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Parent Support Advisor Pilot

First interim report from the evaluation

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Executive Summary

Introduction

The Parent Support Adviser (PSA) pilot is a government funded initiative to support 20 Local Authorities (LAs) to introduce PSAs into their workforce. The Department for Children, Schools and Families (DCSF) commissioned the Centre for Educational Development, Appraisal and Research (CEDAR) to evaluate the PSA pilot programme from September 2006 – August 2008. A government grant (£40 million) has been made available to fund employment of PSAs over this period. To date, 717 PSAs are in place, supporting parents in 1167 schools. This first Interim Report is based on semi-structured interviews with 97 PSAs, 85 line managers and 23 other professionals in 12 case study LAs during Phase 1 of the evaluation, which was carried out between April and June 2007.

Phase 2 of the study will take place during the period October to December 2007; phase 3 will take place during March to June 2008. In addition to these interview-based studies with the 12 case study LAs, an analysis will be made of the data collected by all 20 LAs over the period of the pilot using a standard database devised by CEDAR. Data are being collected on the PSAs' work with parents and, where this occurs, with children. Finally, a cost effectiveness study will be undertaken. The findings from these phases of the project will be reported in the final report.

Key Findings

- The PSA pilot has successfully recruited and provided initial training for 717 PSAs supporting 1167 schools. This is a major achievement and represents effective collaboration between the DCSF and the Training and Development Agency (TDA).
- PSAs have developed a wide range of practice, developing many different types of initiatives.
- Particular challenges identified so far include the risk of PSAs taking on work that is too challenging for their level of training and experience; the need to develop

effective supervision as well as line management; and dealing with confidentiality issues.

- Although these are early days, with less than one year's experience of PSA practice, initial indications are that PSAs have the potential to provide important support to parents, which other research has indicated will have a positive impact on children.

Aims

The pilot is being evaluated by the Centre for Educational Development, Appraisal and Research (CEDAR) at the University of Warwick. The six aims of the evaluation are:

Aim 1 To collect data on the PSA service operation including staffing and numbers and characteristics of parents and pupils taking up (and those rejecting or not taking up) support from the PSA.

Aim 2 To examine the effects of different ways of working on: parental engagement, pupil attendance, pupil behaviour,

Aim 3 To examine the effectiveness of the PSA service.

Aim 4 To examine the relative impact of different delivery approaches

Aim 5 To examine the cost effectiveness of each delivery approach

Aim 6 To examine the specific impact budget-holding PSAs have on access to and availability of the additional services children and families might need.

Background

The new role of Parent Support Adviser (PSA) was announced in the Chancellor's pre-budget report, *Support for Parents: the Best Start for Children* (HM Treasury and DfES, 2005). This document places PSAs within the Government's strategy to improve the life chances of children and young people and to deliver equality of opportunity, a strategy guided by:

"three underpinning principles: rights and responsibilities: supporting parents to meet their responsibilities to their children; progressive universalism: support for all, with more support for those who need it most; and prevention: working to prevent poor outcomes for children, young people and their parents from developing in the first place" (p1).

The PSA pilot operates from September 2006 to August 2008. Twenty local authorities (LAs) have been funded to set up PSA services. The LAs were chosen by the Training and Development Agency (TDA)/ DCSF largely on the basis of deprivation, but also looking for a mix of conditions (such as LA/school size and a rural/urban mix with at least one LA from each region). The project is being supported by the TDA which devised and provided initial training for PSAs, organised a series of conferences for project leads in each LA and provided a second series of conferences for PSAs. The TDA also monitors the development of the PSA services, for example by collecting data on PSAs in post. As the project develops the TDA will also collate and disseminate materials produced by the PSAs, for example case studies of practice. The TDA is also developing a post-entry qualification to be made available from September 2007.

Methodology

Sample

Twelve LAs were selected as case studies from the 20 in the pilot. The 12 were selected to be representative of geographic locality, urban/rural and use of models of different types of PSA. In addition, selection included LAs also engaged in the Parent Early Intervention Pathfinder (also evaluated by CEDAR) in order to examine any interaction between the two initiatives.

Interviews were conducted with 97 PSAs, 85 line managers and 23 other professionals. The PSA profile closely matched that of the total PSA workforce in the pilot, as reported by the TDA in its analysis in June 2007, in terms of gender (90% female), ethnicity (90% White British) and the proportion who had previously been working in education (56% from an educational background) - see section 3.1 of the report for further details.

