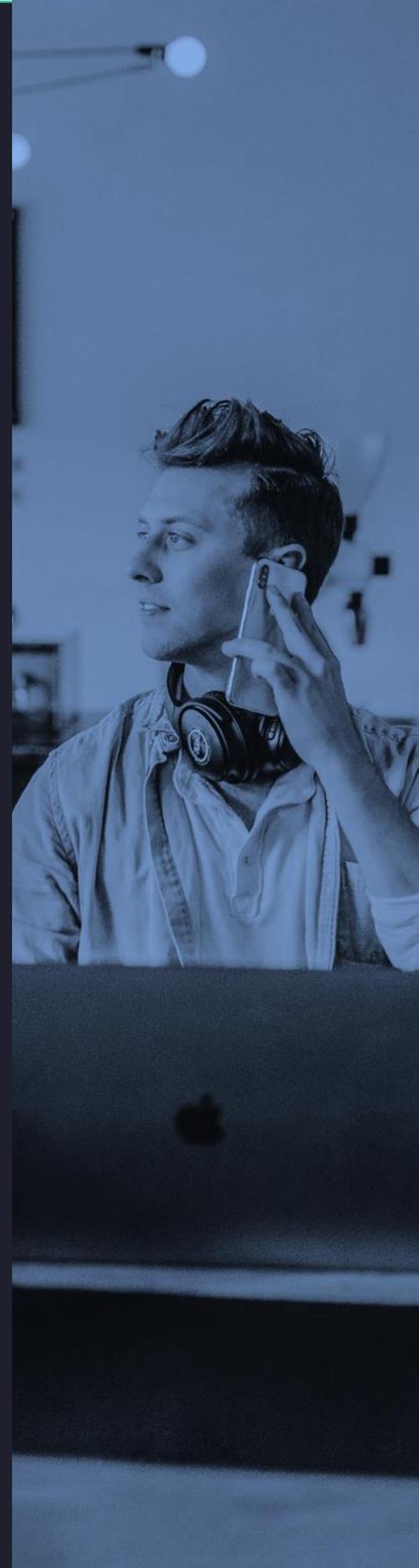


**SOCIAL
ENGINE**

Applying behavioural insights
to support Designated
Safeguarding Leads with
safeguarding decision making

Final report

January 2021



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About Social Engine

Social Engine was founded in 2015 to support organisations to adopt an evidenced-based and insight-led approach. We work with charities, local authorities, social enterprises and other social purpose organisations to overcome organisational challenges through engagement, research and the practical application of evidence into practice.

Our work involves applying behavioural insights to support service improvement across a wide range of policy and service areas in order to improve outcomes for individuals and communities.

www.social-engine.co.uk

Executive Summary

Background and project scoping

In March 2018, Warwickshire County Council (WCC) conducted a strategic review of Children and Families, concluding that reducing non-essential demands on the Multi Agency Safeguarding Hub (MASH) was a significant priority. Over the course of a year 2,150 calls resulted in no further action, or required directing elsewhere and the Council estimated that the direct cost of these non-essential calls was £570,825.

With support from the LGA's Behavioural Insights programme, WCC commissioned Social Engine to develop and test a new approach in order to reduce the volume of non-urgent calls to MASH, by adopting a behaviourally informed intervention.

The project's primary focus was on schools; this decision was based upon findings that a disproportionate number of non-urgent contacts into MASH came from schools. An initial scoping phase helped to identify a number of key areas to explore in order to identify the underlying causes of demands placed on MASH by school professionals raising non-urgent matters.

Evidence and insight gathering

Several key themes emerged from stakeholder interviews:

- Timeliness and level of communication between schools and MASH could be more consistent and reliable
- MASH is used primarily as a consultancy service where DSLs consult professionals before making a referral
- The outcome of calls and referrals needs to be made clearer to DSLs
- DSLs often, if not always, consult other DSLs/professionals within the school before calling MASH
- More communication across services will increase the timeliness of dealing with cases
- The relationship and experience of teachers with parents should be recognised by the MASH team, drawing on the professional knowledge and experience of a DSL when a referral is being made.

Research conducted as part of the evidence and insight gathering phase of the project indicated that there are a number of reasons why DSLs contact the MASH.

Factors include:

- Lack of confidence – wanting to gain advice on the seriousness of a given situation
- Wanting to 'log' an issue
- Following up on a previous referral
- Concern that failure to report might reflect badly if the situation escalates.

Our hypothesis was: providing clear and accessible guidance highlighting more appropriate sources of support would reduce calls by DSLs to MASH.

With this backdrop, we sought to develop an intervention that would support and guide DSLs to make more appropriate decisions about how and when to contact the MASH. Working with WCC children's services teams, headteachers and DSLs themselves we developed an intervention to be delivered via a randomised controlled trial (RCT) during the first half of 2020. By the spring of 2020, design of an intervention intended to influence the behaviour of DSLs within schools was complete. However, the COVID-19 pandemic interrupted the start of the trial.

During the earlier scoping phase of the project, the importance of DSL training as a key influence on safeguarding leads' behaviour had been identified as presenting significant opportunities to positively influence behaviour. However, at that time the responsibility for training sat outside the project team and consequently it was not deemed within scope for the project. By summer 2020, as the first lockdown was lifted, the responsibility for training had been shifted, creating an opportunity to use the DSL training to intervene. Therefore, the project shifted to focus on ensuring that behavioural insights informed the messaging contained in safeguarding training.

Intervention and trial design

The development of new materials and training activities meant that we were able to apply behavioural insights to shape the content of the PowerPoint presentation (DSL introduction and refresher courses), follow up information and an 'at a glance' poster.

The principal influences which were incorporated into our intervention were:

- Simplification - When something is simple, clear and easy to understand (salient) it increases the likelihood of the reader responding positively. In practice this meant editing content, using accessible language and increasing resonance.
- Social norms - When someone thinks that everyone else is doing something, they are far more likely to do it themselves. The use of a descriptive social norm – pointing out that the majority of DSLs achieve satisfaction from following a particular process, or that higher numbers of children/families get back on track by accessing Early Help is a useful way to emphasise the 'take action early' messages.
- Framing - Documents were framed to emphasise the positive gain ('help received; case resolved!') of taking a particular route.
- Intrinsic incentives - Messages that resonate with the core ambition of the DSL to resolve the situation and to achieve this with minimal effort were seen to appeal to their intrinsic motivation.

The shift in the focus of our intervention from all DSLs across the County, to just those accessing safeguarding training necessarily reduced our sample size and removed the ability to randomise our sample as we could not control who attended the training (and to randomise within this group would have further reduced our sample size).

We therefore decided to use a quasi-experimental method, with a natural comparison group provided by DSLs that did not undertake the safeguarding training.

The intervention was delivered to new and existing DSLs attending training in Autumn 2020. In total 165 DSLs participated in training courses and received our intervention. With Covid-19 restrictions in place, participants joined online training sessions where they were guided through the behaviourally informed slides, with emphasis given to the 'at a glance' guide which was recommended for future reference.

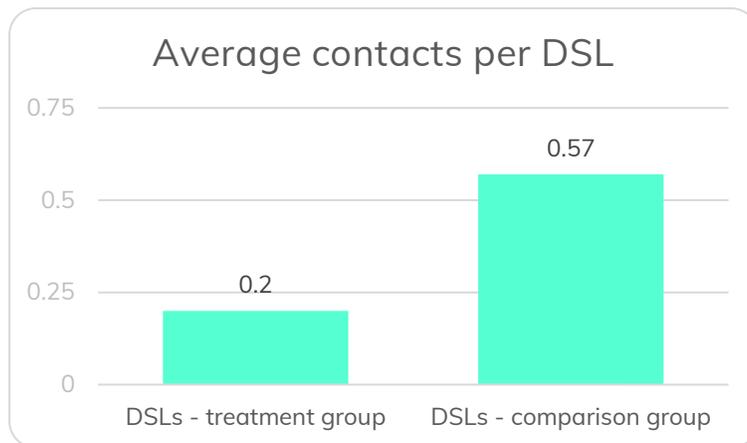
Findings

In total, there are 1,149 school-based DSLs working in Warwickshire. 165 out of 1,149 school DSLs (14%) were assigned to the treatment group because they were exposed to our intervention - they had attended either the training for new DSLs or the refresher training that took place in September 2020. The remaining 984 DSLs (86%) were assigned to the comparison group.

Balance tests confirmed that the comparison and treatment groups were broadly similar in their characteristics: school size and percentage of students eligible for free school meals (FSM%).

