



Department
for Education

The Children in Need of help protection Call for Evidence

Analysis of responses

December 2018

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Summary

This paper summarises responses from the Children in Need Call for Evidence¹ which ran from 16th March 2018 to 1st July 2018. The aim of the Call for Evidence was to hear from anyone working to improve the educational outcomes of Children in Need. This analysis explores the responses from the consultation using text mining techniques. The resulting insights into best practice in Children's Social Care are further brought to life by direct quotes from the responses. In addition to this analysis, responses were read and examined by an expert Children in Need policy team. The Call for Evidence included 15 open-ended questions and 5 closed (i.e. multiple choice) questions (see Annex B for a copy of the consultation questions).

The overall response to the Call for Evidence was 642. Respondents mostly came from the education sector (86%), although a range of social care professions were also represented. They worked across the country and most were highly experienced (75% with over 5 years of experience, and 58% with over 10 years). Readers should note that responses are not representative of the whole population. For example, although a large number of responses were received from headteachers, they are not representative of all headteachers. In addition to the 642 responses to the online Call for Evidence, a small number of free-text contributions were submitted by email. These did not follow the format set out in the online Call for Evidence and were analysed separately by the policy team.

Key findings from our analysis of the responses to the Call for Evidence are:

- respondents were generally very confident that they had a strong evidence base supporting their work with Children in Need, as well as effective approaches to building relationships with them. Over three quarters agreed (45% agreed and 33% strongly agreed) with the statement "You/Your organisation has a strong evidence base that underpins your work with Children in Need"
- throughout the responses to the questionnaire, there were hints that expertise in supporting adults in the child's family was relatively less well developed
- the respondents priorities in supporting Children in Need to improve their educational outcomes were their well-being and their safety
- attachment theory played an important part in informing the respondents support plans for Children in Need
- according to respondents, effective approaches to supporting Children in Need involved building stable, trusting relationships with the child and family, and tailored support taking into account both academic matters and emotional ones
- consistency of professionals in the lives of children was widely seen as critically

¹ [Children in Need of help and protection Call for Evidence](#)

important

- respondents assessed the success of their work supporting Children in Need based on both the children's academic progress and softer metrics such as behaviour, attendance and well-being
- comparator groups were not universally used by respondents to the Call for Evidence when evaluating the impact/success of their work with Children in Need. However, it should be noted that this question was not widely understood by respondents, with some discussing that comparisons were not possible due to individuality of children

Methodology

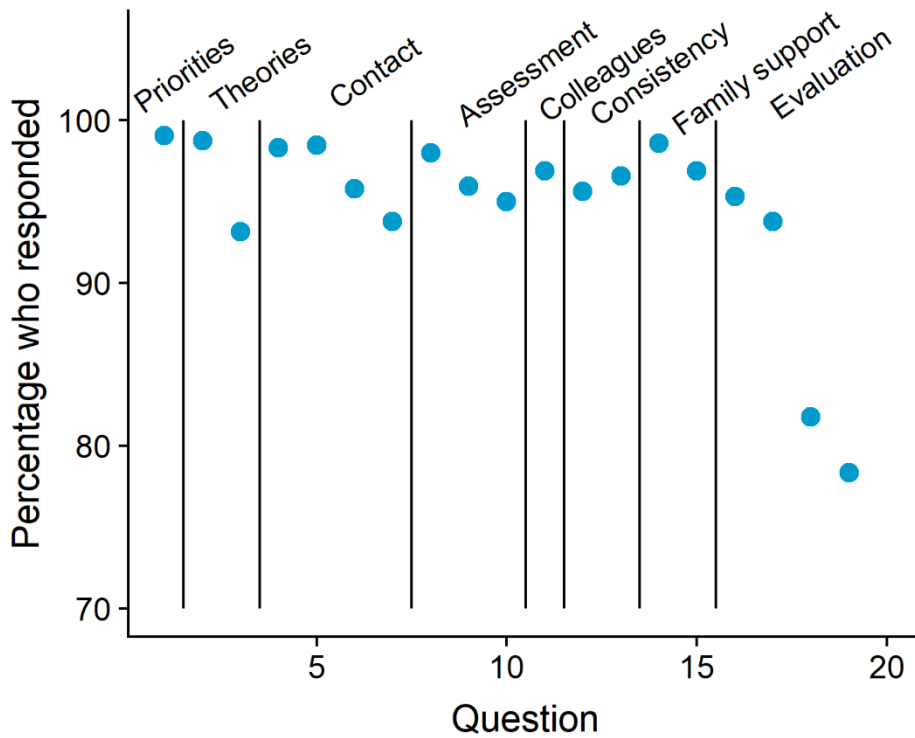
Responses to closed questions were analysed using the statistical and data science software R and the consultation database. Responses to open-ended questions were analysed using a range of text analytics methods in R including word and ngram frequency, bigram networks, sentiment analysis and topic modelling (see Annex A for details). This document also includes quotes from respondents that illustrate the findings from the text analytics exercise to bring responses 'to life'. It should be noted that the quotations are not based on a detailed qualitative analysis using coding or cross-referencing techniques.

Contextual statistics

1. Response rates

The questionnaire for the Call for Evidence was divided into sections: priorities and focus; theories; contact; assessment; colleagues; consistency; family support; and evaluation. Within each section of the questionnaire, response rates tended to be maximal for the first question and subsequently decrease (Fig. 1). Overall 642 respondents answered at least one question.

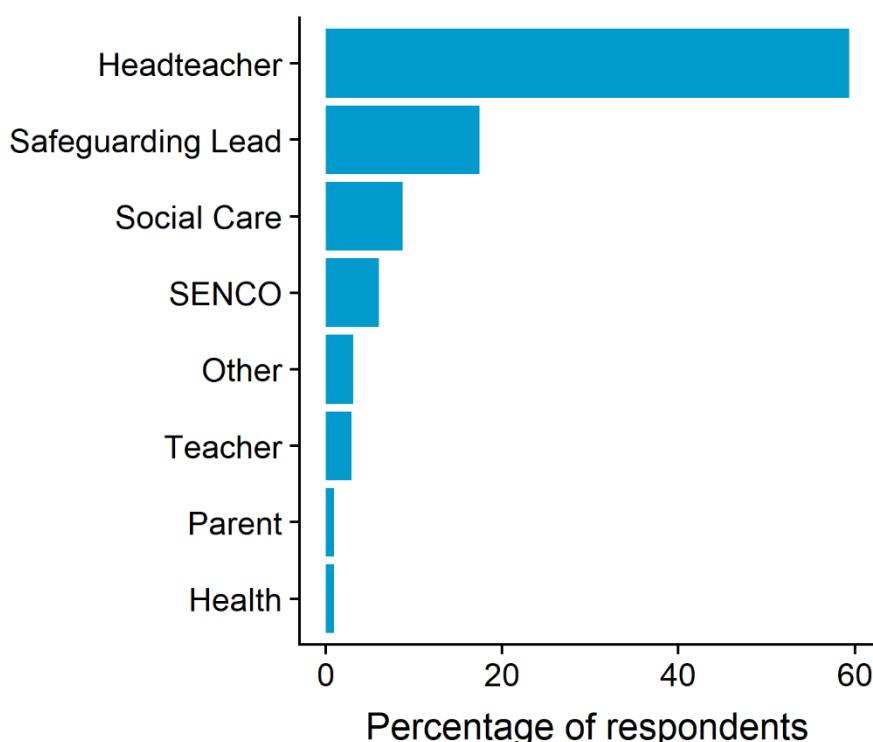
Figure 1: Percentage of respondents per question and section.



2. Role, experience, location, capacity and age groups

A large majority of respondents came from the educational sector (86% when considering all headteachers, Special Educational Needs Co-Ordinator (SENCO), Designated Safeguarding Leads (DSL) and teachers) (Fig. 2). Very small numbers of parents (6) and health professionals (6) responded to the call and results for these categories should be interpreted with caution. Note that several poorly-represented categories were pooled together so as to allow meaningful cross-profession comparisons (see Annex C1).

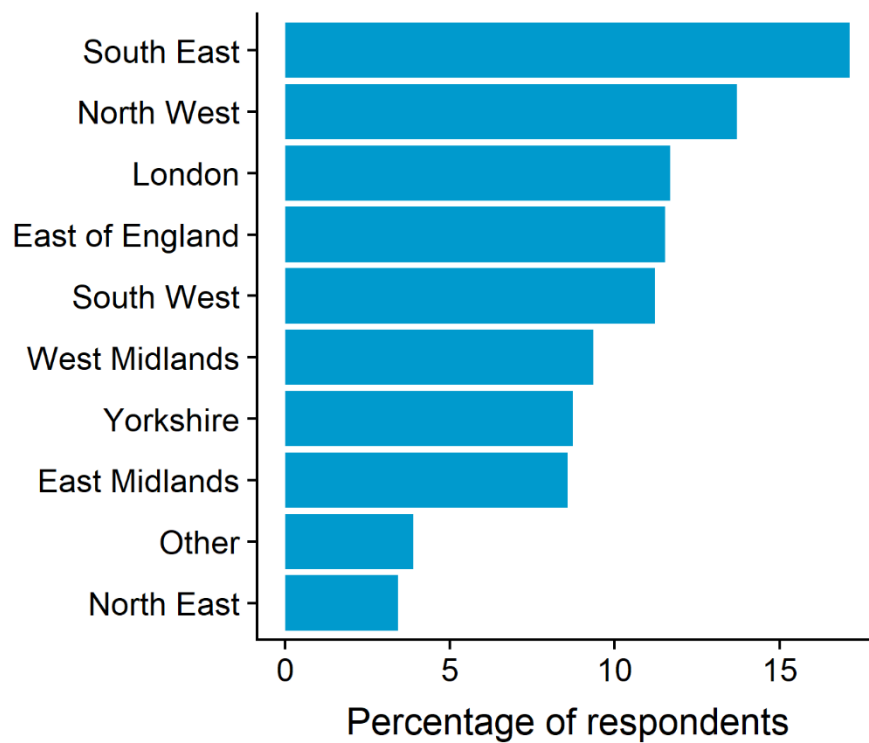
Figure 2: Breakdown of respondents by role.



Most respondents were highly experienced, with 58% having over 10 years of experience, 17% with between 5 and 10 years of experience and 11% between 3 and 5 years. Only 3% of respondents had less than a year of experience and 10% between 1 and 3 years. 2% of respondents did not answer the question. Headteachers had the highest percentage of “over 10 year experience”, with 69%.

Geographically, respondents were relatively evenly distributed, with most regions gathering at least 8% of respondents (Fig. 3). The South East was the most represented with 17% of respondents. The North East was the least represented with only 3% of respondents. 1% of respondents did not answer the question.

Figure 3: Breakdown of respondents by region.



18% of respondents answered as individuals and 82% on behalf of their organisation. 85% of respondents who answered as individuals were happy to be contacted for follow-up questions, and 87% of respondents talking on behalf of their organisation.

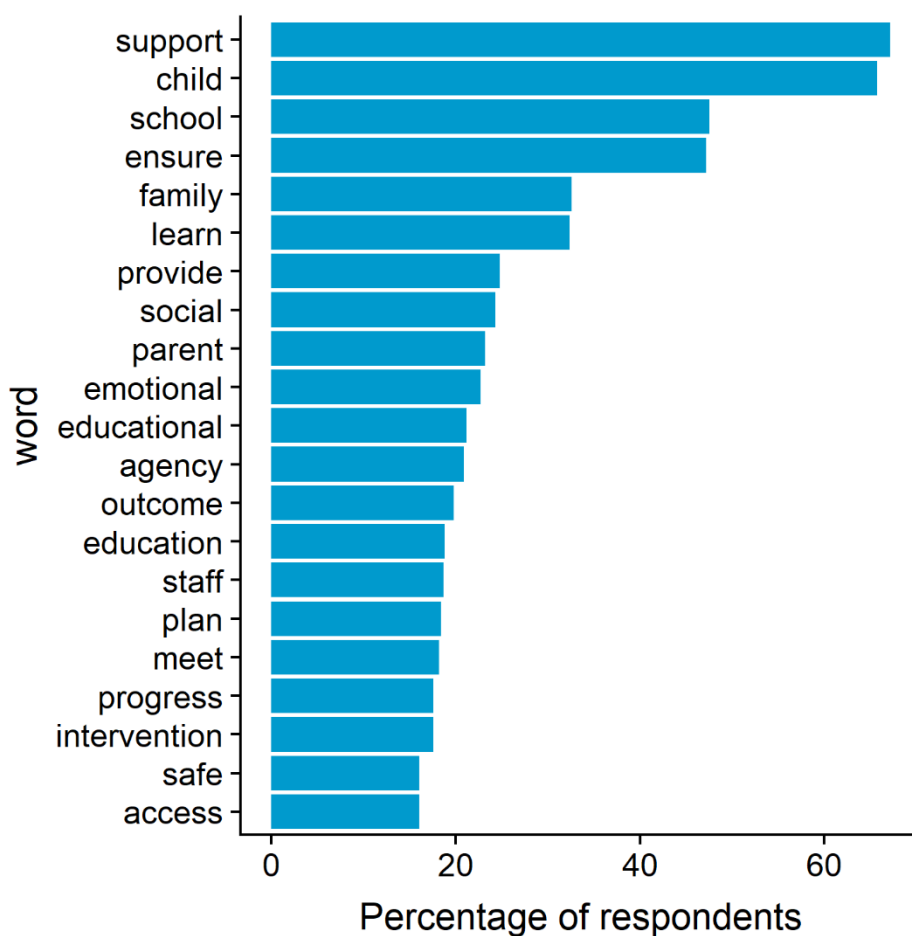
Respondents mostly worked with younger children. 70% of respondents mentioned dealing with some children at primary school age, and 37% worked with some children at the Early Years stage. By contrast, 27% dealt with some children attending secondary school and 12% with children in the post-16 age group. 11% of respondents worked across all age groups.

Call for Evidence

1. Priorities and focus

Respondents were asked in question 1: “Describe your priorities in what you do to support Children in Need to improve their educational outcomes”.

Figure 4: Top 20 words used by most respondents in answering question 1 – Priorities in what you do to support Children in Need to improve their educational outcomes.