Seventy one line managers were school-based, 14 were locality or cluster managers. Other professionals interviewed included representatives from health and education: a head of Children's Centre, Head of Family Learning (Literacy, Language and Numeracy), Advisory Teacher for Family Learning, School Counsellor, LA Manager for Admissions and Attendance, Education Welfare Officers (EWOs), and a school nurse.

Interviews

A semi-structured format was used with main questions addressing pre-determined areas, supported by probes to explore the interviewees' views more fully. In addition, a small number of scales were included to allow the interviewees to express opinions that could be quantified. This approach allowed a high level of consistency across interviews while also allowing individuals the opportunity to express their own views and to expand upon their ideas. The interview schedules for the three interviewee groups had a common element supplemented by items specific to that group.

Interviews were recorded, with the interviewee's permission, and detailed field notes were also taken. All interviews within each LA were allocated a code at random to maintain confidentiality.

Findings

- The PSA interviewees came from a wide variety of backgrounds and reflected the total PSA workforce as reported by the Training and Development Agency (TDA) in its analysis in June 2007:
 - 90% were female compared with 91% for the total PSA workforce
 - 90% were White British (91% total PSA workforce)
 - 56% had come from an education background (55% total PSA workforce) with 16% from social work/social care, 1% health, 5% voluntary sector and 3% other background.
 - The proportion of PSAs who had previously worked in the same school varied greatly between LAs from 10-20% up to about 90%.
- The training received to prepare them for the role was based on generic children's workforce training modules developed by the Children's Workforce Development Council

(CWDC) and role-specific modules developed by the TDA, modified and implemented at LA level to reflect local needs.

- The training received to prepare them for the role was based on a core TDA-developed programme, modified and implemented at LA level to reflect local needs.
- Of those PSAs who had completed training, the large majority (95%) had found it useful and were generally positive about the training received.
- Three models of PSAs deployment were planned
 - Model 1 an individual PSA per school
 - Model 2 a PSA working with a cluster of schools
 - Model 3 an individual PSA per school but specifically helping pupils who have been or are likely to be excluded
- In practice the 3 models to which PSAs were appointed are being modified to meet local needs.
- ‘Overlap’ with other professionals, including education welfare officers and learning mentors was generally seen as complementary, but this will need to be monitored to ensure that this is effectively managed.
- Resources, including the nature of PSA bases and places to see parents, were variable, with some PSAs identifying a lack of suitable facilities.
- Line management was generally undertaken by the head teacher or an assistant head of the school in which the PSA was based or by cluster or locality based managers.
- Line management was under development and there was substantial variation in both the amount of time received and the frequency of when PSAs and managers met. While some meetings were planned, many took place on an ad hoc basis or were subject to change because of other priorities.
- Case supervision was also typically carried out by line managers and there was evidence of some lack of distinction between this and line management. Although overlapping

there are typically different emphases between these two processes in the helping professions.

- Most PSAs reported that they understood the main focus intended by their LA was on pupil attendance and punctuality. However, there was a very wide range of activities undertaken and practice has already developed to be much broader.
- There was variation in perception of role and practice regarding working directly with children and young people compared with the primary focus of working with parents.
- PSAs were developing informal means to become known to parents; in doing so many found it helpful to distinguish themselves from teachers.
- Early work with parents focused on gaining their confidence but had already progressed to a wide range of activities, some of which indicated the need to deal with many complex and challenging situations.
- One important role was that of mediation between school and parents.
- PSAs face a challenge regarding confidentiality, deciding what and how to tell schools of the information they had accessed.
- There were concerns about the complex family issues some PSAs were encountering, and the extent to which there were accessible services to which families could be signposted.
- Relationships between schools and PSAs were positive; already PSAs were valued colleagues.
- Although it is too early to make firm judgements regarding PSA impact, there was strong evidence of a *perception* of positive impact by both PSAs and line managers. In some cases, interviewees referred to hard data which could support these judgements.

- There were concerns about the sustainability of PSAs. Despite a strong desire to keep the PSA, many schools were unclear whether the finance would be available. As the initiative ends in a year's time it was seen as essential to address this issue soon.

Conclusions

This first phase of the study has indicated a very positive start for the pilot. Within an initial pilot such as this the absence of an existing infrastructure typically poses challenges such as delays in the appointment of new staff. Despite experiencing these practical problems, the PSAs have clearly made a very positive start. There are clear signs of the potential for an important role being developed with this new group of professionals.

Despite the fact that initial training only lasts a few days, (which, for training a new profession, is a very short duration), training has been generally well received. The proposed Level 3 qualification currently due to begin in September 2007 provides an opportunity to build upon this initial training.