DSLs in the treatment group made on average 0.2 contacts, whereas DSLs in the comparison group made on average 0.57 contacts. This mean difference of 0.37 was found to be statistically significant ($p < .001$).

DSLs in the treatment group made on average 65% fewer contacts compared to DSLs in the comparison group.



Another positive outcome was that the proportion of DSLs who called MASH to raise a non-urgent issue (contact) was considerably lower in the treatment group (5%) compared to the comparison group (21%). Therefore, DSLs who were not exposed to our intervention were four times more likely to call MASH compared to DSLs who were exposed to our intervention.

All these findings point towards a significant and positive effect on behaviour.

The intervention effect – a reduction in non-urgent contacts of 65% - would mean 1,398 fewer non-urgent calls over the course of a year if realised across all DSLs. Based on WCC’s cost calculations, this would realise savings of over £370,000 per year. We recognise that a quasi-experimental method means the results are less robust than if we had conducted a randomised controlled trial. However, the strength of the effect size across multiple metrics leads us to be confident that the intervention was effective in reducing contacts to MASH.

Lessons Learnt

The project has shone a light on the risk of adverse effects arising from inconsistent or contradictory messaging. The trial has shown that clearer communication – removing ambiguity and potentially confusing messaging – is likely to have a positive impact and reduce undesired behaviours.

Understanding the attitudes, behaviours and influences on decision-making among DSLs was key to informing the design of our intervention. Actively engaging DSLs and Head Teachers to understand their perspectives is crucial to designing an efficient and relevant service.

There is considerable benefit from WCC understanding how it feels for DSLs when their demands of MASH are not met – and why – as this is likely to influence their subsequent behaviour. This insight-led approach offers learning not just to the design of framing messaging and services for DSLs but also as an approach that can be equally applied to other services.

The project took place through a period of constant flux. Much of this was the result of the unforeseen Covid-19 pandemic and subsequent lockdowns, but there were also frequent changes to MASH and the Children’s and Families Services throughout the course of the project.

The impact of individual changes is complex to evaluate effectively when multiple changes are made at the same time. Without sufficient understanding of evidence of what works, there is a real risk that decisions are not evidence-based and resources are inefficiently expended on ineffective interventions and practices.

This problem is compounded by an absence of accurate, timely, relevant and comprehensive data. Despite considerable progress made to data collection, there is still further progress that could be made. WCC should continue to build on recent progress in the consistency and quality of data collection and analysis in order to make more informed decisions underpinned by evidence of what works.

We also suggest that the Council consider adopting a more measured approach to service redesign and iteration, allowing time to test the effectiveness of individual changes in isolation rather than deploying a large number of changes simultaneously.

There is still potential to further reduce unnecessary contacts by DSLs. Whilst the intervention has demonstrated progress, there is still further iteration and experimentation to be done.

Introduction

In March 2018, Warwickshire County Council (WCC) conducted a strategic review of Children and Families, concluding that the management of demands upon the Multi Agency Safeguarding Hub (MASH) was a significant priority. At that time, the annual demand on the MASH was 29,000 calls from partner agencies of which approximately 2,150 calls resulted in no further action, or required directing elsewhere. WCC estimated that the direct cost of these non-essential calls equated to £570,825 per annum. With such considerable resources being expended in this way the Council wanted to reduce avoidable calls in order to release staff to address genuine referrals for children at risk.

With support from the LGA's Behavioural Insights programme, the Council commissioned Social Engine to support them to develop and test a new approach in order to change behaviour and reduce demand on the MASH.

Background

The MASH facility in Warwickshire operates on a similar model to the provision in many other local authorities. It is a partnership between:

- Warwickshire County Council
- Warwickshire Police
- The National Health Service (NHS)
- Other key partner agencies

The intention behind setting up the MASH was to provide a 'one-stop shop' for safeguarding referrals, enabling a streamlined process for cases to be assessed and subsequently addressed by the relevant team. Whilst professionals are the primary users of the service, it is open to members of the public to raise their concerns.

Since opening in 2016 it has received higher levels of referrals compared to statistical neighbours and, against a backdrop of increasing demand, a drive for efficiency and review (by Ofsted and others) attention is focused on securing improvement to interactions with referrers and stakeholders in order to ensure it can operate most effectively.

Warwickshire is a large geographically spread County with a cultural and socioeconomic mix including great deprivation and affluence. In addition, 68,000 new homes are forecast to be built in Warwickshire by 2025 which will bring added pressure to schools and other public services. The Council therefore felt it was imperative to manage demand in the short term in order to avoid demand overwhelming services in the future.

Aims

MASH receives a high volume of calls, with a significant proportion of these being identified as non-urgent matters. These calls, which could more appropriately be directed to other services, such as Early Help and Family Information Service, place MASH under considerable pressure, constraining capacity to deal with urgent safeguarding issues.

The aim of this project was therefore to reduce the volume of non-urgent calls to MASH by adopting a behaviourally informed intervention.

Project Methodology

Our approach to the project comprised of four distinct stages. An iterative design methodology ensured that each stage was informed by the previous. Our approach to the project design and delivery was based on co-production and working collaboratively with the WCC project team in order to meet their expectations, support organisational learning and help build the Council's capacity and capability



The first phase, as specified by the LGA behavioural insights programme requirements, was to conduct brief project scoping and [produce a report](#).

Once the approach to deliver the project had been refined, based on an initial assessment of available evidence and information, a subsequent phase of primary research was conducted to gather insight from key stakeholders, including employees at MASH and Designated Safeguarding Leads (DSLs).

Research and Engagement Methods

Our initial scoping phase of the project helped us to identify a number of key areas needed to explore to understand what are the root causes of the main problem, namely the excessive demand placed on MASH by school professionals raising non-urgent matters.

To answer our research questions, we employed mixed method research techniques in order to extract insights into the psychologies and behavioural factors influencing the undesired behaviours of our target audience.

The overall research questions were:

1. What are professionals' perceptions of the process of raising a safeguarding concern through the MASH? How do these perceptions impact their behaviour?
2. What factors influence decisions to contact MASH about a borderline safeguarding issue?
3. How do different sources of information influence the behaviours and attitudes of professionals in decisions about whether to contact MASH?
4. Do professionals contact MASH early on in order to 'log' potential safeguarding concerns so as to minimise any perceived risk to themselves/organisation?

Having designed our research and engagement plan, the next phase of the project was to gather evidence and insight through various methods. As part of evidence and insight gathering, our purpose was twofold:

- Collect valuable information to uncover the nature of the problematic, increased demand of non-urgent calls to MASH.
- Use this collected insight to inform the design of our intervention.

We developed a research and engagement plan, outlining our research questions and the engagement methods.

Desk Research

We performed statistical analysis of existing WCC data to explore the characteristics of schools that are responsible for a disproportionate number of calls into MASH. In order to evaluate strengths and weaknesses of how MASH communicates its messages to professionals, we undertook a review of current comms. As well as this, we reviewed previous academic and practitioner literature on safeguarding issues, along with psychological theories of underlying risk aversion acting as factors in causing non-urgent calls.

Stakeholder Interviews

We facilitated 12 semi-structured individual interviews, lasting 30 minutes each, with key stakeholders. This included school professionals, designated safeguarding leads and employees from the MASH team and traded services for schools.

In these interviews, we explored understanding of the safeguarding process into MASH, the magnitude of the problem, general perceptions of risk, participants' judgments in differentiating safeguarding from non-safeguarding cases, as well as cultural and organisational factors that are influencing behaviours.

Focus Groups

We also facilitated a focus group session with MASH/ WCC staff. Our group discussions provided an opportunity for individual reflection on issues as well as a collective view of the problem, including shared values and norms that are acting as drivers of the behaviour among professionals.

Introductory training for DSLs

We attended the two-day training course provided to newly appointed DSLs. This training allowed us to review the messaging and engagement activities provided to participants in this mandatory training course and to explore their perceptions of the activity.

Customer Journey Mapping

Based on our findings from the previous methodologies, we created customer journey maps – these are visual diagrams that map out the actions, decisions and emotions that an individual goes through when deciding to contact MASH. We also set out the 'touch points' (i.e., interactions) between a referrer and the MASH team in order to identify opportunities for us to intervene.

Co-design workshop

We worked collaboratively with the WCC project team and key stakeholders in a co-design session to develop our experimental research method and interventions. In this session, we explored the current behaviours and underlying motivations among our target audience, based on the insight gathered from our stakeholder engagement. We also set expectations and measurable goals of our intervention, and identified opportunities to influence behaviour change. The output of this workshop was an agreed design of our intervention trial aimed to address the psychological and behavioural drivers that contribute to the increased demand of telephone calls coming into MASH.