When describing their priorities, and beyond the obvious words “support”, “child” and “school”, respondents most often mentioned the nouns “family”, “education” and “parent”, the verbs “ensure”, “learn” and “provide”, and the adjectives “social”, “emotional” and “educational” (Fig. 4). The study of bigrams (i.e. associations of two words, see Fig. 5 and see Annex A for more details) indicate that children’s mental health and their feeling safe are among the main priorities of the sector. The word associations “social worker”, “parent carer”, “local authority”, “external agency” and “pastoral staff” were also among the most mentioned, describing the staff and organisations in place to support Children in Need in improving their educational outcomes.

Feeling safe and safeguarding were mentioned as core priorities by headteachers.

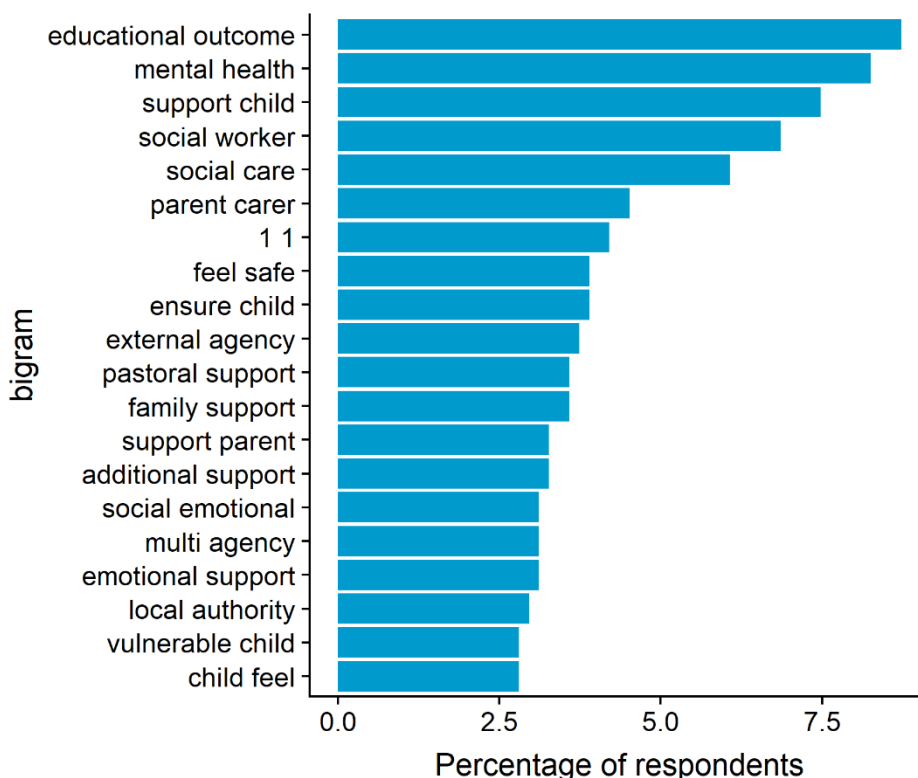
One primary school headteacher described “safeguarding is our number 1 priority”. Another explained “ensure children feel safe and happy in school” was a priority. Such responses were echoed by primary school teachers, one of whom said

“to ensure daily that they [the children] are safe and are happy to be at school”.

Respondents went on to explain possible next steps. For example, one headteacher said:

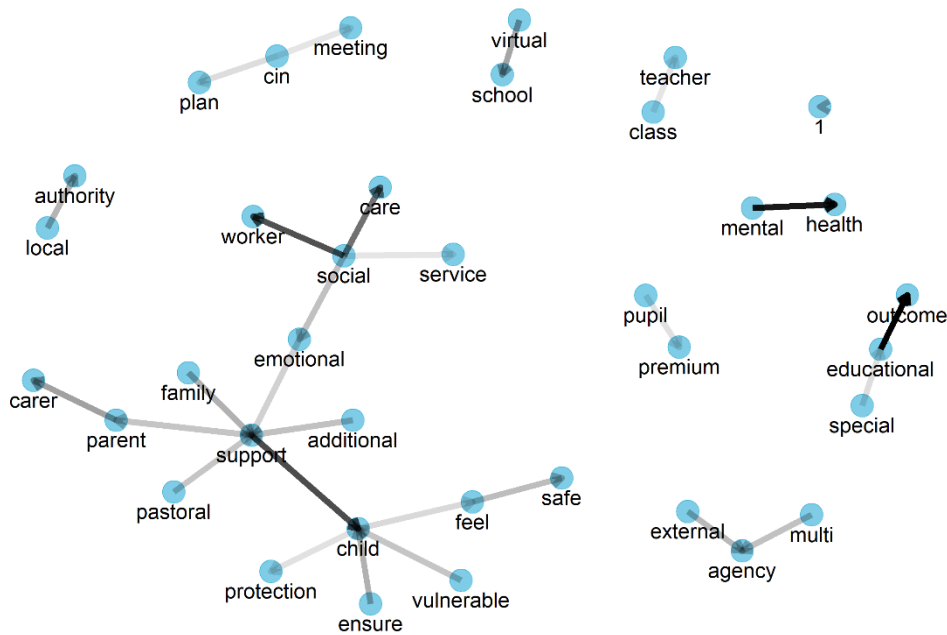
“upon referral the **first priority is to ensure that the child is safe** and that, if external agency involvement is needed to meet their needs that this is identified and secured”.

Figure 5: Top 20 bigrams used by most respondents in answering question 1 – Priorities in what you do to support Children in Need to improve their educational outcomes.



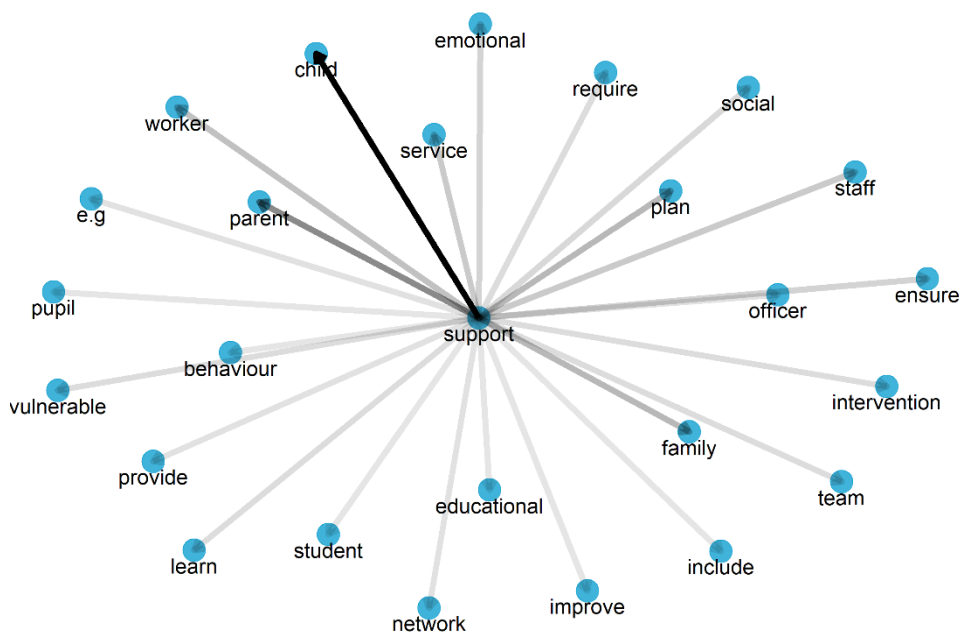
“Support” was the word used by most respondents. Looking at bigram networks provided context for what that support consisted in (Fig. 6, 7). They suggested that support from the sector targeted both the child and the family as a whole, that it was planned and monitored via regular meetings and that it was ideally 1 to 1. It also involved a variety of staff and entities: support worker/advisor, external agencies, social workers, virtual school, local authorities and parents.

Figure 6: Network of most frequent bigrams (mentioned by at least 15 respondents) in answers to question 1 – Priorities in what you do to support Children in Need to improve their educational outcomes.



The width of the links between words quantify how often they are associated.

Figure 7: Network of most frequent bigrams (mentioned by at least 3 respondents) starting with the word support in answers to question 1 – Priorities in what you do to support Children in Need to improve their educational outcomes.



The width of the links between words quantify how often they are associated.

One headteacher responded:

“We would try to **develop a relationship with the named social worker** to ensure that school was **part of any initiatives, meetings or planning** about the young person as **school staff are more likely to spend more time with the child**”.

Another headteacher explained:

“We will work with the young person to identify a **personalised and individual package for learning** that takes account of any difficulties they are experiencing.....This may take the form of specialist 1-1 intervention sessions with subject specialists in curriculum areas where the young person is struggling, but equally **could involve access to a wide range of in-house therapeutic services to help the young person better manage and come to terms with the issues that have led to them becoming a Child in Need**”.

Working with other agencies and professionals was mentioned by those working in children’s social care services. A Senior Children’s Services Leader listed their priorities as:

“To **help and protect children so they can access high quality education and achieve well** throughout their childhoods. To make sure that there is **effective communication across key statutory agencies, sharing information and deploying resources** to best effect for children; and to promote inclusion in education and learning”.

A SENCO in a secondary school described their priority as:

“To **ascertain barriers that would hinder achievement and impact progress on young children** that are in care.....we **work closely with the social workers** and county councils to create personal education plans that are designed to support these students”.

A Senior Children’s Services Leader outlined:

“The **social workers work with attendance services to ensure children have an educational placement** and that they attend”.

One primary school headteacher described:

“My staff and I seek to **provide a supportive school environment....For Children in Need this is key** because, as a school, we are **often compensating for a difficult home setting or circumstances** in the child’s family”.

One DSL highlighted:

“Work **closely with external agencies** to ensure **information and support** is disseminated”.

A social worker also explained:

“Consulting with schools so there is a **clear understanding of the child’s social care needs** that inform decisions”

2. Theories and research

Respondents were asked in Question 2: To what extent do you agree with the statement that “You/Your organisation has a strong evidence base that underpins your work with Children in Need”.

Respondents were largely in agreement with the statement, with over three quarters agreeing (45% agreeing and 33% strongly agreeing). Only 2% disagreed or strongly disagreed and 18% neither agreed nor disagreed. 1% of respondents did not reply to the question.

Looking at individual roles, designated safeguarding leads, teachers and social care professionals had the highest proportions of respondents strongly agreeing (43%, 42% and 38% respectively). In a number of the better-represented professions (over 10 respondents), there were also non-negligible proportions of respondents that neither agreed nor disagreed (20% of headteachers and 23% of SENCO).

Less experienced professionals (up to 3 years) were less likely to be affirmative about the statement, with 36% either neutral or disagreeing (see Table 1).

Table 1: Agreement level by experience categories (%).

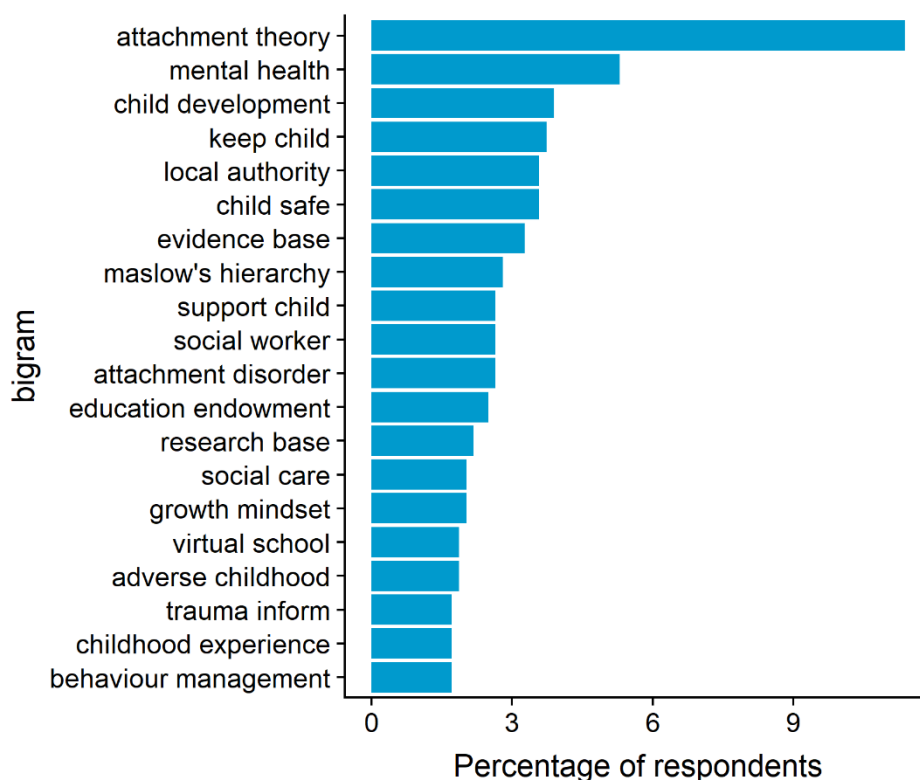
	No answer	Disagree	Neutral	Agree
Up to 3 years	0	4	33	64
3 to 5 years	0	0	16	85
5 to 10 years	0	3	19	78
Over 10 years	1	2	15	81

Here “Agree” includes both “agree” and “strongly agree”, and similarly “Disagree” includes “Disagree” and “Strongly disagree”.

Respondents were asked in question 3: “What theories or research do you rely on to inform a plan of how to support a child?”

Amongst top bigrams, relevant word associations included attachment theory/disorder, mental health, child development, Maslow’s hierarchy, the concept of Growth Mind-set and approaches taking into account past childhood experiences and trauma (Fig. 8).