There are many challenges for PSAs to face as they develop their role during the pilot. They occupy an important position at the interface between schools, which typically employ them, and parents. Issues of confidentiality, for example, will need to be worked through. A key factor will be the management and supervision they receive.

The evaluation continues for another year. The findings and conclusions reported here must therefore be regarded as preliminary. The next two phases of the study will investigate further the issues raised in Phase 1. In addition, an analysis will be carried out after July 2008 of the parent level data being collected across the 20 LAs over the period of the pilot.

1. Introduction

The new role of Parent Support Adviser (PSA) was announced in the Chancellor's pre-budget report, *Support for Parents: the Best Start for Children* (HM Treasury and DfES, 2005). This document places PSAs within the Government's strategy to improve the life chances of children and young people and to deliver equality of opportunity, a strategy guided by:

"three underpinning principles: rights and responsibilities: supporting parents to meet their responsibilities to their children; progressive universalism: support for all, with more support for those who need it most; and prevention: working to prevent poor outcomes for children, young people and their parents from developing in the first place" (p1).

The PSA pilot operates from September 2006 to August 2008. Twenty local authorities (LAs) have been funded to set up Parent Support Adviser services. The LAs were chosen by the Training and Development Agency (TDA)/ Department for Children, Schools and families (DCSF) largely on the basis of deprivation, but also looking for a mix of conditions (such as LA/school size and a rural/urban mix with at least one LA from each region). The project is being supported by the TDA which devised and provided initial training for PSAs, organised a series of conferences for project leads in each LA and provided a second series of conferences for PSAs. The TDA also monitors the development of the PSA services, for example by collecting data on PSAs in post. As the project develops the TDA will also collate and disseminate materials produced by the PSAs, for example case studies of practice. TDA are also developing a nationally recognised professional qualification to be available to PSAs within the term of the pilot.

The pilot is being evaluated by the Centre for Educational Development, Appraisal and Research (CEDAR) at the University of Warwick. The six aims of the evaluation are as follows:

Aim 1 To collect data on the PSA service operation including staffing and numbers and characteristics of parents and pupils taking up (and those rejecting or not taking up) support from the PSA.

Aim 2 To examine the effects of different ways of working on: parental engagement, pupil attendance, pupil behaviour.

Aim 3 To examine the effectiveness of the PSA service.

Aim 4 To examine the relative impact of different delivery approaches

Aim 5 To examine cost effectiveness of each delivery approach

Aim 6 To examine the specific impact budget-holding PSAs have on access to and availability of the additional services children and families might need.

The evaluation occurs in four parts. Initially LA lead officers were interviewed to discuss their plans and the issues concerning set up of the service. The present report addresses the first phase of implementation. The second phase will take place during the autumn 2007 and the third phase will take place during the period March to the end of June or early July 2008.

This first Interim Report addresses the main issues arising from the first phase of interviews with Parent Support Advisors (PSAs), line managers and members of other services in the 12 LAs selected as case studies from the 20 LAs in the pilot. The fieldwork was mainly carried out during the period April to June 2007.

The structure of the report comprises a section on methods used, primarily interviews with samples of PSAs, line managers and other professionals in the case study LAs followed by the findings. The Findings chapter reports on the following main issues:

- Becoming a PSA
- Training
- Models of PSA service delivery
- Influences on PSA role development
- Demarcation of role
- Resources
- Line management and supervision
- PSA practice

- Role tensions
- Challenges in the role
- Impact of PSA work to date
- Development and sustainability

Finally, conclusions from this first stage of the evaluation of the implementation of the PSA pilot will be presented.

2. Methodology

2.1 Sample

Twelve LAs were selected as case studies from the 20 in the pilot. The 12 were selected to be representative of geographic locality, urban/rural and use of models of different types of PSA. In addition, selection included LAs also engaged in the Parent Early Intervention Pathfinder (also evaluated by CEDAR) in order to examine any interaction between the two initiatives. To maintain confidentiality, random codes have been allocated to LAs.

Interviews were conducted with 97 PSAs, 85 line managers and 23 other professionals. The PSA profile closely matched that of the total PSA workforce in the pilot, as reported by the TDA in its analysis in June 2007, in terms of gender (90% female), ethnicity (90% White British) and proportion who had previously been working in education (56% from an educational background) - see section 3.1 for further details.

Seventy one line managers were school-based, 14 were locality or cluster managers. Other professionals include representatives from health and education: a head of Children's Centre, Head of Family Learning (Literacy, Language and Numeracy), Advisory Teacher for Family Learning, School Counsellor, LA Manager for Admissions and Attendance, Education Welfare Officers (EWOs), and a school nurse.