Report of data analysis

At the start of the project, WCC team provided us with their internal database of records of all contacts and referrals made into MASH during the period Sept 2017 to Aug 2018. This database included a range of variables that were of particular interest to us:

- Contact source
- Method of contact
- Outcome of the call

We analysed the data in an exploratory fashion in order to build an understanding of the nature of the problem as well as decide what will be the focus of the trial.

The research question that drove our analysis was:

“What factors play a role in the increased demand of non-urgent matters into MASH?”

The analysis led us to the conclusion that schools are the most suitable focus for the trial, as the primary source for calls to MASH that are non-urgent issues.

Framework Development

Our decision for schools to be the primary focus of the project were based upon the following findings:

1. Schools are responsible for a significantly large number of contacts and referrals. MASH receives contacts and referrals from a significantly diverse group of referral agencies, including schools, police, health services and legal services.

Schools and Police are two referral agencies that contact MASH with great frequency: approximately half (48%) of all contacts and referrals originate from either the police or schools.

Schools are responsible for slightly more contacts and referrals than the police.

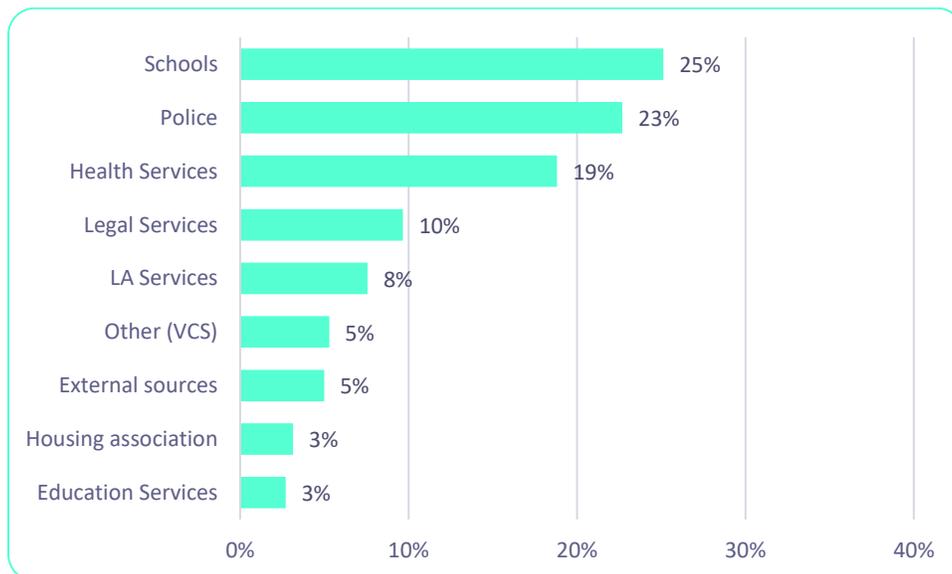


Figure 1 – Contacts and Referrals by Source

2. Contacts from schools most frequently come from a phone call, rather than other types of communication (e.g., email).

WCC clearly outlined that in terms of managing demand on the MASH they were most interested in exploring the volume of telephone calls to the helpline.

When all methods of communication other than telephone calls are removed, we find that total volumes from the police reduce significantly, particularly for contacts. Calls from the police account for just 6.7% of contacts made by telephone, whilst schools account for almost half (48.2%), and health services for one in five contacts (21.4%). It is therefore clear that whilst the police are responsible for a significant proportion of contacts and referrals, these are far less likely to be made via telephone than by other communications channels, in contrast to referrals and contacts from schools. This finding underlines the decision to focus on schools.

Further Desk Research

At this stage we analysed data with the aim to understand the nature of contacts at the school level.

We found that schools are far more likely to call MASH with a concern about a child that is deemed from the WCC team as a contact (non-urgent issue) rather than as a referral (urgent issue). For all school communications, approximately 3 out of 4 (24.5 %) are contacts, whilst 1 in 4 (75.5 %) are referrals. Calling WCC to discuss a non-urgent issue is the key source of causing pressure into the MASH telephone system.

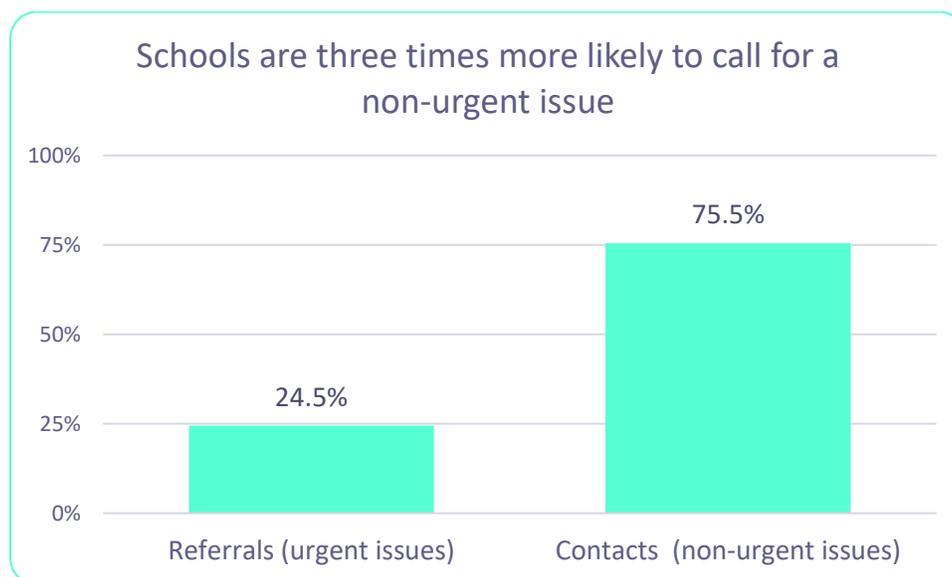


Figure 2 - School Referrals and Contacts

A profound variable affecting how many contacts each school makes is school size. Larger schools account for an increased number of contacts and referrals. Correlation tests revealed a positive correlation between school size and number of contacts (coefficient = 0.05): the larger the school, the more the contacts it made.

Therefore, to build a fair and unbiased understanding of the factors contributing to the increased demand of non-urgent contacts into MASH, school size as a key confounding variable was adjusted in our analysis - by calculating the number of contacts each school makes per one student.

On average, schools make 0.05 contacts per student. Certain schools however deviate greatly from that average, indicating that they are making a disproportionate number of contacts relative to their size. For example, 'contacts per student' from the top 30 schools with the most referrals range between 0.1 to 0.6, which means that those top 30 schools made between 2 and 10 times more contacts per student compared to the overall average figure (0.05). Conversely, contacts per student from the 30 schools with the least referrals ranged between 0.01 to 0.02.

The above observations led us to the following research question:

“Why do certain schools make a disproportionate (relative to their size) number of contacts into MASH?”

The subsequent mixed research methodologies - stakeholder interviews and customer journey mapping - that we facilitated aided us in answering these questions as part of insight gathering in Phase 2.

Evidence and Insight Gathering

Summary of Evidence Review Findings

We identified seven factors correlating with decisions that children's social services make in relation to safeguarding cases. These were:

- 1) Day of the week
 - As the week progresses, referrals are less likely to proceed to further action.
 - Referrals received over the weekend are less likely to proceed to further action.
- 2) Social worker caseload
 - The greater the social worker's caseload, the fewer the number of referrals that progressed into further action.
- 3) Referral source
 - Referrals that come from an internal source and schools are most likely to proceed to further action.
 - Referrals originating from family members are least likely to proceed to further action.
 - There is some evidence to suggest that "referrals from police can be in a form that is more difficult to digest".
- 4) Referral method
 - Email and written methods of referrals are least likely to progress to further action.
 - Referrals received from telephone calls are more likely to progress to further action.
- 5) Ethnicity
 - Referrals of children from non-white ethnic backgrounds are more likely to escalate to serious cases.
- 6) Deprivation
 - When comparing deprivation based on health outcomes with deprivation based on income, there are mixed results.
 - Referrals of children who live in areas with lower neighbourhood health levels are more likely to escalate to a serious case.
 - Referrals of children who live in geographic areas with greater income deprivation are less likely to result in further action.
- 7) Social worker experience
 - Greater professional experience of the social worker who is managing a case reduces the likelihood that a referral will escalate to a serious case.