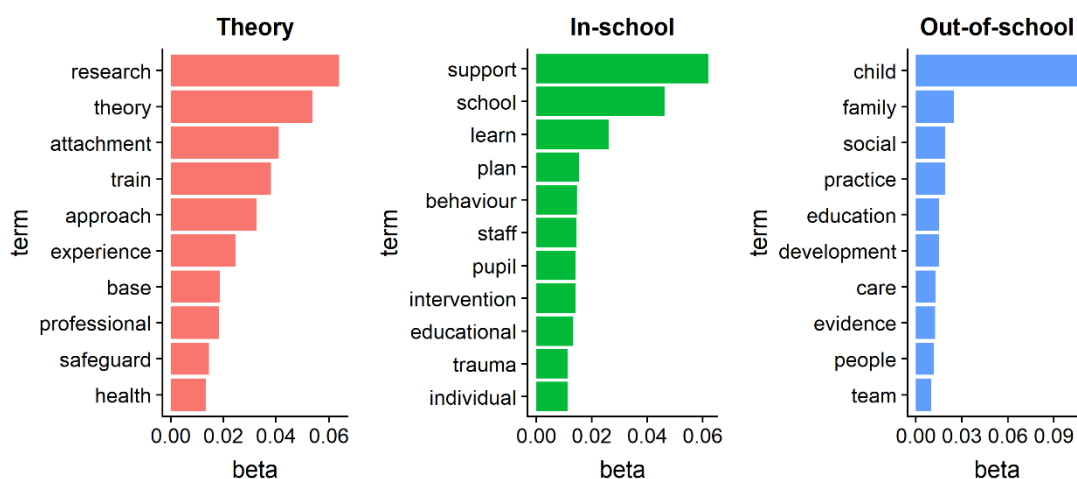
Figure 8: Top 20 bigrams used by most respondents in answering question 3 – What theories or research do you rely on to inform a plan of how to support a child.



Looking specifically at bigrams including the key words “theory” and “approach” provided additional detail. Attachment theory was by far the “theory” mentioned by most respondents (11%), with development theory (1%) and social learning theory (1%) second and third. “Approaches” were most often described as “therapeutic”, “restorative” and “graduated”.

Running a topic modelling analysis using Latent Dirichlet Allocation (LDA, see Annex A) on responses to question 3 suggested distinct strands of evidence used by the sector, with theoretical evidence, empirical evidence gathered in the school environment and out-of-school empirical evidence complementing each other (Fig. 9).

Figure 9: Top 10 words in the 3 topics identified in the answers to question 3 – What theories or research do you rely on to inform a plan of how to support a child.



The “beta” measure indicates the estimated per-topic per-word probabilities.

Respondents tended to list the theories or research they were aware of, to inform a plan or how to support a child, and did not give much detail on how such theories were used. Respondents also pointed out research helped to guide them, although each child was different, and no one method was applied to all.

Other theories were discussed by non-educational professionals. Social workers discussed systemic theory to inform plans for children. One explained:

“There is a **growing evidence base for systemic interventions** and I use these considerably with my work on CIN [i.e. Children in Need] cases. I find these...effective in CIN cases because there are less bureaucratic requirements of them, which can free me up to work more creatively to address risk issues in families.” One ‘other’ respondent, a policy adviser, explained that XXX [a local authority] uses a **strengths-based approach** to our work with children and families (Signs of Safety).

One Senior Children’s Services Leader highlighted they used:

“**systemic and solution-focused approaches** – flexibly and depending on needs of the child”.

3. Direct contact and building relationships

Respondents were asked in questions 4 and 5: “To what extent do you agree with the statement that you have effective approaches and skills to build relationships with Children in Need/adults in the child’s family?”

In terms of building relationships with Children in Need, respondents overwhelmingly agreed with the statement that their approaches were effective. Not a single respondent disagreed with the statement and only 4% neither agreed nor disagreed. 63% of respondents strongly agreed with the statement and 31% agreed. 2% of respondents did not reply.

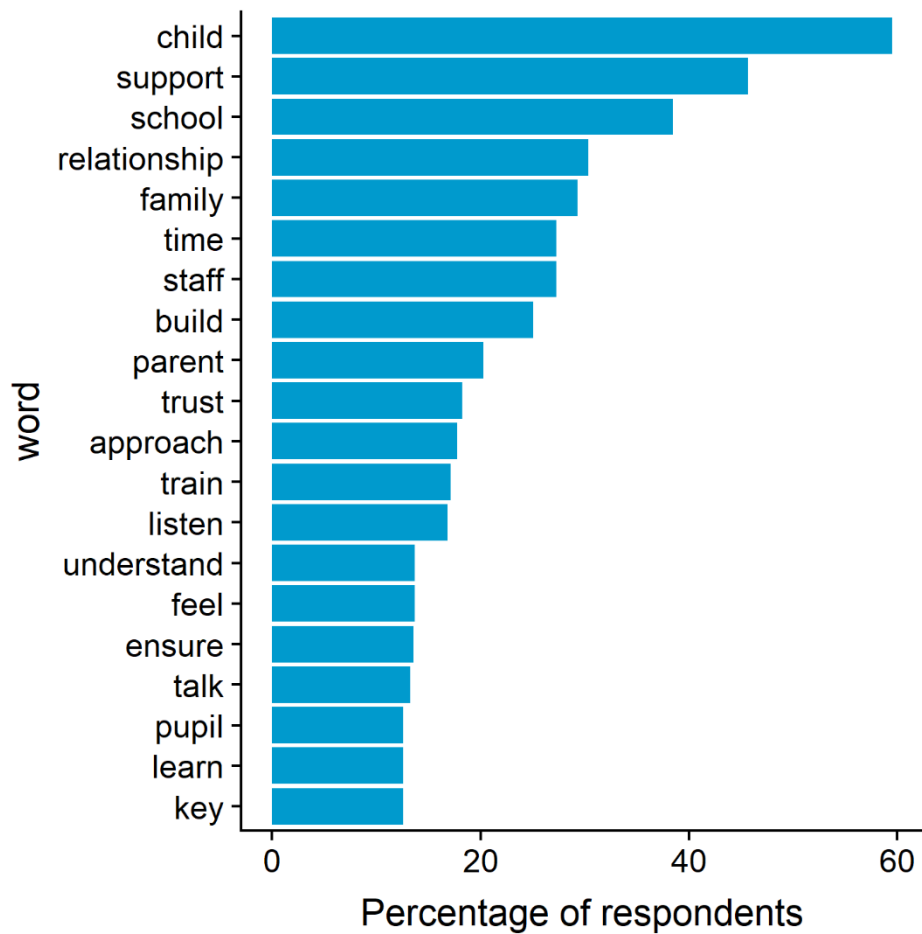
Although still largely in agreement, all major professions were less affirmative when talking about building relationships with adults in the family of the Children in Need they work with. There were sizeable decreases in the proportion of respondents who strongly agreed among headteachers, designated safeguarding leads and SENCOs. Teachers and the social care sector were less affected.

Table 2: Percentages of respondents strongly agreeing with the statement that they have effective approaches and skills to build relationships with Children in Need (CIN)/adults in the child’s family.

	Relationship with CIN	Relationship with adults
DSL	73	60
Headteacher	64	48
SENCO	51	31
Social Care	59	50
Teacher	52	47

Respondents were asked in question 6: “What approaches and skills do you use to build relationships with Children in Need and how is this supported by your organisation?”

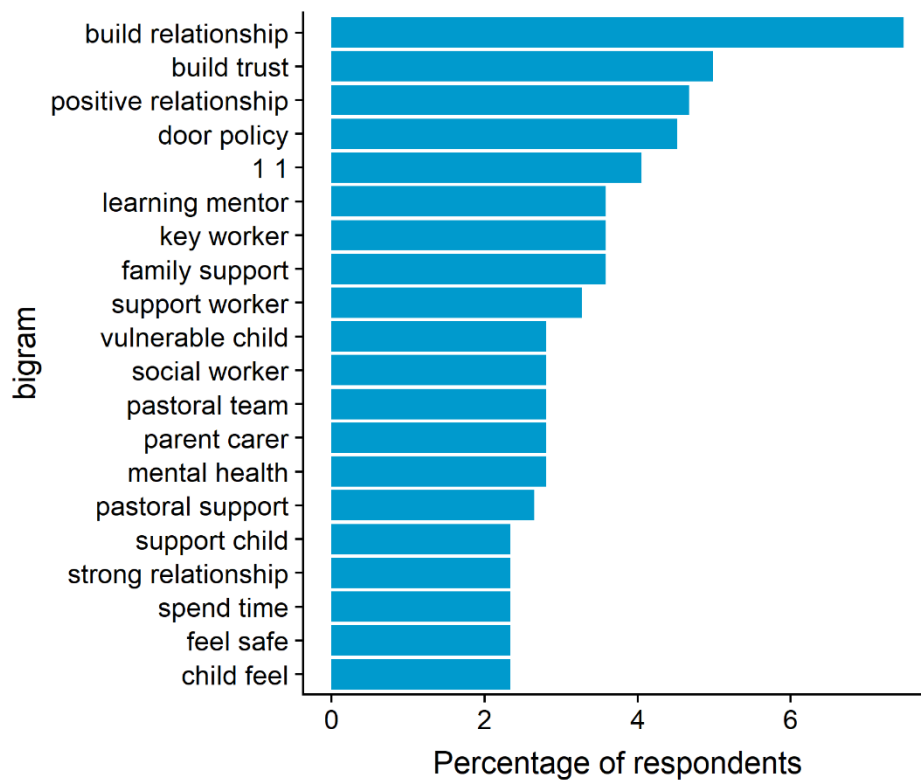
Figure 10: Top 20 words used by most respondents in answering question 6 – What approaches and skills do you use to build relationships with Children in Need and how is this supported by your organisation.



When talking about building relationships with Children in Need, the sector frequently mentioned family and parent, as well as the need for time. The word frequencies gave a hint of the necessary skills with the vocabulary of communication - “trust”, “listen”, “understand”, “feel”, “talk” - featuring heavily amongst the words mentioned by most respondents (Fig. 10).

Bigrams emphasised the importance of dedicated staff and additional bespoke support in building relationships with Children in Need (Fig. 11). Key workers, social workers, support workers and learning mentor were all amongst top bigrams. 1 to 1 [support] was mentioned frequently as well as open-door policy.

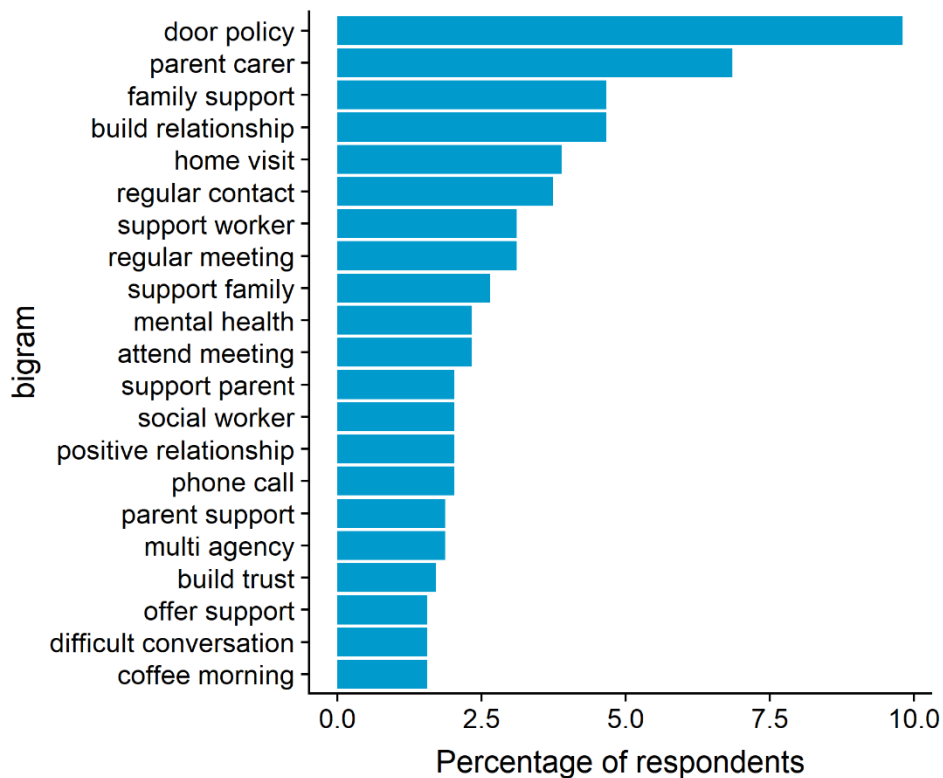
Figure 11: Top 20 bigrams used by most respondents in answering question 6 – What approaches and skills do you use to build relationships with Children in Need and how is this supported by your organisation.



Respondents were asked in question 7: “What approach and skills do you use to build relationship with adults and how is this supported by your organisation?”

The vocabulary used by respondents when considering building relationships with adults differed clearly from the one used to describe relationships with Children in Need. The term “parent” topped the list of words used by most respondents. Means of communication with adults featured prominently: “meet/meeting”, “contact” and “time” were all present.

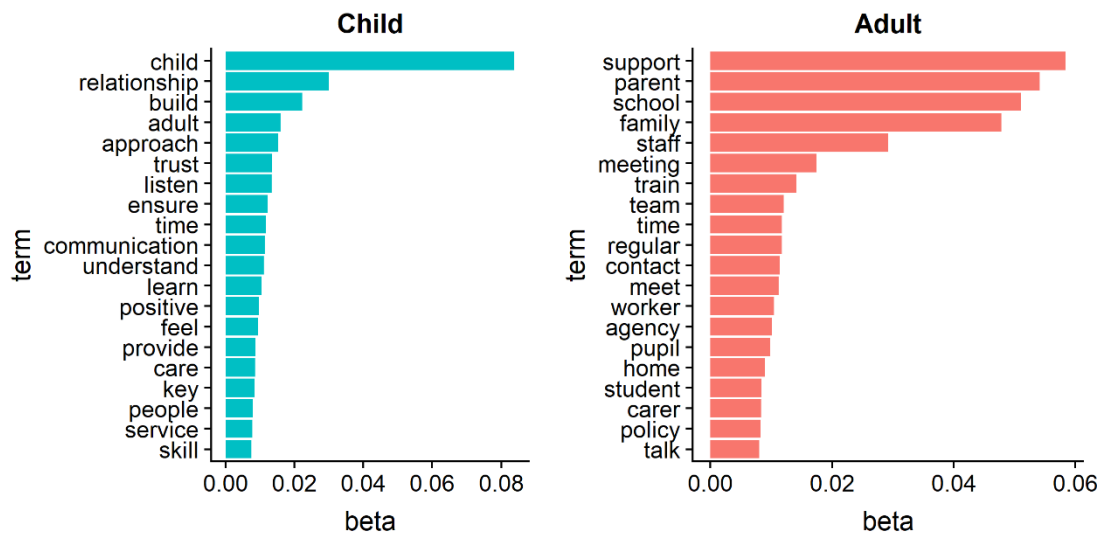
Figure 12: Top 20 bigrams used by most respondents in answering question 7 – What approaches and skills do you use to build relationship with adults in the child’s family.