Findings from Stakeholder Interviews

The aim of our stakeholder interviews was to explore and understand the safeguarding process into MASH including: the magnitude of the problem; general perceptions of risk; participants' judgments in differentiating safeguarding from non-safeguarding cases; and organisational factors that might influence behaviours while exploring any other issues that emerge from discussions.

Key Themes

- Timeliness and level of communication between schools and MASH could be more consistent and reliable
- MASH is used primarily as a consultancy service where DSLs consult professionals before making a referral
- The outcome of calls and referrals needs to be made clearer to DSLs
- DSLs often, if not always, consult other DSLs/professionals within the school before calling MASH
- More communication across services will increase the timeliness of dealing with cases
- The relationship and experience of teachers with parents should be recognised by the MASH team, drawing on the professional knowledge and experience of a DSL when a referral is being made.

Feedback – Experiences and Perceptions of MASH

- MASH is positive and offers good advice. Users feel listened to and liked the support that was offered to 'clarify thinking.'

"We as a school really appreciate MASH.... being able to ring and get some impartial advice, for situations that aren't always black or white is the most helpful part of MASH" - (DSL 5 years)

"I think it's a good concept, having everybody in one place." - (DSL 12 years)

- Sometimes the advice that is offered is inconsistent depending on the member of staff that you speak to, with long waits for responses or actions to be communicated to the DSL

"The knowledge of staff answering the call varies which means each call is different." - (DSL 6 years)

- Most DSLs recognise the pressures and lack of resource that the MASH team have and as a result staff tend to have a 'reactive attitude'

"Staff [at MASH] aren't always determined to follow through, you have to be prepared to 'bat back'" - (DSL 2 years)

- The majority of DSLs felt that MASH staff were professional and knew their role

“I just wanted to reiterate really how good the social workers are but they are doing an impossible job under impossible circumstances.” - (DSL 12 years)

- Sometimes staff on the phone were considered ‘patronising’ and didn’t consider the DSLs’ previous experience or knowledge of the child or family when taking a call; staff referred the DSL to Early Help assuming the DSL hadn’t already attempted this or a similar intervention, such as talking to parents

“On a few occasions myself and my colleagues don’t always feel supported by the people on the phone. When we explain our concern to get advice or perhaps if we need more information, we are almost questioned too much – like patronised. Asked have you tried this and that as if we don’t have any experience. I don’t want to put the MASH team down because they do a good job but sometimes that does happen and it’s not what you expect.” - (DSL 10 years)

“Some [staff] on the call are very professional but they don’t ask the right questions and just tend to say “you need to monitor the situation” which we already do.” - (DSL 6 years)

- All (8) DSLs would consult another DSL before calling the MASH line either for advice or further information on the child, however they would usually follow up with a call to MASH to check as ‘they are the experts’
- MASH was considered a useful tool for serious incidents however many DSLs felt they overlook less serious, subtle or ongoing referrals which may do more harm as ‘the long-term story is ignored’

“The long-term story is ignored which are normally the hardest cases to identify. Those are the families where little things happen, sometimes often, but won’t be offered, accept or get help as it not obvious. It’s a series of things that happen that aren’t recognised”. - (DSL 2 years)

- It was felt there was not enough communication between MASH/DSLs/Teachers/Parents and more could be done to speed up processes, as the wait for updates from MASH causes frustration and confusion and ‘more communication is key’

“I don’t want to be nagging them, but if I knew and had a timeframe, then I think it would help, as it would mean I didn’t contact them needlessly, and would save me and them some stress.” - (DSL 5 years)

“Sometimes it’s not always the immediate response you want and you can wait up to two weeks after the event to learn that the referral isn’t being taken any further which can be quite frustrating.” - (DSL 6 years)

- Follow up calls were regularly made to the MASH to find out the status of a call as it sometimes takes weeks/months for a response, putting children at risk

*“I would hope and expect to be notified of the outcome or what was happening.”
- (DSL 10 Years)*

- Some form of communication, however short or brief should be sent to DSLs so they can keep track of the referral internally, particularly if a referral is NFA, as the staff at the school can then decide a follow up action, for example, to approach parents

“Previously they have done follow up letters which are brilliant. It gives me options for monitoring the referral and actions to take. These could be increased and followed up because they are really useful for us.” - (DSL 12 years)

- DSLs aren't always told the reason a referral is NFA and don't always understand the reasoning; therefore, more information would be beneficial
- Some would send a MARF without calling first, whilst others would never complete a MARF without calling MASH beforehand
- All DSLs would refer as needed and parents would not influence their decision to refer as a child's safety is 'paramount.'

“A child's safety and wellbeing is paramount and that would override anything to do with the parents. My job is to make sure children are safe.” - (DSL 10 years)

- Many DSLs said they had made parents aware of MASH and were very transparent with referral system. All parents were made aware that DSLs were able to make referrals.
- DSLs sometimes felt they were signposted to multiple services and the referral was passed around, which was time consuming and frustrating. Multiple DSLs mentioned the need for a more collaborative effort between services to ensure referrals are dealt with and everybody is kept 'in the loop'. Some mentioned 'Encompass' as a good resource but noted that it could be better utilised.

“They need to make sure they close the feedback loop with DSLs.” - (DSL 12 years)

- When school aren't aware of what is going on it can be 'counter-productive' and 'time-consuming' for those involved

Sources for Information of Referrals

- Website
- Safeguarding Emails
- Other DSLs
- Own experience
- Training – considered good and useful over time

Experience / Judgement of Safeguarding

- The decision to refer always depends on the situation
- DSLs use MASH if they had already consulted another staff member/DSL and they are still unsure of what to do and 'want to speak to an expert'
- MASH is considered a very 'approachable' service if DSLs were unsure of their judgement

"Since it became MASH, and especially the consultation line, they are more approachable." - (DSL 5 years)

- Some DSLs would only make a call to MASH depending on what they think or expect them to say (i.e., if they felt action was going to be taken)
- Although parents were made aware of MASH, some DSLs expressed concern about a referral potentially having an impact on the relationship and trust with parents. Speaking to parents sometimes meant a 'tricky conversation' which DSLs didn't feel prepared for

"You can feel anxious/stressed because sometimes the parents can turn sour e.g., having a pop at staff or you can see their aggressive body language. It's not nice." - (DSL 2 years)

- Most, if not all, schools monitored borderline cases internally through 'green forms' and databases/spreadsheets. A child is monitored and if a concern is raised frequently enough it would then be referred to MASH
- As well as consulting colleagues or other DSLs, most mentioned periodic safeguarding meetings either weekly, fortnightly, or termly (depending on school need) where safeguarding concerns would be raised so that all DSLs were aware, and could monitor the situation where needed/appropriate
- One DSL commented that the number of referrals made to MASH within their school changes depending on the time of year
- Some felt that more cases were being passed on to MASH, but less were being picked up, though recognising that MASH is an overstretched resource. More signposting and communication with the relevant teams/services would help streamline the process
- MARF was considered difficult to complete and 'time consuming' as its functionality was poor and wasn't very 'user friendly'

Fewest Referrals

- DSLs in the 'least referral' group called MASH very rarely. These calls would mostly be to obtain more information or consult a professional if they were unsure
- One school tended not to call MASH as they were a small school and had a strong internal system spread across the federation, which had 12 DSLs who would regularly work together to enforce safeguarding policy
- DSLs in least referrals stressed the importance of working more closely with parents and offer Early Help before the situations escalated. They considered the importance

of having a good relationship with parents and working in partnership to overcome challenges as a key reason that not many referrals were made to MASH

- One DSL was put off calling MASH as they were passed around to multiple services without the case being resolved with it going 'back and forth'

"We were told to offer early help but we know the family and knew they were not going to engage, they just got passed around. That is frustrating for us and MASH just didn't seem to take the case seriously." - (DSL 5 years)

- Expectations were also not often met in terms of what MASH could offer, with MASH not listening or acknowledging the experience or knowledge of the DSL making the referral, such as the family history which 'felt counterproductive'
- Least referral schools said they followed the Warwickshire Safeguarding policy found online and information they receive at training to keep up to date
- DSLs in this group would use MASH for consultation rather than to make a referral
- DSLs felt that MASH was good for bigger cases which 'got recognised', however smaller incidents and borderline cases were 'not taken seriously'
- The number of cases/green forms were thought to be increasing; however, this may be the result of more vigilance from teachers and staff.

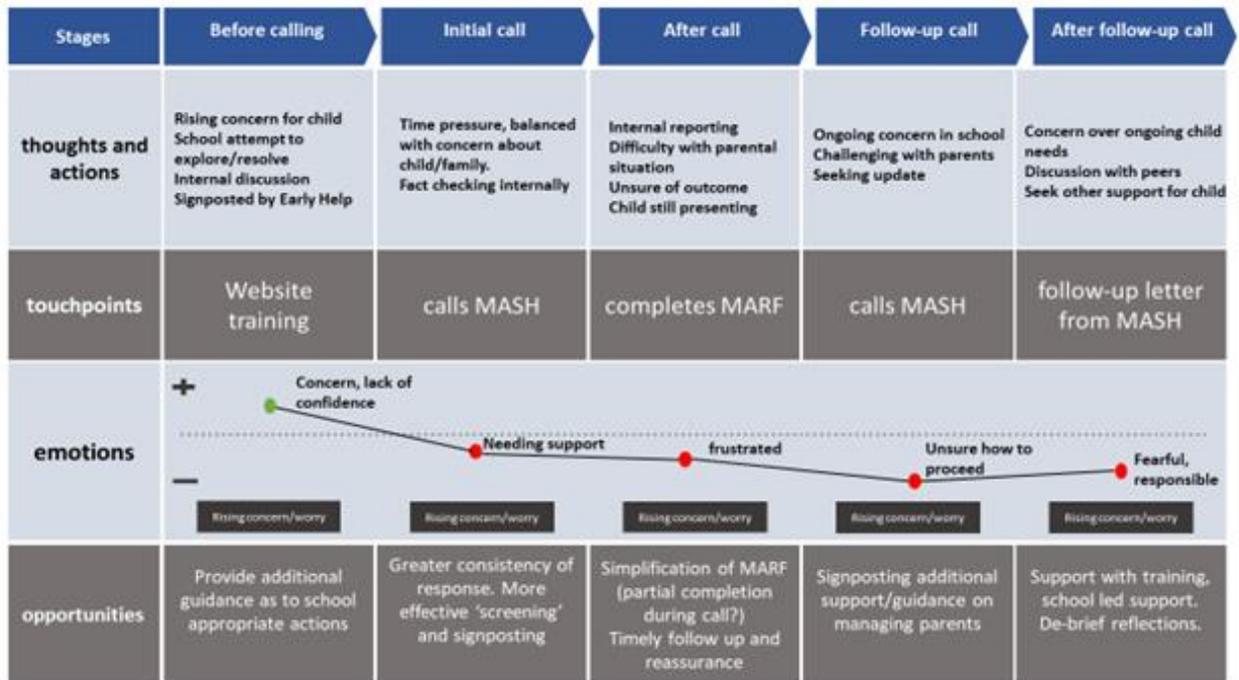
Customer Journey Mapping

Customer Journey Mapping is a useful tool to understand the different dimensions of the customer experience: how the service-users feel, how they think, and why they behave the way they do. By mapping the various interactions and touchpoints between a user (DSLs) and a service (MASH), we can identify opportunities to intervene in order to improve the customer experience of the service-user and resolve their needs; therefore, benefiting both the user and the service.

We synthesised our previous research findings and translated them into a visual diagram. This diagram shows a hypothetical customer journey which covers in a chronological order the following five stages:

1. Before calling: DSLs are unsure about a safeguarding case and they would like to seek advice and guidance.
2. Initial call: DSLs ring MASH to discuss a safeguarding matter.
3. After call: Safeguarding case is being processed by the MASH team. DSLs are experiencing negative feelings of uncertainty because they are unsure about the outcome and often feel pressured by other external factors (e.g., parental pressure).

4. Follow-up call: DSLs make a follow-up call into MASH seeking update and feedback.



5. After follow-up call: Rising levels of concern among DSLs who are waiting for MASH to send them a follow-up letter about the outcome.

Based on this journey, there are two key points contributing to the excess demand of calls that are non-urgent matters:

1. DSLs consider calling MASH to seek guidance and advice, which often results in discussing with the MASH team a non-urgent matter (contact) – which should be dealt by more appropriate services, such as Early Help.
2. DSLs make follow-up calls to seek an update on the outcome of their initial call.

Intervention Design

By the spring of 2020, Social Engine, working with WCC colleagues, had completed the work to research and design an intervention intended to influence the behaviour of DSLs within schools, with the ultimate aim of reducing non-urgent contact with MASH. Data analysis had allowed us to identify that DSLs accounted for 25 per cent of contacts to the helpline, with significant numbers of those subsequently assessed as being better suited to Early Help.

Working with WCC children's services teams, headteachers and DSLs themselves we developed an intervention to be delivered via a randomised controlled trial (RCT) during the first half of 2020. This approach would have seen schools randomly allocated to either a control or intervention group, with DSLs in the intervention group receiving tailored information about how and when to contact the MASH. The intention was to run the trial over 3-4 months, analysing differences in call volumes between our two groups to determine the effect our intervention had on DSL's behaviour.

The Covid-19 pandemic, and with it the closure of schools for the majority of children, arrived just at the point where the trial was due to commence. School closures and the resulting lockdown led to a significant reduction in safeguarding referrals made by DSLs into the MASH. Where DSLs have made contact with children's services during the 'pandemic months', there is some evidence to suggest that these have been regarding some of the most serious or complex cases and that the rates of non-urgent referrals have reduced. The decision was therefore taken to pause the project.

During the earlier scoping phase of the project, the importance of DSL training as a key influence on safeguarding leads' behaviour had been identified as presenting significant opportunities to positively influence behaviour. However, at that time the responsibility for training sat outside the project team and consequently it was not deemed within scope for the project. By summer 2020, as the first lockdown was lifted, the responsibility for training had been brought in to Early Help, creating an opportunity to use the DSL training to intervene.

Rationale

While the project aims remained consistent - to reduce the number of non-urgent contacts made by DSLs to the MASH - the pause caused by Covid-19 presented a new opportunity for our intervention design.

The start of the new academic year brings with it the need for schools to update their safeguarding approaches. To assist with this, WCC provides an annual update on changes to Keeping Children Safe in Education (KCSIE) - the statutory requirements set by Department for Education. This presented an opportunity to reflect the insight gathered from the early phase of the project and ensure that behavioural insights informed the messaging contained in the safeguarding training and core materials. This includes introductory and refresher safeguarding training for DSLs.

Working with WCC colleagues, we reviewed this information and redesigned key aspects of it in the training materials.

What was the behaviour we wanted to change?

Research conducted as part of the evidence and insight gathering phase of the project indicated that there are a number of reasons why DSLs contact the MASH. Factors include: lack of confidence – wanting to gain advice on the seriousness of a given situation; wanting to ‘log’ an issue; following up on a previous referral; and concern that failure to report might reflect badly if the situation escalates.

With this backdrop, we sought to develop an intervention that would support and guide DSLs to make more appropriate decisions about how and when to contact the MASH.

Our hypothesis

Our intervention drew on the findings that emerged from our evidence and insight gathering: that school professionals mainly call MASH for consultation and advice.

Our hypothesis was: providing clear and accessible guidance highlighting more appropriate sources of support would reduce calls by DSLs to MASH.

By reviewing and redesigning the training materials together with WCC colleagues, we aimed to make more salient the appropriate way to access advice and consultation without regard to the MASH helpline. Our goal was to ensure that training and guidance materials provided for DSLs was accessible, useful and provides appropriate information, in order that individuals are clear in their responsibilities, confident in their decision making and understand the actions they must undertake.

The development of new materials and training activities meant that we were able to apply behavioural insights to shape the content of the PowerPoint presentation (DSL introduction and refresher courses), follow up information and an ‘at a glance’ poster.

The principal influences which were incorporated into our intervention were:

Simplification

When something is simple, clear and easy to understand (salient) it increases the likelihood of the reader responding positively. In practice this meant editing content, using accessible language and increasing resonance.

Social norm

When someone thinks that everyone else is doing something, they are far more likely to do it themselves. The use of a descriptive social norm – pointing out that that the majority of DSLs achieve satisfaction from following a particular process, or that higher numbers of children/families get back on track by accessing Early Help - is a useful way to emphasise the ‘take action early’ messages.

Framing

Documents were framed to emphasise the positive gain ('help received; case resolved!') of taking a particular route.

Intrinsic incentives

Messages that resonate with the core ambition of the DSL to resolve the situation and to achieve this with minimal effort were seen to appeal to their intrinsic motivation.

Phrases that emphasis the 'greater good' can have significant appeal to practitioners.