Among the top bigrams (Fig. 12) were “[open] door policy”, “parent carer”, “family support”, “home visit”, “regular contact”, “regular meetings”, “phone call” and “coffee morning”.

Running a 2-topic Latent Dirichlet Allocation (LDA) model across both questions 6 and 7 illustrated how the 2 sets of responses differed (Fig.13).

Figure 13: 2-topic LDA model fitted to answers to questions 6 and 7 – What approaches and skills do you use to build relationships with Children in Need/adults in the child’s family.



The “beta” measure indicates the estimated per-topic per-word probabilities.

The 2 topics identified clearly corresponded to each set of responses, with the “Child” topic concentrating most (c. 60%) of the responses to question 6 regarding Children in Need and the “Adult” topic dominating among responses to question 7 regarding adults. The “Child” topic (on the left in Fig. 13) describes the slow and careful building of a relationship with a child in need, and has the vocabulary of communication. The “Adult” topic (on the right in Fig. 13) describes the more formal building of a relationship with adults in the child’s family and features the vocabulary of meetings, support and contact.²

Regarding building relationships with Children in Need, one headteacher emphasised the importance of communication with children:

“I know how to talk to children and how to use language that they can access to describe how they feel. A **child being able to communicate their feelings, often when they do not understand how they feel or why they may feel like they do, is vital to understanding how to best support them.** Having emotional intelligence and appreciating the lived experience of the child is vital to understanding the behaviours that they are using to communicate. Facilitating conversation with children and having an approachable persona are key components of founding good relationships”.

Building relationships and trust between professionals and children was cited by respondents as a skill when working with Children in Need.

² Note that to ensure interpretability of results, respondents falling into the “Parent” and “Other” categories were excluded from this topic modelling exercise.

One headteacher explained:

“Building relationships with our children are at the heart of everything we do. We make sure we **take the time to get to know our children and their individual family circumstances**. We have an inclusion team who have time every day to work with individual children or in small groups giving the children time to talk”.

Regarding building relationships with adults, communication skills did not feature in the same way they did when respondents described building relationship with the child. While there were some similarities in building relationships with children and adults, respondents described a more formal, and perhaps less in-depth relationship when discussing adults.

Although not as prevalent, one headteacher voiced using similar approaches to children when communicating with adults. They said:

“in **many ways same as with the children. Listening and empathy**. The families learn that we are supporting them by the way we act. This develops trust”.

While relationships with parents may be considered more formal, respondents also discussed ‘coffee and chats’, which may also suggest informal elements to such relationships.

Headteachers described a formal, professional relationship, mixed with emotion when working with adults:

“Having **clear policies and codes of conduct. Writing everything down and giving all stakeholders records of information. Sensitivity. Building relationships. Compassion. Empathy**. Being clear and succinct. Understanding. Having clear rules for all to follow”.

Difficulties in building relationships with parents/carers were reported in instances where there were fewer ad-hoc opportunities to talk with parents, such as school drop-off or pick-up time. A DSL at a special school explained:

“It is **sometimes harder to build a good relationships with adults** within our school, as most of the pupils are brought to and from school via transport from the council”.

Specialist staff or designated resource for supporting or working with families were also discussed. One DSL reflected ‘we have dedicated full time Family Inclusion Support Officer’.

The development of effective relationships was also considered important for other professionals when working with adults. As one principal social worker explained:

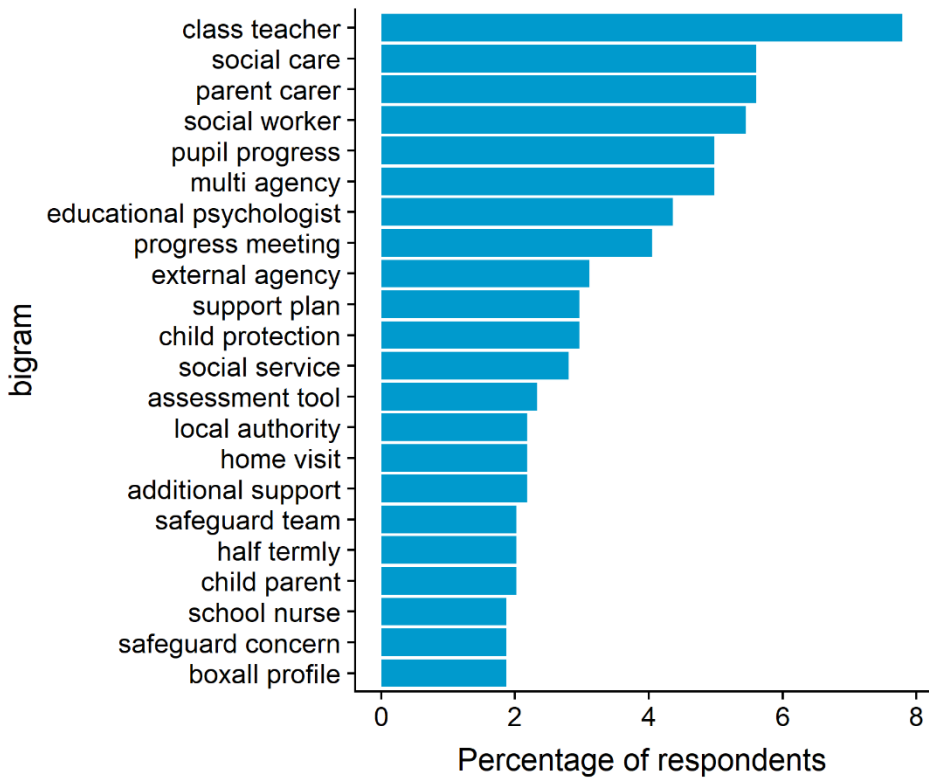
“It’s all about **building effective relationships. Being consistent, non-judgemental, direct. Sharing why we are worried**, what needs to change to reduce the worry. Being clear about impact of behaviour on children and how families can safeguard”.

4. Assessment and decision-making

Respondents were asked in question 8: “How do you identify a child’s needs and make decisions about what support should be in place?”

Among the top 20 words used by most respondents, relevant terms were “assessment”, “staff”, “concern”, “agency”, “identify”, “behaviour”, “observation”, “meeting”, “progress” and “plan”.

Figure 14: Top 20 bigrams used by most respondents in answering question 8 – How do you identify a child’s needs and make decisions about what support should be in place.



Bigrams emphasised the professions/roles involved in identifying the children’s needs - class teachers, social workers and parent carers, and to a lesser degree educational psychologists and school nurses appeared central (Fig.14). Bigrams also suggested that multiple agencies and social services were involved in the process.

Looking at sentences containing the words “assessment tool”, specific examples of ways to identify children’s needs included Boxall profile, British Vocabulary Picture Scale, FAGUS (a framework for emotional and social development), Autism Education Trust, Multidimensional Assessment of Caring Activities, Positive And Negative Outcomes of

Caring, profiler, Speech and Language Therapy.

Respondents outlined 'observations' as one such method of identifying children's needs. This could include an observation of a child's physical appearance, or how they interacted with others, including their parents or carers.

For example, a primary school headteacher highlighted:

"We use **daily observations**...if appropriate – child's **physical appearance – cleanliness**, appropriate clothing, physical injury, lack of equipment (PE and swimming KIT)...child's demeanour especially around their parent...if unhappy, why?...if fearful, why?"

Monitoring attendance and educational progress also helped education professionals identify concerns around a child. One headteacher, who works with early years to secondary school age children, explained:

"Using test scores to **look at progress...this is compared with other pupils'** progress to see if some are making slower.....progress. This then triggers further support. **Tracking and monitoring attendance** – this flags up issues early – **helping identify early help requirements**".

Where documentation or evidence from other professionals already existed, education professionals referred to reading those and making links with agencies already engaged with the child. Where no such evidence was present, one headteacher at a primary school, discussed meetings with specialists in the school to decide on next steps. In their responses they cited:

the "**pastoral lead and senior DSL meet routinely and hold vulnerable children meetings** where each child of concern is discussed and we ensure that the appropriate support or referral is made".

Another secondary school headteacher described a staged process to identifying children's needs and support:

"The initial responsibility to bring about improvement lies with **class teachers and pastoral/subject leads**. If intervention from them does not work then **assessment is undertaken by the SEN department** which may lead to more in school support or recommendation for assessment for an EHCP. Where the child's difficulties are based more on factors outside of school ... then we will **initiate the process of Early Help**".

Respondents were asked in question 9: "When deciding what support should be put in place for a child, what evidence do you use?"

Bigrams were very similar to the ones identified in question 8 and the much shorter

answers to question 9 (27.5 words per answer on average against 61.8) suggests respondents found the two questions overlapping. Among differing top bigrams were “previous schools” and the “child’s own view/voice”.

One primary school headteacher described a combination of informal and formal arrangement for gathering evidence around support that may be required for a child. They explained:

“Each morning senior staff make moment by moment assessment of how pupils and families are presenting emotionally and physically on arrival at school. Classrooms have listening stations which enable teachers and children to identify emotional issues. Calls made to children’s (social care) services on entry to ascertain whether they have been involved with a family”.

Discussions with the child and listening to their needs, also featured in responses from teachers and DSL. One DSL explained:

“The child’s voice is always the first step to identify what concerns they have and where they feel they may need support”.

Respondents were asked in question 10: “Where a child is disabled, or has Special Educational Needs (SEN), what are your priorities in offering support to improve their educational outcomes?”

The vocabulary used largely overlapped with that in question 1, with for instance 16 of the top 20 words used by most respondents common to both sets of answers. Differences were made clearer by examining contrasting top bigrams (Fig. 15, 16), with “1 to 1” featuring more prominently, as well as “Education and Health Care Plans”, “reasonable adjustments”, “educational psychologists”, “learning support” and “life skills”.

Figure 15: Top 20 bigrams used by most respondents in answering question 10 – Where a child is disabled, or has special educational needs, what are your priorities in offering support to improve their educational outcomes?

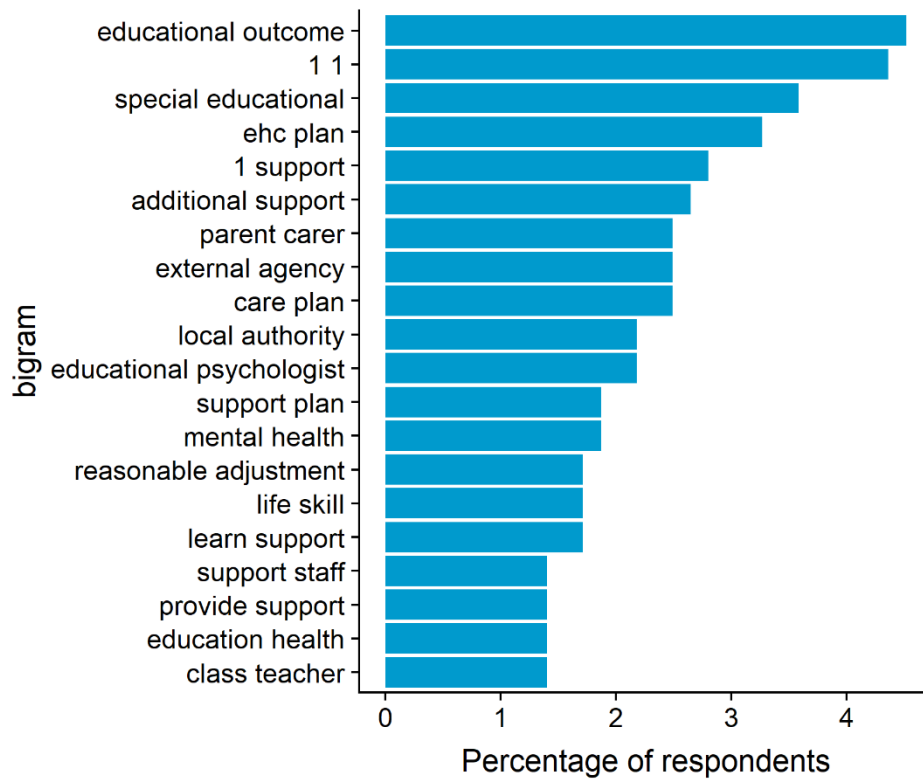
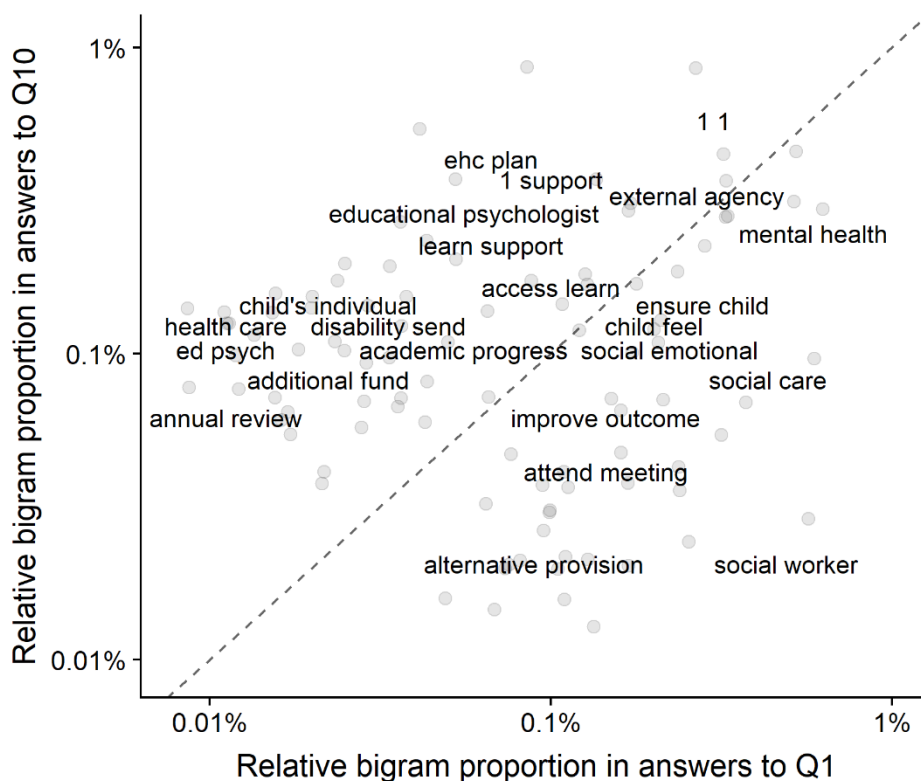


Figure 16: Differences in the frequencies of bigrams found in both sets of answers 1 and 10 – Priorities when supporting all Children in Need to improve their educational outcomes against priorities when supporting disabled/SEN children.