'The MASH line is there to help for urgent and complex child protection matters – so if the issue you want to discuss doesn't fit those criteria please talk through your concerns with one of our Early Help experts. That way we can keep the MASH lines clear for emergencies.'

In summary: our aim was to make it easy for the participant to engage and recall content. This principle was based on feedback from DSLs which highlighted the need to make information accessible and memorable.

Intervention design features

- Simplified and less dense content.
- Reduced number of colours used to ensure 'spot colour' helps makes core content more obvious.
- Avoiding the use of long words when short ones suffice.
- Omitting unnecessary content that adds little value to the message.
- Using messaging emphasising the professionalism and flexibility of the Early Help Service.
- Service options framed to help the DSL focus on the child's specific circumstances.
- Navigation of information assisted with the use of 'when' (to call) and 'why' examples.
- Emphasis given to 'only call MASH...' in urgent situations.
- Text from each of these emphasized by use of green, amber and red colour-coding.

THE RIGHT SUPPORT AT THE RIGHT TIME



REMEMBER

EARLY HELP can provide tailored, preventative support. Contact them when you first think a child or family might be struggling, to help avoid a problem becoming a crisis. If you need to talk through the right course of action call the **DSL INFOLINE** for advice. As well as providing urgent help, **MASH** will support with specialist help for disabled children.



Which service is right for the child?

EARLY HELP

Call:
01926 412412

WHEN

The situation would be improved with additional support for the child or family. To help prevent a problem becoming a crisis.

WHY

You may be concerned about poor school attendance, substance abuse, the child is a young carer, or if the family is experiencing financial problems or they would benefit from parenting support. Call for easy and rapid access to support, and signposting to a range of specialists.

DSL INFOLINE

Call:
01926 418608

WHEN

The situation is complex, or you are concerned about a child's safety or welfare – but they are not in immediate risk of harm.

WHY

If you are uncertain and want some advice before deciding on the best course of action.

Only call MASH...

MASH

Call:
01926 414144

WHEN

You have an urgent or ongoing safeguarding concern and immediate action is needed.

Contact the MASH helpline directly or submit the contact form. The Team will assess the concern and will respond to you.

WHY

You feel the child may be at risk of harm, or of exploitation, or they have significant or ongoing mental health problems.

OR A disabled child needs a specialist social care assessment.



Figure 3 - 'At a glance' Intervention Poster

Delivering our intervention

The plan to shift the focus of our intervention from all DSLs across the County, to just those accessing safeguarding training necessarily reduced our sample size. It also removed the ability to randomise our sample as we could not control who attended the training (and to randomise within this group would have further reduced our sample size).

The consequences of this shift meant not only that the power size of our sample was significantly reduced, but also that conducting a randomised controlled trial was no longer viable. We pragmatically decided to use a different method of evaluating our intervention, adopting a quasi-experimental method, with a natural comparison group provided by DSLs that did not undertake the safeguarding training. Whilst there are limitations to this method, compared with an RCT, in particular the self-selection of those within the intervention group, we felt that these could be mitigated by conducting balance tests to determine whether the intervention group was broadly representative of DSLs across the County as a whole.

The intervention was delivered to new and existing DSLs attending training in Autumn 2020. In total 165 DSLs participated in training courses and received our intervention. With Covid-19 restrictions in place, participants joined online training sessions where they were guided through the behaviourally informed slides, with emphasis given to the 'at a glance' guide which was recommended for future reference.

Findings

Trial Results

In total, there are 1,149 school DSLs working in Warwickshire. 165 out of 1,149 school DSLs (14%) were assigned to the treatment group because they were exposed to our intervention - they had attended the refresher DSL training that took place in September 2020. The remaining 984 DSLs (86%) were assigned to the comparison group.

A randomised controlled design was not feasible due to methodological constraints. Therefore, we adapted a quasi-experimental approach that still allowed us to perform group comparisons - which from a methodological perspective, gave us a greater degree of confidence in the robustness of the results compared to a simple pre/post measurement of the effectiveness of the intervention.

We performed balance tests which confirmed that the two groups – comparison and treatment– are broadly similar in their characteristics: school size¹ and percentage of students eligible for free school meals (FSM%).²

Average number of contacts

In order to test the effectiveness of our intervention we performed a t-test to test the hypothesis that DSLs in the treatment group (those who attended training) would on average make less contacts than DSLs in the comparison group (those who did not attend training).

The results confirmed the above hypothesis. DSLs in the treatment group made on average 0.2 contacts, whereas DSLs in the comparison group made on average 0.57 contacts. This mean difference of 0.37 was found to be statistically significant ($p < .001$)³; this also translates to the fact that DSLs in the treatment group made on average 65% less contacts compared to DSLs in the comparison group.

¹ Average school size (comparison group: 438; treatment group: 370)

² FSM in the comparison group was 14% and in the treatment group 20%

³ 95% confidence interval (lower 0.18, upper 0.57)

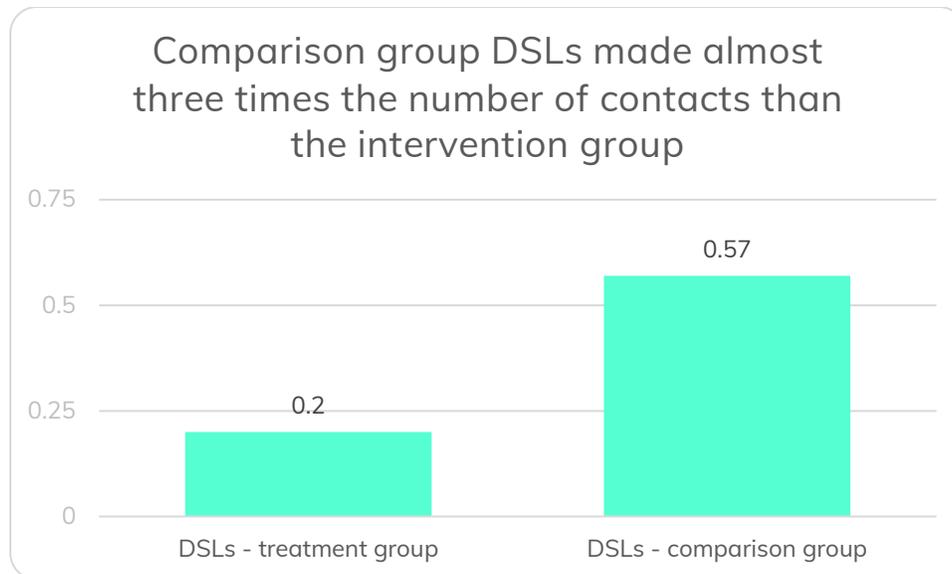


Figure 4 - Average MASH Contacts per DSL

Average number of referrals

The results also indicated a similar pattern for referrals: DSLs who were exposed to our intervention (treatment group) made on average less referrals (0.22) compared to DSLs in the control group (0.37).

This highlights that communication with MASH is declining overall, reflected in contacts as well as in referrals.

Contacts-to-referrals ratio

Our intervention aimed to increase the confidence and knowledge of DSLs to make more informed decisions by themselves on safeguarding matters and, importantly, to call MASH less often to discuss non-urgent contacts - which should be dealt with by more appropriate services such as Early Help. Essentially, we wanted to shift the balance between contacts and referrals, so that DSLs only call MASH with a safeguarding concern that is urgent (referral)-requiring immediate action by the MASH team. Indeed, this pattern was confirmed by the data: DSLs in the treatment group made more referrals (37, 53%) than contacts (33, 47%). In contrast, DSLs in the comparison group made more contacts (563, 60%) than referrals (371, 40%).

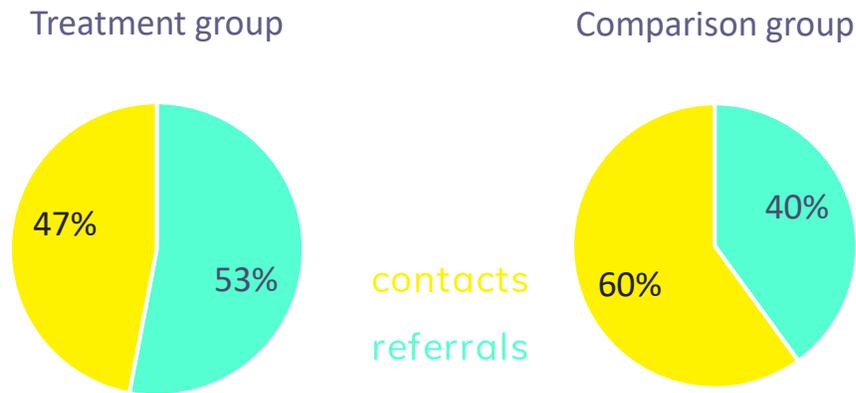


Figure 5 – Contacts and Referrals as a Proportion of All Calls

Proportion of DSLs contacting MASH with a non-urgent call (contact)

Another positive outcome was that the proportion of DSLs who called MASH to raise a non-urgent issue (contact) was considerably lower in the treatment group (5%) compared to the comparison group (21%). Therefore, DSLs who were not exposed to our intervention were four times more likely to call with a contact compared to DSLs who were exposed to our intervention.