Bigrams close to the dashed line have similar frequencies in both sets of answers, while bigrams below the line are more frequent in answers to question 1 and bigrams above the line are more frequent in answers to question 10. Note the log scale on both axes. Only the top 100 most different bigrams are presented here.

Respondents described how their priorities for disabled children were the same for any children. As one primary school headteacher stated **‘they would be the same for any child’**.

With this in mind, there was also an awareness among respondents of disabled children’s needs and the additional support that may be required. One primary school headteacher provided the following example:

“We have a child in school who is both visually impaired and hearing impaired. Our **priority is to make that child feel like they are able to succeed - that just like everyone else**, they have a bright future ahead. So this child has hearing aids and all staff use special looped microphones so [child] can hear; we have lines on all steps and edges so he can see them; we have books in font 48 as well as braille facilities so [child] can still access our curriculum”.

Headteachers highlighted that parents of disabled children may require additional support. For example, one primary school headteacher explained:

“When a child has a disability/SEN, **parents are given the support to understand their child’s needs** as well as support in ensuring they can meet their child’s needs”.

Another headteacher reflected on the combination of involving parents/carers and professional agencies in supporting a disabled child:

“at our school we recognise that **engaging parents in the process** and addressing the wider needs of the family is also vital as disengaged parents or unaddressed need can create a barrierwe use the ...Around the Child approach which allows the plan for the child to incorporate the wider needs of the family and also **enables the engagement of key support professionals in the process**”.

When discussing some of the more formal aspects of supporting a disabled child, one headteacher at a pupil referral unit explained that they:

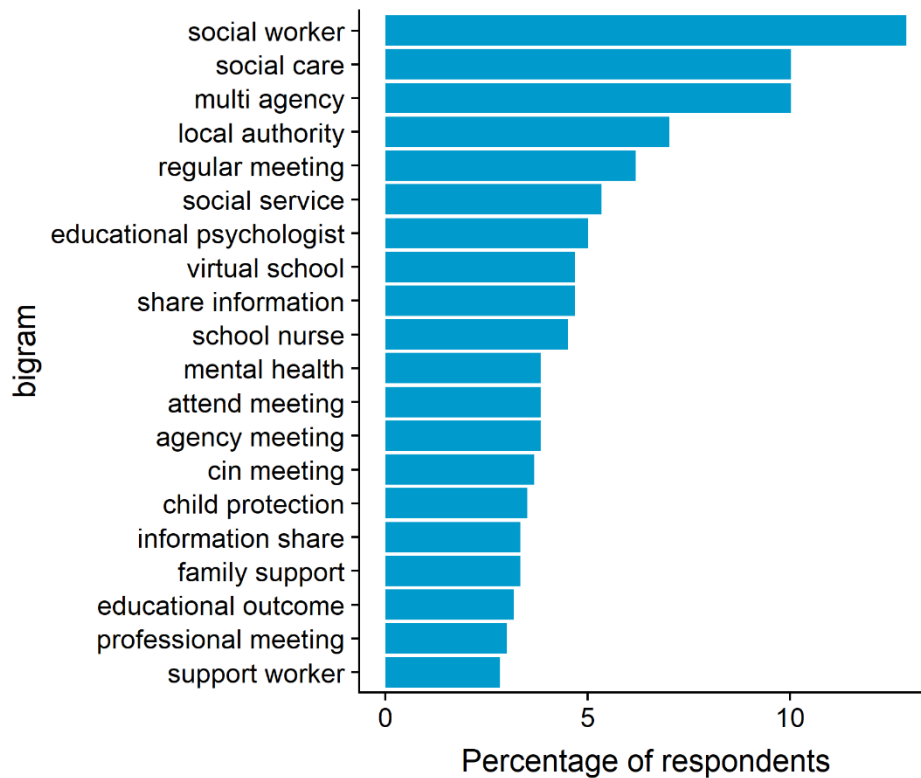
“focus upon the **targets set out in the EHCP** and bring those to any meetings”.

5. Working with other professionals

Respondents were asked in question 11: “How do you work with other agencies to improve the educational outcomes of Children in Need?”

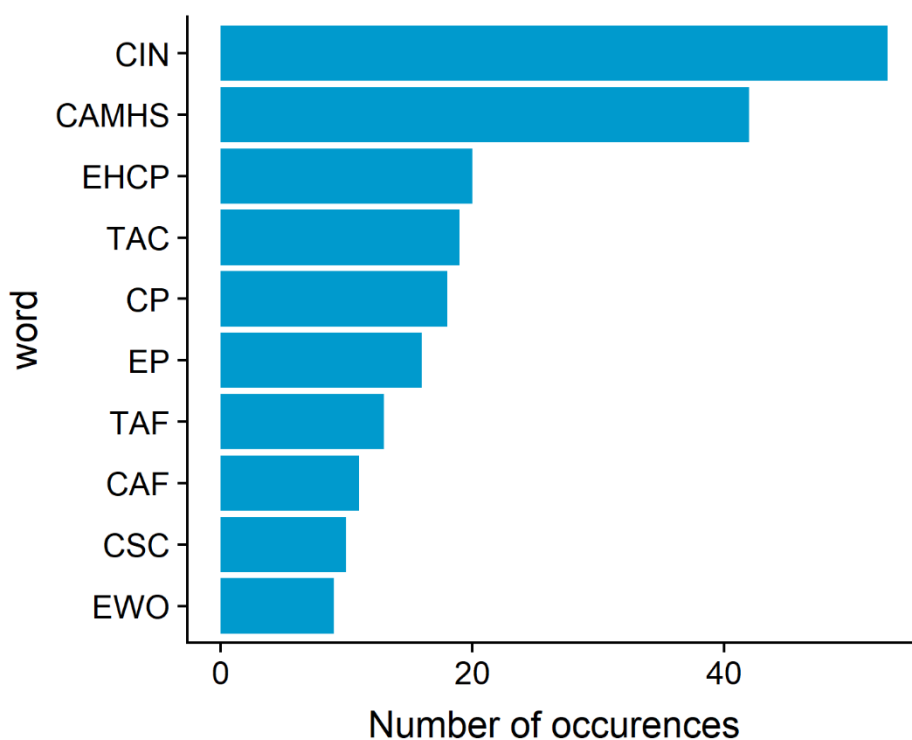
The word “meeting” was used by 45% of all respondents across this set of answers and the words “attend”, “regular” and “meet” were also prevalent. The sharing of information was frequently mentioned. Top bigrams listed the partners likely to attend these meetings: social workers, local authorities, social services, educational psychologists, virtual schools, school nurses and support workers (Fig. 17). Interestingly, few professions from the educational sector were mentioned: this is likely because the respondents themselves were from the educational sector and talked about the non-school staff they collaborated with.

Figure 17: Top 20 bigrams used by most respondents in answering question 11 – How do you work with other agencies to improve the educational outcomes of Children in Need?



Multiple acronyms appeared across answers, some of which described cross-agencies collaborative tools and services supporting Children in Need (Fig. 18). These included: Child and Adolescent Mental Health Services (CAMHS), Education, Health and Care Plans (EHCP), Team Around the Child (TAC), Team Around the Family (TAF) Education Welfare Officer (EWO) and Child Protection Plan and Common Assessment Framework (CAF).

Figure 18: Top acronyms across answers to question 11 – How do you work with other agencies to improve the educational outcomes of Children in Need?



Working with other agencies or professionals has featured in responses to other questions within this Call for Evidence. This has included contributions to plans, as well as contacting other professionals to share information about a child or to arrange support.

One primary school headteacher observed:

“We are in **daily contact with most of the other agencies** and ensure that a key connect member in school communicates and passes information speedily on. We attend meetings and workshops to actively learn about the other support groups in the area”.

Respondents voiced that it was difficult to engage all relevant professionals or sectors in meetings about Children in Need. A primary school headteacher expressed that:

“**Some organisations are reluctant to be involved** in this process, even though their presence and involvement in a plan would have very positive impact on the life of children. These include housing services, who have never attended around the child meeting even though they have been invited and the child is homeless”.

Another primary school headteacher commented:

“Working with other agencies can be challenging because currently it feels that their capacity is stretched - no matter which agency”.

It should be noted, it is not possible to state from this analysis the prevalence of this issue.

Using other agencies resources to aid multi-agency working was discussed. For example, headteachers commented that they enable children’s social care staff to use rooms to hold discussions with the children.

At a senior level, regular meetings and panels were highlighted as a way of different professionals working together. A Senior Children’s Services Leader discussed:

“Weekly senior management team and monthly extended directorate management team meetings that ensures social care, early help, commissioning and education leaders come together and understand each other’s practice and professional responsibilities. We also undertake multi professional audits and deep dives that enable shared learning”.

6. Consistency of professionals

Respondents were asked in question 12: “In your experience, how long would you remain working with the same child and family?”

Table 3: duration breakdown by role (%)

Duration	DSL	SENCO	Headteacher	Teacher	Social Care
Less than 3 months	13	28	13	11	2
3 to 6 months	23	15	20	26	14
6 months to 1 year	16	18	18	5	34
1 to 2 years	16	13	17	11	16
Over 2 years	30	23	31	47	9
No answer	2	3	1	0	25

The data suggested that social care professionals were less likely to remain working for over 2 years with the same child and family than professionals in the educational sector (9% against 31% for headteachers, 30% for DSL, 23% for SENCO, 47% for Teachers). The picture was reversed for very short-term working relationships (less than 3 months) which were rarest within the social care sector. Note that these figures should be taken with caution, as a quarter of respondents in the social care sector did not reply to the question.

Respondents were asked in question 13: “What impact does consistency of professional have on the child involved and their outcomes?”

Educational staff respondents referred to schools as the ‘constant’, stating that other professionals change more frequently. One primary school headteacher commented:

“It is often the **only consistency of support is the school**....children often have **new social workers** and some of our children are on their third or fourth social worker”.

Another headteacher responded:

“We have had ...LAC children who have had **several social workers and three different carers. The school was the only stability** they had during this time....the **impact on the children is severe** as they don't feel like opening up to new staff when they **don't have the confidence that there will be a long term relationship**”.

Another primary school headteacher commented that:

“There is a constant change of professional with some children and families....the **lack of consistency means that children do not want to engage** as they think the person is going to leave them anyway so what is the point. It has a negative effect on the success of the intervention”.

Other primary school headteachers reflected that:

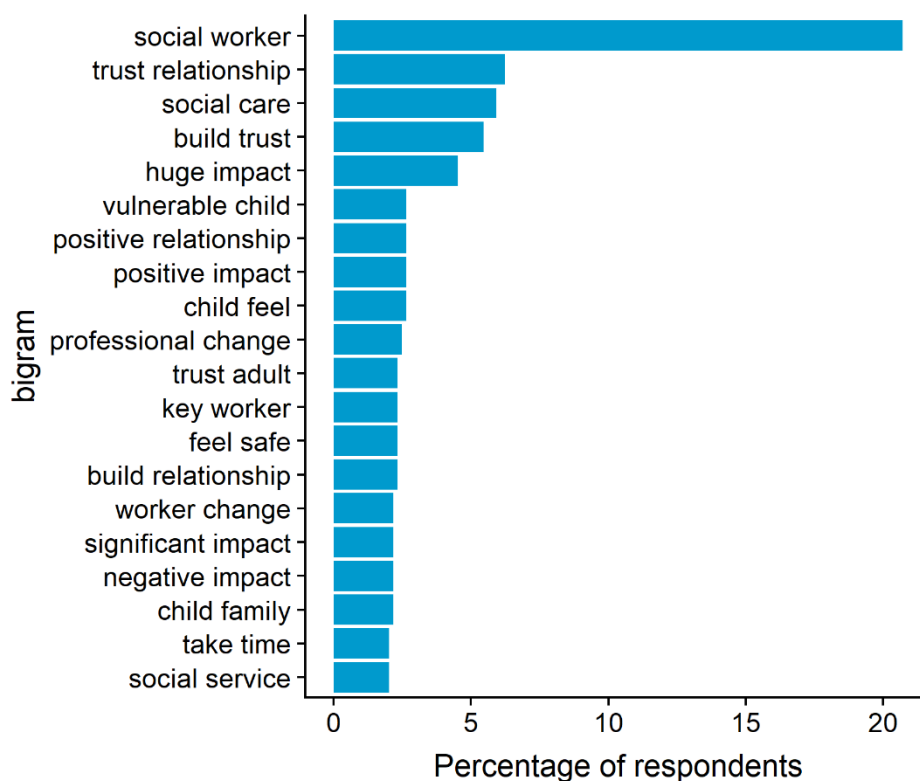
“It's **essential that professionals are in place as long as possible** as these **children are often those who find attachment difficult**, therefore, they need some time to build up trust. The more the adults change, the more damaging this is”.

And,

“Children **develop a trust in adults working with them**. They feel **more secure** and this is **reflected in their attainment and behaviour** at school”.

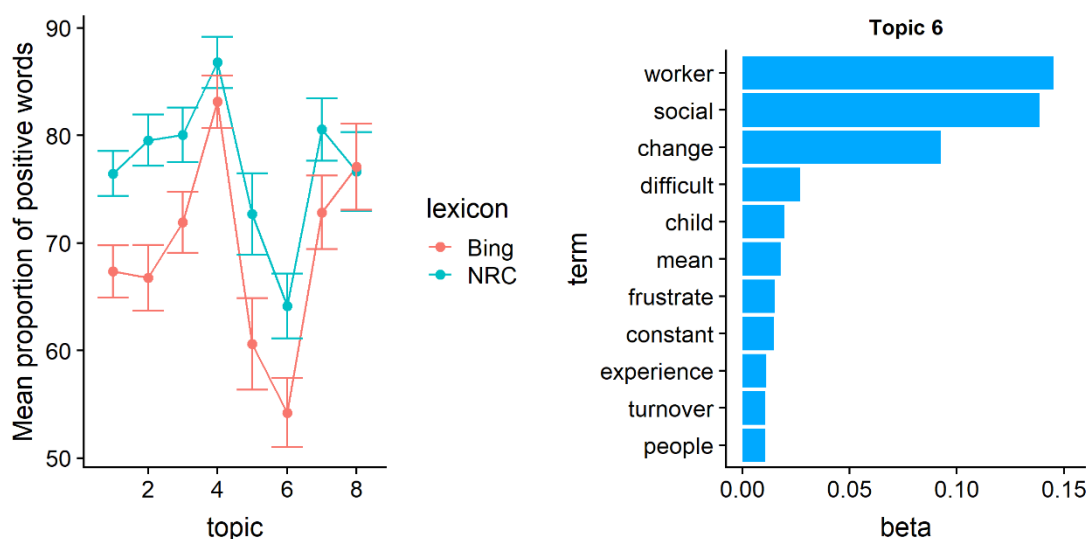
Even though over 85% of respondents came from the educational sector, the bigram used by most respondents when talking about consistency was “social worker”, with “social care” coming third (Fig. 19). This strongly suggested it is the consistency of social worker respondents chose to focus on – and presumably considered most important – rather than that of schools. This was true across all main professions, including social care professionals themselves. Several of the top bigrams made clear the very significant impact of consistency (or lack thereof): “huge impact”, “positive impact”, “significant impact” and “negative impact” were all among the bigrams used by most respondents.

Figure 19: Top 20 bigrams mentioned by most respondents in answering question 13 – What impact does consistency of professional have on the child involved and their outcomes?



Topic modelling and sentiment analysis (see Annex A) were used in combination to determine whether a given topic was spoken of in a mostly positive or negative way. Across responses, a topic modelling analysis allowed identifying 8 themes relating to either consistency or inconsistency of professionals (see Annex C2). Responses were categorised according to their dominant topic. Sentiment analysis was then carried out on each of the 8 sentence subsets to determine a mean positivity score associated to each theme (Fig. 20). One topic stood out both by its low proportion of positive words (Fig. 20, left panel) and by its focus on the theme of change (right panel), specifically that of social workers. Other more positive topics centred around consistency, rather than lack of it (Annex C2). This result confirmed that when writing about lack of consistency, respondents mostly mentioned change in social workers. Sentiment analysis suggested that respondents saw this type of turnover as detrimental for the children involved and their outcomes.

Figure 20: Sentiment analysis of sentences within each topic identified by LDA (left) on answers to question 13 for two widely-used lexicons.



“Bing”³ and “NRC”⁴ correspond to crowdsourced lexicons associating English words to a sentiment score. For each lexicon and for each theme identified by topic modelling, mean sentence-level proportions of positive words are shown with error bars. Topic 6 stands out by its low proportion of positive words. Its vocabulary clearly indicates it is the topic of “change” (right). Note that topic modelling assumes that each answer is made up of a mixture of topics. Although assigning one answer to its single dominant topic can be a reasonable approximation, this approach should be considered experimental.

7. Supporting the whole family

Respondents were asked in question 14: “To what extent do you agree with the statement that the majority of support you offer to Children in Need involves helping the whole family?”

All main professions largely agreed with the statement that the majority of support offered to Children in Need involved helping the whole family. Teachers stood out with over a quarter of respondents disagreeing, more than 10% higher than that of the closest category (Designated Safeguarding Leads). Headteachers and the social care sector had the lowest percentages of respondent disagreeing, though in the case of the latter the relatively large number of missing responses makes the figure difficult to interpret.

³ Mining Opinion Features in Customer Reviews, Hu & Lui, KDD, 2004

⁴ Crowdsourcing a Word-Emotion Association Lexicon, Saif Mohammad and Peter Turney, *Computational Intelligence*, 29 (3), 436-465, 2013.

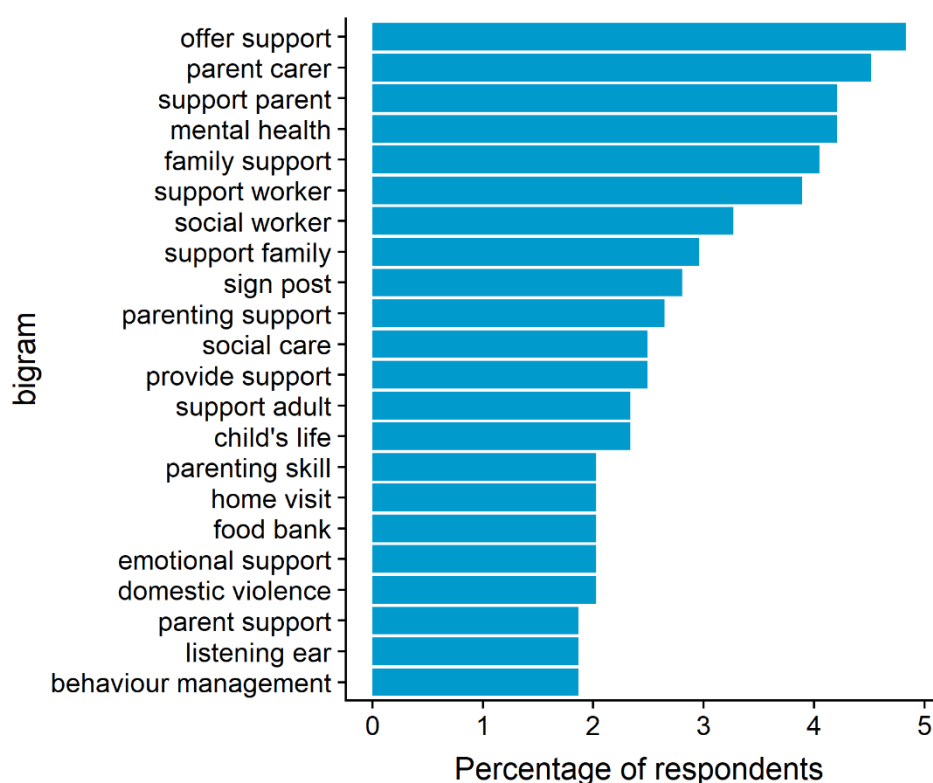
Table 4: Agreement level breakdown by role (%)

	No answer	Disagree	Neutral	Agree
DSL	0	15	7	78
Headteachers	0	7	13	80
SENCO	3	13	15	69
Social Care	9	5	14	72
Teacher	0	26	16	58

Respondents were asked in question 15: “What is the nature of your work with adults in the child’s life?”

Responses to this question described the relationship between the sector and adults in the family of a Child in Need as a supportive one (Fig. 21). Support came under multiple forms, and could be emotional or material. It could come as parenting training, advice or counselling. “Signposting” was also often mentioned, pointing towards cross-agency collaboration over the matter.

Figure 21: Top 20 bigrams used by most respondents in answering question 15 - What is the nature of your work with adults in the child’s life.



As one primary and secondary school headteacher described:

“The pupil's dedicated teacher/keyworker **maintains regular contact with the pupil's family and will signpost them to other support services** when necessary. The school offers a safe, non-critical service to children and their families - somewhere to go to **seek information and advice** when there is a crisis situation”.

A SENCO also reflected: ‘to **signpost parents to the support** they need’

Another primary school headteacher discussed:

“Supporting [adults] in a variety of ways. Shoulder to cry on, cup of tea. **Guidance in pointing to where professional support may be obtained** including that provided by the school. We also provide food from the food banks, presents at Christmas from the Salvation Army. We have linked with charities to provide housing needs”.

Other educational staff commented on the importance of ensuring parents understood their role in the child’s schooling. One all through school headteacher commented ‘**ensure they understand their role**’.

Provision of parenting support or training was discussed. One primary school headteacher described how:

“**Parenting training is offered to families** who are struggling with behaviour and emotional regulation”.

The sharing of information, either with other agencies, or parents/carers about the child was also mentioned by respondents. For example, a SENCO explained:

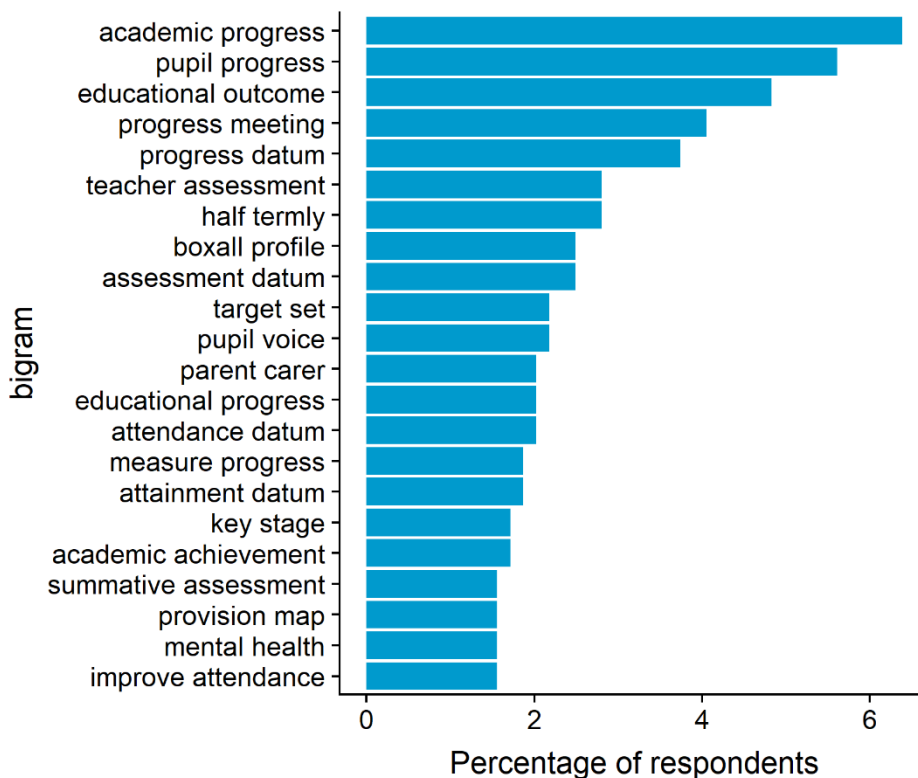
“We are very involved in **passing on any important information** that we learn about the child’s family situation. This can be...knowledge of their whereabouts that **we need to inform the social worker quickly in order that the child is safe**”.

8. Evaluation

Respondents were asked in question 16: “How do you measure and evaluate the impact of your work to address a child’s educational outcomes?”

The benchmark of academic progress was seen as key by respondents, but well-being, emotional measurements and attendance also featured (Fig. 22).

Figure 22: Top 20 bigrams used by most respondents in answering question 16 – How do you measure and evaluate the impact of your work to address a child’s educational outcomes?



One primary school headteacher summarised the balance between targets and emotional measurements:

“We try to set **smart targets with measurable outcomes**..... Some of these targets are qualitative and rely on **feedback from key adults about improvements** but some are quantitative e.g. **reductions or increases in scales or scores for assessments** such as **Thrive or a Boxall profile** or increases in numbers of phonic sounds, key words progress towards Age Related Standard in core areas of learning etc. We always **look at the whole child** so **although their spelling score has increased if they are still displaying challenging behaviour at the same rate per day** then we would continue to look at the underlying cause of the challenging behaviour”.

A secondary school DSL reported similar:

“We look at the **progress and attendance data on a regular basis** to look at possible interventions that can be provided. Once this intervention has been placed we evaluate data before and after the intervention to monitor impact”.

Academic success was seen as important, by both primary and secondary school headteachers. Although, they also acknowledged the importance of emotional skills, and the effects this may have on children’s educational achievements. One primary and

secondary school headteacher explained:

“The obvious is **exam success**...we also look at **destinations**...we look at the **softer confidence changes**. The attitudinal surveys we do are repeated and we can see **if self-esteem has improved over time**. This will tell us...if support... helping them outside of the academic progress”.

Gathering feedback from others, particularly adults involved in the child's life, was also viewed as important in measuring the impact of respondent's work. One primary school headteacher discussed 'Verbal feedback is important - if you are being told that what you are doing is helping'.

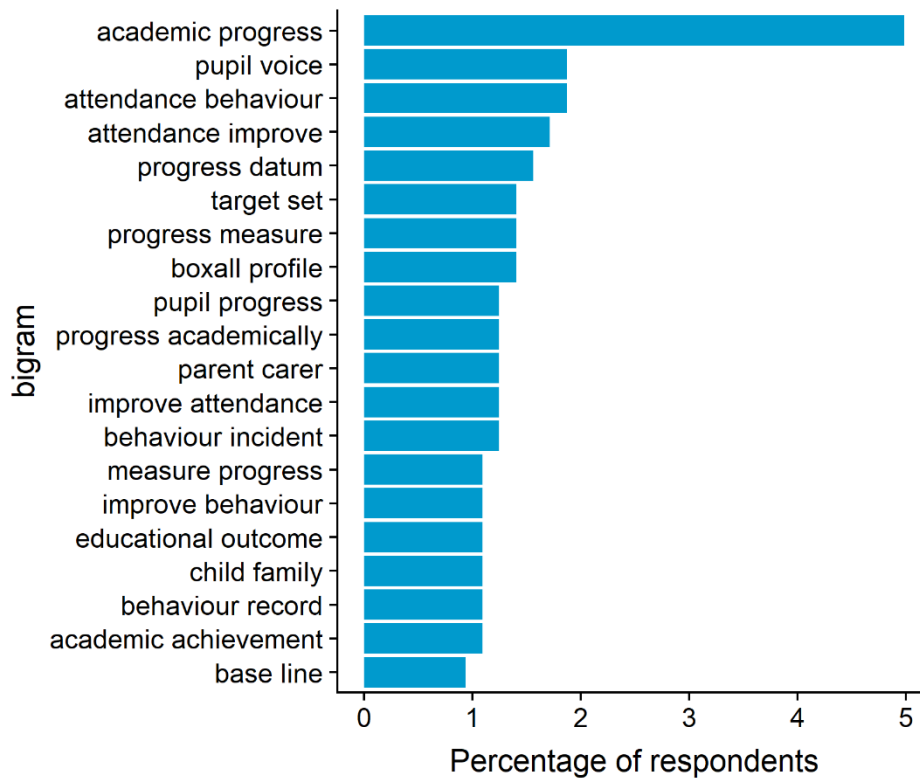
Recognising the individuality of children and their situations in measuring their success was also discussed by respondents. A SENCO stated '**it is a case by case evaluation**'. A primary school headteacher gave the following example:

“Cases are often complex and it is **difficult to attribute what action with success**. We have **one child who would not communicate** - would not approach staff and started school by grunting. He **eventually entered the care system and we put therapeutic initiatives in place**. The **child made rapid progress re speech and communication**. 6 months later he is now speaking in sentences and can't stop communicating! We **look every child as an individual**”

Respondents were asked in question 17: “How do you know your work has been successful, including any before and after measures you use?”