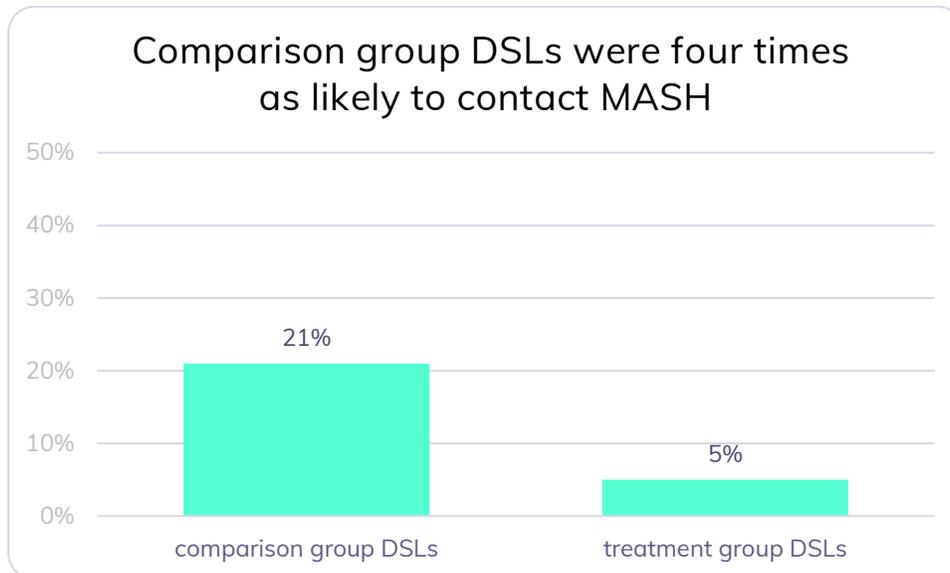


Figure 6 – Proportion of DSLs Contacting MASH

Uptake of Early Help

As our intervention sought to shift DSLs behaviour away from contacting MASH for non-urgent safeguarding matters, we ought to anticipate that these non-urgent issues would be dealt with in other ways. In particular, if effective our intervention would be expected to lead to an increase in the take-up of other support offered by Early Help. We therefore looked at take-up of Early Help support over the course of the trial.

Data were unavailable at an individual level, so we were unable to analyse differences in take up between our intervention and comparison groups. However, we note a general trend over the course of the trial period in the take-up of Early Help, with consultations increasing by 35% from the start to the conclusion of the trial.

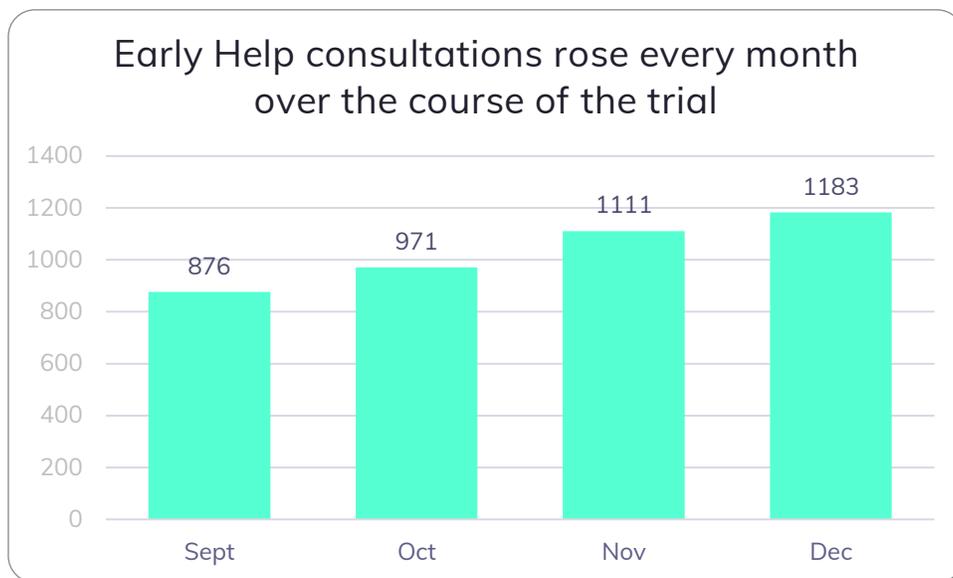


Figure 7 – Monthly Total of Early Help Consultations

A more detailed breakdown of the results of the trial is shown in the table below.

	C group	T Group
N	984	165
% who called with a contact	21%	5%
did not call MASH	79%	95%
contacts and referrals	934	70
contacts	563	33
average contacts per DSL	0.57	0.2
% decrease		65% decrease
referrals	371	37
average referrals per DSL	0.37	0.22
contact-to-referral ratio	1.5	0.9

Conclusions and lessons learnt

Our trial set out to test whether a behaviourally-informed intervention could reduce the number of non-urgent calls ('contacts') made by DSLs to MASH. Across a number of metrics, we have found that DSLs who received our intervention made proportionately fewer non-urgent calls than those in the comparison group who were not exposed to our intervention.

The average number of contacts made, the ratio of contacts to referrals and the proportion of DSLs contacting MASH all show significant differences between the intervention and comparison groups.

Our sample size calculations, conducted to inform the trial design, were cautious in the anticipated effect size; but even in the highest of our three scenarios anticipated the intervention would reduce contacts by 9 per cent. In practice, we found that on average DSLs in our intervention group made 65% fewer non-urgent calls to MASH than those in our comparison group.

We observed similar positive outcomes across our three primary outcome measures:

- the ratio of urgent (referrals) to non-urgent calls (contacts)
- the average number of contact volumes
- the proportion of DSLs contacting MASH.

Compared with other DSLs, those exposed to our intervention:

- made approximately half the number of contacts to MASH
- were four times less likely to have contacted MASH
- were more likely to have made a referral than a contact, while the reverse is true of DSLs in our comparison group.

All these findings point towards a significant and positive effect on behaviour.

Our intervention sought to ensure that the action that a DSL should take in different situations was salient and accessible in order to enable them to make decisions that were consistent with the behaviour WCC wants to see. We conclude that the evidence from our trial suggests the intervention was effective at encouraging DSLs to make an appropriate decision – directing their issue to the most suitable source of support.

Quantifying the impact of the intervention

In setting out the need for the project in their application to the LGA, WCC provided an estimate of the potential impact of reducing non-urgent calls to MASH:

“...MASH received approximately 2,150 calls [annually] which result in no further action, or should be directed elsewhere. This at a direct unit cost equates to a total sum of £570,825 per annum.”

If the effect of our intervention were to be replicated across all DSLs, reducing non-urgent calls to MASH by 65%, this would mean 1,398 fewer non-urgent calls over the course of a year. Based on WCC's cost calculations, this would realise savings of over £370,000 per year.⁴

A reduction of the time spent by MASH staff dealing with calls that would be more appropriately directed elsewhere would enable significant resources to be redirected to more urgent matters in order to support children at risk.

Limitations of the findings

We recognise that by using a quasi-experimental method and the fact that the intervention group size was small does mean that the results are less rigorous than they would have been if we had conducted a randomised controlled trial. However, the strength of the effect size across multiple metrics leads us to conclude that we can be confident that the intervention was effective and reduces contacts to MASH. The balance tests carried out to determine whether our intervention group reflected the DSL population as a whole provide further reassurance in the validity of the findings.

Our plan had been to conduct post-trial interviews with school safeguarding leads in order to capture qualitative understanding of their attitudes, behaviours and confidence in decision-making. Despite our attempts to secure interviews with DSLs this did not prove possible. Given the considerable increased pressure that the coronavirus pandemic has placed on schools and safeguarding professionals this is not unexpected and pragmatically we felt we should not risk adding to the burden by pursuing these repeatedly. Nonetheless, we recognise that additional insight would be beneficial to understand DSLs' attitudes and behaviours to supplement the quantitative evidence.