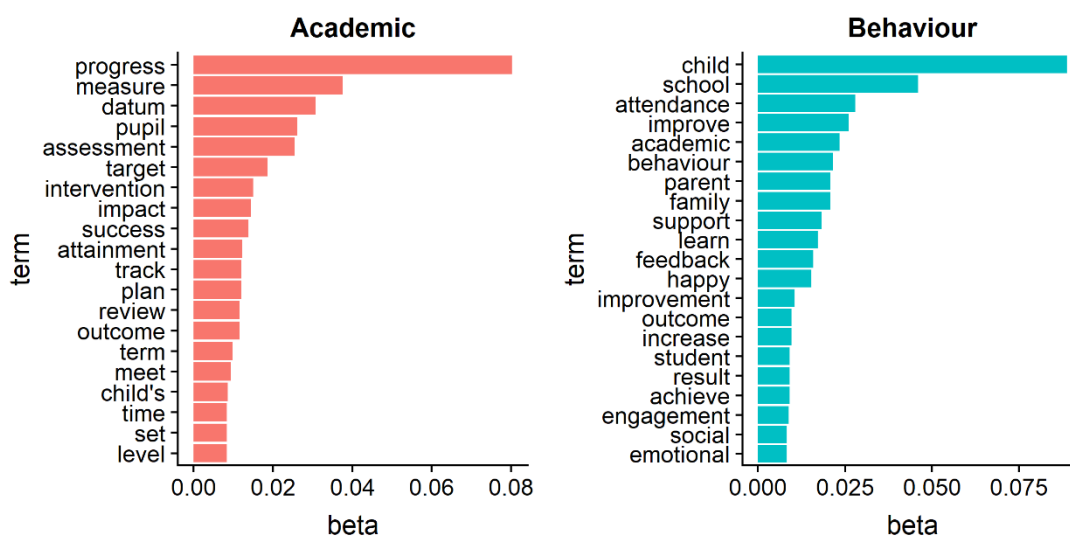
Answers overlapped with the ones to question 16 but respondents more often alluded to evidence at behavioural and emotional levels. Attendance, the child's own view, and behaviour improvement featured more prominently (Fig. 23).

Figure 23: Top 20 bigrams used by most respondents in answering question 17 – How do you know your work has been successful, including any before and after measures you use?



A 2-topic LDA model showed respondents considered both academic progress and the child’s behaviour and well-being as measures of success (Fig. 24).

Figure 24: 2-topic LDA model fitted to answers to question 17 – How do you know your work has been successful, including any before and after measures you use?



The “beta” measure indicates the estimated per-topic per-word probabilities.

Responses were similar to the previous question. This included discussion of improvements in academic attainment and changes in children’s behaviour and

emotional well-being. A secondary school DSL also observed this by saying 'improvement in attendance, attainment'. One primary school headteacher stated:

"Children are able to work at an expected level and assessment shows that progress has been made against targets. Pupils are more confident in their ability and are able to be successful in their learning".

One primary school headteacher discussed the balance between a child's home and schooling. They said:

"If the children are attending more, are more settled, happier at home and school – we know we have done a good job".

Other examples of before and after measures, from a primary school headteacher, included:

"Boxall assessments are fairly accurate in measuring children's behavioural indicators before and after intervention. Children's attitudes to learning are also assessed by **structured conversations as well as by observation**, and a reduction for example in possible fixed term exclusions or behaviour incident forms can evidence impact".

Another primary school headteacher provided the following example of knowing whether their work has been successful:

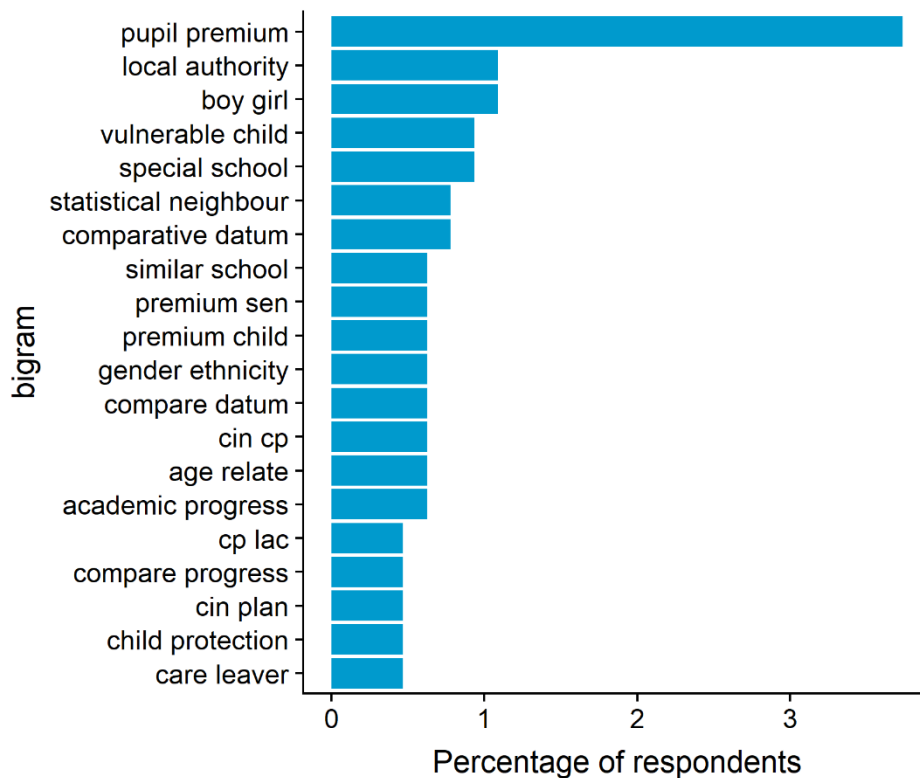
"We know that it has been successful by the improvement in children's grades but also more importantly for our age of child by the **children's attitude to learning**. For example **a child who was very angry and disengaged because of domestic violence at home who now engages, is able to cope and not lash out**, all due to work carried out in school with the child and the 1 to 1 freedom work carried out with parents".

Respondents were asked in question 18: "Do you have comparator groups?"

18% of respondents chose not to reply to this question and a further 31% replied with a single-word answer. Overwhelmingly that single word answer was "No" (91%).

Among the people who did elaborate, another 11% gave a negative answer. Among the 40% of respondents who replied positively, unigram frequency suggests comparator groups involved LAC (Looked After Children), SEN (Children with Special Educational Needs), CIN (Children in Need), EAL (Children with English as an Additional Language), male/female and the national average.

Figure 25: Top 20 bigrams used by most respondents in answering question 18 – Do you have comparator groups?



Bigrams gave more detail over the type of comparator groups used by respondents, including children eligible for the pupil premium, gender comparisons, summer-born children and comparing performances with that of statistical neighbours and similar schools (Fig. 25).

Responses to this question were often short and in some cases, were single word answers. As such there are fewer quotations to provide. The comparison groups that were discussed included **‘peers, benchmarking data with other schools’**.

A Senior Children’s Services Leader reported similar:

“We compare the outcomes of different demographic groups, looking at gender, ethnicity, LAC and care leavers (compared to general population) Children receiving free school meals (compared to general population). We also benchmark performance against other authorities”.

Acknowledging the difference and individuality of children was highlighted in responses on comparison groups. For example, one primary school headteacher explained:

“We compare each child with their starting points...We feel it is much more important for each child to be compared with where they were to where they are now as all our children are different with very different home circumstanceswhat we do in school can have a very different outcome for each individual child”.

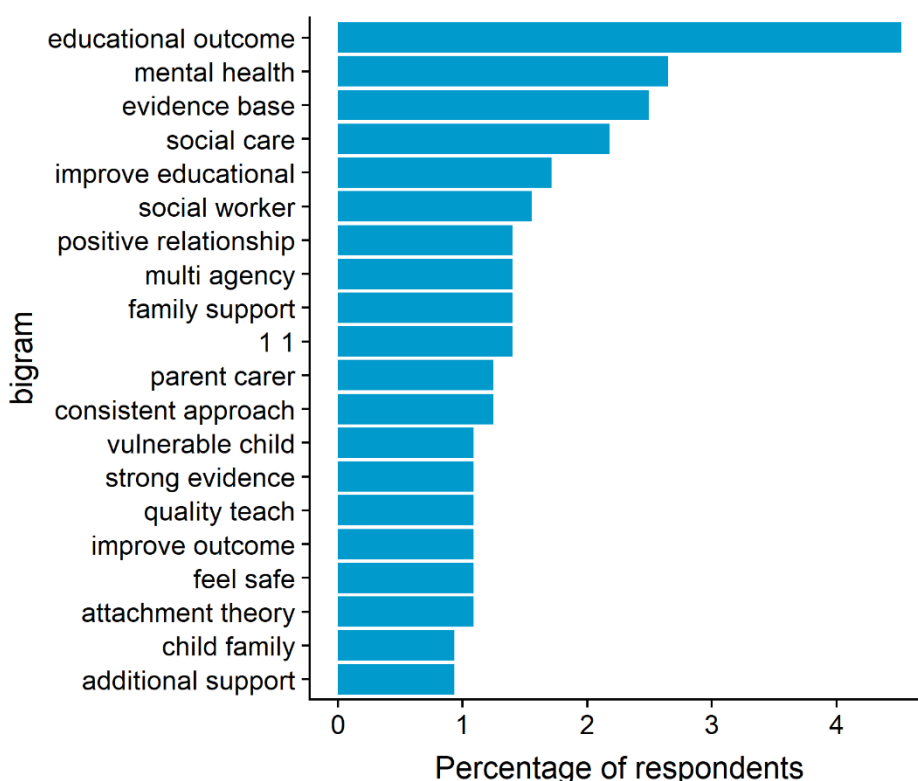
Respondents were asked in questions 19 and 20: “In your view, what are the areas that have a strong existing evidence base in improving educational outcomes for Children in Need?”, and “What are the ones that need a stronger evidence base?”

These two questions gathered the least responses and the average quality of response made analysing them challenging. Respondents often answered in similar ways to both questions, and did not always frame their answers in terms of the areas with strongest or weakest evidence.

Areas with a strong evidence base of effectiveness/importance (Question 19)

Bigrams used by most respondents included “mental health”, “positive relationship”, “consistent approach”, “attachment theory”, “trust[ing] adult”, “parental engagement”, “improving attendance”, “target[ted] intervention” as well as support for the child and his/her family (Fig. 26). “Support” was the second most used word, and “intervention” was 5th. These linked back to the priorities and approaches described in earlier sections 1, 2 and 3 and seemed to correspond to what respondents feel is effective or important.

Figure 26: Top 20 bigrams used by most respondents in answering question 19 – What are the areas with a strong evidence base.



Headteachers continued to reference attachment when responding to areas that already have a strong evidence base in improving educational outcomes for Children in Need. Sometimes respondents simply stated ‘**attachment theories**’. One primary school headteacher explained:

“Being **attachment friendly and aware** of adverse childhood experiences. If **children do not feel safe and supported they will not learn to the best of their ability** regardless of the educational opportunities put in place for them”

Another primary school headteacher highlighted a combination of emotional and educational support:

“A **combination of meeting the child's emotional and physical needs, alongside educational intervention** input”.

Improvements in attendance were also reported as areas with a strong evidence base. One headteacher highlighted:

“It is easy to measure attendance and put steps in to improve it. **Good attendance will lead to more positive outcomes** for children in their attainment”.

Consistency of staff also featured in responses, although respondents gave limited detail on this.

One DSL stated:

“**Consistency in staff** and approach in education throughout school’. A headteacher echoed this with ‘**consistency in adults**’, as did a SENCO, who said ‘for the **adults and professionals involved to be more constant and provide continuity** and less disruption”.

It is worth noting that social workers (as defined by their category response) did not answer this question, with one stating the question would probably be bettered answer by schools.

Comments from Directors of Children’s Services included:

“Clearly **stronger in terms of children who are looked after**”.

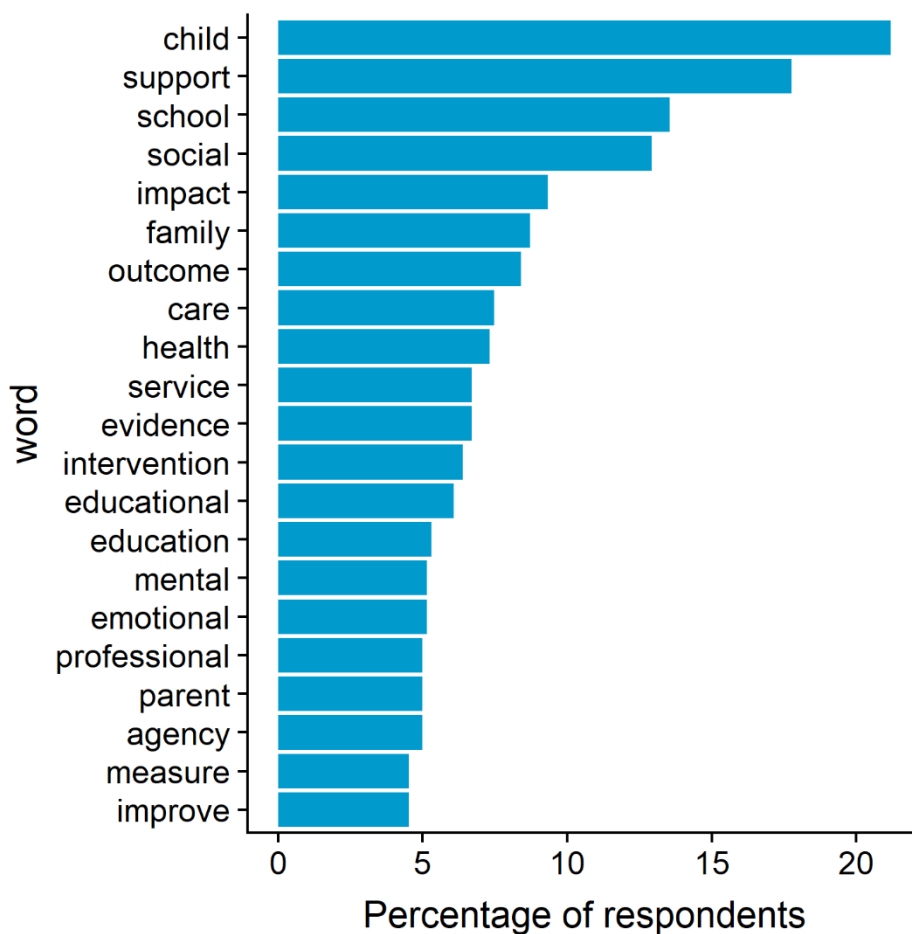
Another stated:

“There is **not yet a strong evidence base for Children in Need**”.

Areas in need of a stronger evidence base for effectiveness (Question 20).

The most notable difference in the vocabularies used in questions 19 and 20 was the presence of the word “impact” in many of the responses to question 20 (Fig. 27). Looking specifically at these answers suggested respondents often lacked evidence about the impact on children’s educational outcomes of new measures and interventions, either because causality was difficult to establish or because progress was difficult to measure. Outcomes in terms of mental health in particular were challenging to assess.

Figure 27: Top 20 words used by most respondents in answering question 20 – What are the areas in need of a stronger evidence base.



Responses in this area referenced their response to question 19. Comments around areas where a stronger evidence base was required included: **‘how to measure improved mental health’**, from a primary school headteacher. The effects of mental health support provision were also discussed. One primary and secondary school headteacher reflected **‘impact of CAMHS support with mental health referrals and potential diagnosis’**.

The effects of where children lived, and movement between locations, were outlined as areas where a stronger evidence base was required. A primary school headteacher responded:

“Children remaining with birth families as oppose to entering the care system. Children remaining in educational provision that is local to their home as oppose to being moved to out of authority placements”.

An educational psychologist shared similar thoughts. They outlined:

“How to **support children who move between care and home**. Coming back into care after attempts have been made to rehouse children with birth parents can be detrimental to children's emotional wellbeing and their ability to engage with education”.

Also within the housing area, a team manager observed:

“A **stronger evidence base is needed for the link between safe and secure housing and positive educational outcomes** for Children in Need”.

Annex A: Summary of methodology

- **Software**

The entire analysis was carried out using the open source programming language and statistical computing environment R. There are multiple packages available within R that allow performing text mining tasks. The approach taken here is the one underlined by Julia Silge and David Robinson in "[Text Mining in R](#)".

- **Processing of text data**

Unless stated otherwise the data was systematically "lemmatized" i.e. the inflectional forms of a word were grouped together. For instance after lemmatizing, the words "child" and "children" were pooled together. Stop words (i.e. commonly used words such as "and", "or", "the") were also systematically removed, as well as punctuation.

Note that several poorly-represented categories within the social care sector (social workers, Principal Social Workers, Service Managers, Team Managers, Virtual School Heads) were pooled together into a single "Social care professionals or charity" class. Although these respondents obviously play different roles, they were similar in that they worked to provide out-of-school care, and could be contrasted with the dominant educational sector. A number of respondents initially classed as "Other" were also reassigned to existing categories based on the description they provided for their role. For instance Deputy Heads, initially in the "Other" category, were added to the headteacher category. The raw data for respondent roles can be found in Annex C1.

- **Word/bigram frequencies**

Some respondents used the same word on multiple occasions in a same answer. This had the potential to bias term frequencies by inflating counts for a particular word. To limit this phenomenon, the frequencies mentioned in the document were expressed as a percentage of respondents mentioning a given word at least once. Note that in most cases these differed very little from true word frequencies.

- **Bigram networks**

Bigram networks are visual representations of all word relationships across a set of answers. Arrows link pairs of words, from the node (the first word in a pair) to the edge (the second word). The width of the links quantify the weight of the relationship or how often one node is associated to its edge. The networks make use of the true word frequencies i.e. if a word is mentioned several times by a same respondent they will be taken into account.

- **Sentiment analysis**

Sentiment analysis uses pre-existing lexicons to assign a sentiment score or label (i.e. positive or negative) to each word and tallying them up at sentence or respondent level. Lexicons are based on single words and are not able to take into account negations or amplifiers.

- **Topic modelling**

Topic modelling is a way of classifying text documents. In this analysis, it is performed using a technique called Latent Dirichlet Allocation⁵ (LDA). LDA assumes that each document is a mixture of several topics and that in turn each topic is a mixture of words. LDA is challenging in at least two aspects: i) it requires setting the number of topics before running the analysis and ii) interpretation of the topics defined by the algorithm is left to the analyst. Typical outputs show top words in each topic and the mixture of topics in each document.

⁵ Blei, DM., Ng, AY. & Jordan, MI. Latent Dirichlet Allocation. *Journal of Machine Learning Research* 3 (2003) 993-1022.

Annex B: Call for Evidence questions

1. Describe your priorities in what you do to support Children in Need to improve their educational outcomes.
2. To what extent do you agree with the following statement? “I/My organisation has a strong evidence base that underpins our work with Children in Need”.
3. What theories or research do you rely on to inform a plan of how to support a child?
4. To what extent do you agree with the following statement? “I have effective approaches and skills to build relationships with Children in Need.”
5. To what extent do you agree with the following statement? “I have effective approaches and skills to build relationships with adults in the child’s family.”
6. What approaches and skills do you use to build relationships with Children in Need, and how is this supported by your organisation?
7. What approaches and skills do you use to build relationships with adults, and how is this supported by your organisation?
8. How do you identify a child’s needs, and make decisions about what support should be in place?
9. When deciding what support should be put in place for a child, what evidence do you use?
10. Where a child is disabled, or has special educational needs, what are your priorities in offering support to improve their educational outcomes? (You may refer to children with disabilities, or special educational needs, or both).
11. How do you work with other agencies to improve the educational outcomes of Children in Need?
12. In your experience, how long would you remain working with the same child and family?
13. What impact does consistency of professional have on the child involved and their outcomes?
14. To what extent do you agree with the following statement? “The majority of support I/my organisation offers to Children in Need involves helping the whole family.”
15. What is the nature of your work with adults in the child’s life?
16. How do you measure and evaluate the impact of your work to address a child’s

educational outcomes?

17. How do you know your work has been successful, including any before and after measures you use?

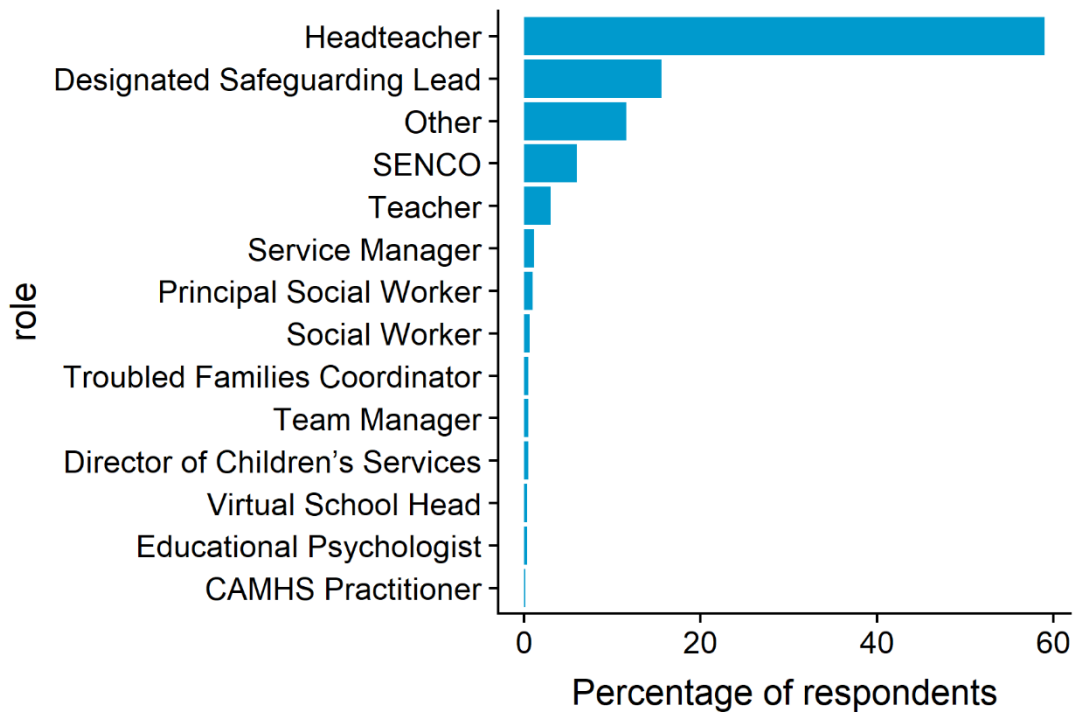
18. Do you have comparator groups?

19. In your view, what are the areas that have a strong existing evidence base in improving educational outcomes for Children in Need?

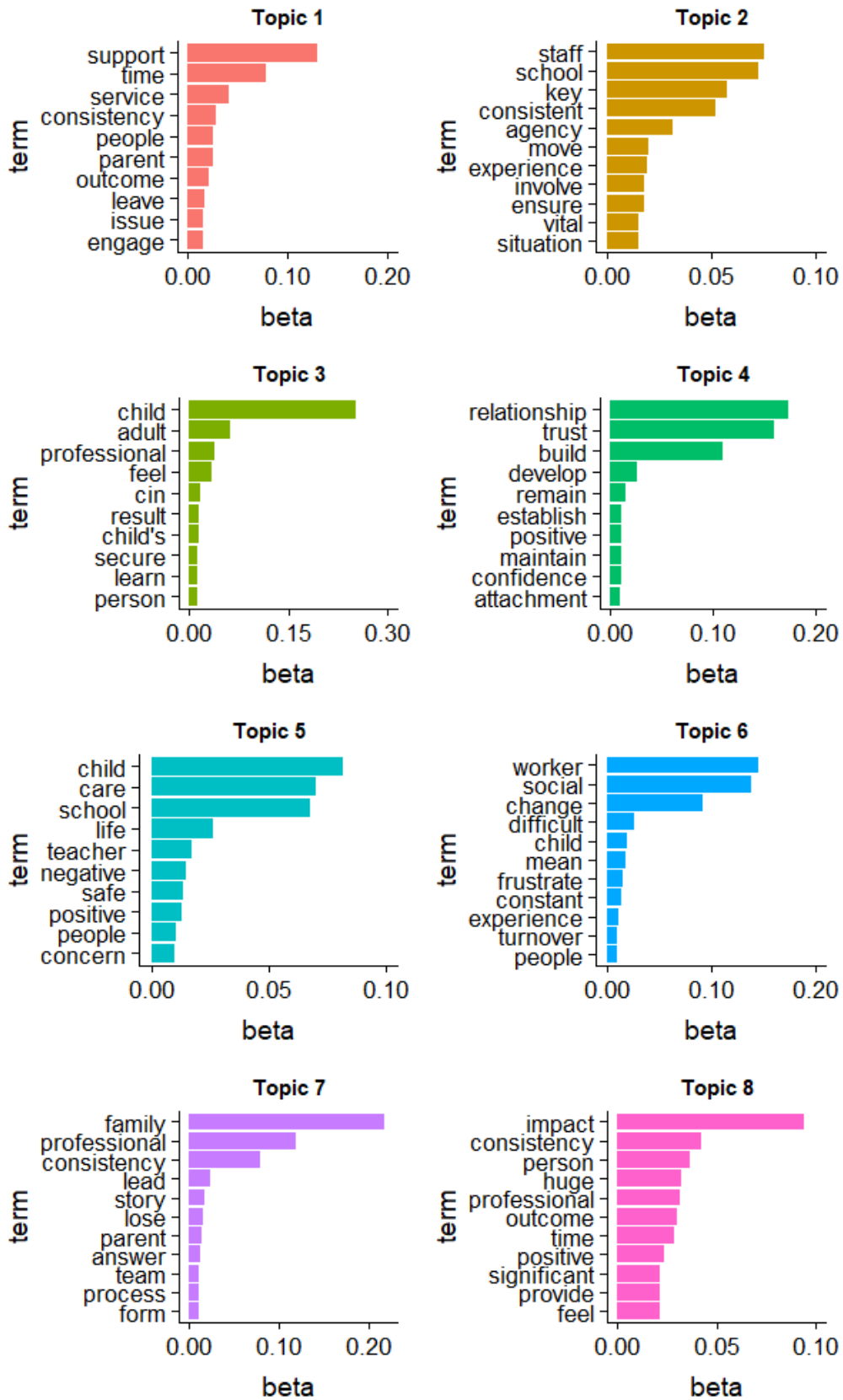
20. In your view, what are the areas that need a stronger evidence base in improving educational outcomes for Children in Need?

Annex C: Additional figures

Annex C1: Breakdown of respondents by role before aggregating poorly-represented categories.



Annex C2: Output from 8-topic LDA model ran on answers to question 13 - What impact does consistency of professional have on the child involved and their outcomes?



Topics 1, 2, 4, 7 and 8 explicitly referred to consistency. Topic 6 referred to lack of consistency. The “beta” measure indicates the estimated per-topic per-word probabilities.



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