Whilst our intervention was focused principally on materials included in DSL training and for subsequent reference and use, we recognise that the training as a whole is likely to have had an impact. It is not possible to isolate the effect of the 'at a glance poster' from the rest of the training, which makes it more difficult to determine precisely which elements of the training programme have had an effect on behaviour. To some extent this is unimportant, as the training overall has been informed and framed by the insight generated from the project (which also informed the intervention design). We reviewed and commented on the design of all the training course materials to ensure they reflected the intervention rationale and framing we sought. So, although the intervention has been principally presented as the poster, it is

⁴ 2,150 calls at a cost of £570,825 equates to £265.50 per call, so 1398 calls would realise savings of £ 371,169.

reasonable to view the training as a whole (including the poster) as part of the intervention effect.

During the course of the project – prolonged due to the pause caused by the Covid-19 pandemic – a number of changes were made to WCC's Children and Families Service and MASH in particular. Some of these were informed by the emerging findings generated through our evidence and insight gathering; others by wider factors. One of these – very much in line with our early findings and project scoping work – was the introduction of a new DSL helpline. This was set up to redirect DSLs seeking non-urgent advice away from calling MASH. The helpline was promoted to DSLs across the County (both those in our intervention group and those in the comparison group). However, as details of who called the helpline are not recorded in a way that could be extracted, we have been unable to analyse this to determine what effect this had on DSL behaviour. Nonetheless, the helpline is a positive development – enabling DSLs to access the support and information they require in an appropriate way whilst reducing non-urgent calls to MASH – and one that certainly contributes to the project aims. Since the effect of the helpline applies equally to both our intervention and comparison group this does not have a bearing on our findings of the intervention effect; but, nonetheless we recognise that our analysis does not capture all of the changes that have taken place to achieve the project's aims.

Lessons Learnt

Consistency and coherence

The project has shone a light on the risk of adverse effects arising from inconsistent or contradictory messaging. The trial has shown that clearer communication – removing ambiguity and potentially confusing messaging – is likely to have a positive impact and reduce undesired behaviours.

During our evidence and insight gathering phase we observed that, on occasion, the training and advice offered to DSLs was not aligned with MASH messaging and practice. School DSLs were given information about how to act when presented with non-urgent safeguarding matters that was inconsistent with advice and information MASH provided. This gave rise to undesired behaviours and frustration among DSLs and MASH. Partly this is historical, linked to the launch of MASH and how DSLs should engage with MASH as a single point of entry, however, it also reflects a point at which MASH had less influence over the training being provided to DSLs.

Despite the complexity of different parts of the system there is a need to ensure all parts move forward simultaneously to provide consistency and coherence. This needs to be reflected in the information provided to DSLs and to be effective across a wide range of channels. This includes the website, training and a range of other information provided about MASH, Early

Help and other services and support. Ensuring this will provide clarity for DSLs such that they know what actions to take, when and how when considering safeguarding concerns.

A related issue is the perception and communication of different services and parts of the system as being of equal value and importance. For example, the benefits and value of Early Help have not always been consistently communicated to DSLs – potentially leading to it being seen as a less professional service or solution. During the course of the project, work has continued to reinforce the concept of a Children’s Service eco-system and this presentation of a spectrum of professional services will continue to be of value in establishing trust with key stakeholders.

Steps that will assist with this include: enhanced internal communication among WCC staff at all levels to help to ensure there is uniform understanding of the role and relationship between different parts of the offer/service; and more consistency in being able to communicate the benefits to external stakeholders.

The lack of alignment between messaging and practice across services and information provided to schools in particular, and other safeguarding professionals more broadly, is reflected in under-use of Early Help. We recognise that since the trial began there has been a month on month increase in the take up of Early Help and this needs to continue. Nonetheless further improvements could be made to the clarity of offer and consistency with which this is communicated across channels.

There is also a business case for adopting a more consistent and coherent approach. There is an opportunity arising from an enhanced reputation and the better-informed navigation of the system by DSLs. If DSLs perceive the Council as the source of the most reliable, relevant, comprehensive information available, they will see the Council as the ‘natural choice’ for traded services. This will make DSL training and other safeguarding training, more attractive to practitioners; increase perceived value for money and derive wider benefits to the council from building relationships with school DSLs that are likely to increase desired behaviours.

Using stakeholder insight and adopting a behavioural perspective

Understanding the attitudes, behaviours and influences on decision-making among DSLs was key to informing the design of our intervention. Actively engaging stakeholders, in this case DSLs and Head Teachers, in order to understand their perspectives is crucial to designing an efficient and relevant service. In addition, this type of ongoing engagement helps provide greater clarity through relationship building and enhanced understanding of respective roles and responsibilities. Listening to our intended audience allowed the problems to be properly understood and reflected in the intervention design.

Evidence from behavioural science, and elsewhere, illustrates the benefits of understanding stakeholders’ perceptions and attitudes. There is considerable benefit from WCC understanding how it feels for DSLs when their demands of MASH are not met – and why – as this is likely to influence their subsequent behaviour. This insight-led approach offers

learning not just to the design of framing messaging and services for DSLs but also as an approach that can be equally applied to other services.

Covid-19 has increased pressure on DSLs - and Children's Services and education professionals more broadly – which meant they were unavailable to be interviewed as part of the project. Capturing the attitudes, behaviours and confidence of DSLs in a new approach tested through our intervention through qualitative research would be valuable to enhance our findings. WCC should consider opportunities to capture this insight from safeguarding leads; this could be done through interviews with DSLs, or possibly a survey. A DSL 'sounding board' of DSLs could be an effective way of understanding practitioner perspectives, testing new ideas and helping to shape plans.

Embedding an evidence-based culture of experimentation

The project took place through a period of constant flux. Much of this was the result of the unforeseen Covid-19 pandemic and subsequent lockdowns, but there were also frequent changes to MASH and Children's and Families Services throughout the course of the project. There is, of course, an inevitability of constant change within local government as councils respond to a changing social and political environment, but the tendency to introduce multiple changes simultaneously undermines efforts to determine their effectiveness. The impact of individual changes is complex to evaluate effectively when multiple changes are made at the same time. Without sufficient understanding of evidence of what works, there is a real risk that decisions are not evidence-based and resources are inefficiently expended on ineffective interventions and practices.

This problem is compounded by an absence of accurate, timely, relevant and comprehensive data. Despite considerable progress made to data collection within WCC, (in part as a result of recommendations we made earlier in the project) there is still further progress that could be made. The introduction of a new data-dashboard a welcome positive development – but its use now needs to be embedded into 'business as usual'.

A recent example of this in practice is the introduction of a DSL helpline, which was established in order to address an identified problem. However, its introduction was not underpinned by data collection accurately recording who was using the helpline, which could help the Council understand whether it was being widely used by all DSLs and any iteration that would enhance its effectiveness.

Additionally, there are limitations in the collection, maintenance and interrogation of data relating to active DSLs in the County. This basic information is necessary in order that communications, training and engagement activities – as well as traded services, can be targeted most effectively.

Designing and introducing a new approach or intervention is an important part of service design and innovation, but collecting and analysing evidence of its use is equally critical to

ensure change is driving improvement, not simply changing things for the sake of being different.

WCC should continue to build on recent progress in the consistency and quality of data collection and analysis in order to make more informed decisions underpinned by evidence of what works. DSLs are not a single homogenous group that think and behave in a similar way and so it is important to be able to disaggregate data to understand where differences exist among particular groups of DSLs. The absence of accurate data makes this type of analysis – and response – impossible to undertake. One specific example of this is a recommendation to ensure information on who is calling the DSL hotline is recorded; which would help analysis and identifying where a tailored or proactive response may be required targeted at particular groups of DSLs.

We also suggest that WCC consider adopting a more measured approach to service redesign and iteration, allowing time to test the effectiveness of individual changes in isolation rather than deploying a large number of changes simultaneously.

Our insight gathering work identified that follow up calls from DSLs arise out of a lack of feedback received in response to an initial inquiry. Whilst this hypothesis was not tested through our trial (after the project pivot arising from Covid-19) this remains an area worth exploring and one that could usefully be tested.

There is still potential to further reduce unnecessary contacts by DSLs in this – and other ways. Whilst the intervention has demonstrated progress there is still further iteration and experimentation to be done. More agility coupled with a commitment to be evidence-based would enable WCC to embed a culture of experimentation – managed risk taking and adopting a test, learn, adapt and evaluate approach.



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