2.2 Interviews

A semi-structured format was used with main questions addressing pre-determined areas, supported by probes to explore the interviewees' views more fully. In addition, a small number of scales were included to allow the interviewees to express opinions that could be quantified. This approach allowed a high level of consistency across interviews while also allowing individuals the opportunity to express their own views and to expand upon their ideas. The interview schedules for the three interviewee groups had a common element supplemented by items specific to that group.

Interviews were recorded, with the interviewee's permission, and detailed field notes were also taken. All interviews within each LA were allocated a code at random to maintain

confidentiality. Quotations are attributed by coded LA and professional role e.g. 61/PSA/4: PSA coded 4 in LA coded 61; and 57/LM/6: Line manager coded 6 in LA coded 57.

2.3 Analysis

The detailed field notes were used as the main source of data, backed up by the recordings of the interviews. The first level of analysis was the LA. Data from the interviews were explored by thematic analysis. Reference was made to recordings for checks on accuracy, e.g. quotations. The themes were then used to provide the overview of the full set of 12 case studies.

3. Findings

The findings for this first phase of interviews with PSAs, line managers and other professionals are presented thematically.

3.1 Becoming a PSA

The PSA interviewees came from a wide variety of backgrounds and reflected the total PSA workforce as reported by the Training and Development Agency (TDA) in its analysis in June 2007:

- 90% were female compared with 91% for the total PSA workforce
- 90% were White British (91% total PSA workforce)
- 56% had come from an education background (55% total PSA workforce) with 16% from social work/social care, 1% health, 5% voluntary sector and 3% other background.
- The proportion of PSAs who had previously worked in the same school varied greatly between LAs from 10 – 20% up to about 90%.

Qualifications were varied, ranging from none to GCSE to degree level. Often these were professionally relevant including qualifications and experience in counselling, nursing, childcare and psychology. Also of note was the number of PSAs who had previous experience in the school in which they were now working. This varied: for example in one LA, almost all interviewees had worked in the same school previously whereas in another this applied to only a third. Many of the PSAs had been teaching assistants (TAs) or learning mentors (LMs) and in some cases now had a combined role.

A wide range of qualities was identified by different PSAs as strengths they possessed that were relevant to the role: being *'patient'*, *'calm, even with angry parents'*, *'not confrontational'*, *'diplomatic'*, *'juggling' (relationship home and school)*, *'empathic'*, *'approachable'*, *'easy to talk to'*, *'putting myself in their position'*, *'good listener'*, *'open minded'*, *'valuing all people'*, *'caring about the community'*, *'honest – not frightened to say if I don't know the answer'*, *'confident'*, *having 'basic counselling skills'*, *'really caring'*, *'reliability to do what I say I'll do'*, *'sense of humour'*, *'genuine'*. Many felt their *'own life experiences'* were helpful e.g. having been lone parents on benefits. One PSA stated *'I am quite patient*

and I try not to judge people by the cover because the cover can be quite rough. I try to look at the person and what they could be with different circumstances.'

3.2 Training

Local Authorities had a variety of models of training. The TDA initial training materials and support were used but LAs also attempted to tailor their training to their particular needs. These were related to the aims, objectives and practices of their service; the LA structures and services available; and to the prior experience and training of the PSAs themselves. The latter varied across LAs and proved a challenge. In some areas PSAs felt they were covering well-trodden ground but recognised that for others this was new.

A complication for training was the timing of PSA appointments. This varied substantially between and also within LAs. PSAs were coming into post at different times and the timing of training relative to the start of the appointment therefore varied. As a consequence, not all PSAs were able to offer an opinion of the quality of the training but the overall finding from those that were able to comment was positive, despite the intensity and high load: 95% found it either very useful (44%) or useful (51%). Some PSAs suggested that training could have been more useful if it had been delivered before they started in schools, as they were conscious that *'training disrupted their school time'* (52/PSA/5,6). It was also suggested that it would have been more useful if it had been *'spread out so people could relate it to their experience.'* (52/PSA/4,5,8).

In LA55, for example, half the PSAs interviewed would have preferred to have had the training before starting work with families – in particular they would have liked definition of the role, health and safety, risk assessment, child protection and information about the paperwork required to have been given before starting the role. However, PSAs appreciated the practical issues and also recognised that training was an ongoing process. The opportunity for team building was welcomed as it enabled the PSAs to develop as a supportive group.

Furthermore, PSAs recognised they could call on past experience e.g. *'Previous experience has given more insight into the job than the training has...training has a macro input into jobs on the ground'* (61/PSA/4).

Local authorities used modules from other, pre-existing training where appropriate, for example, training for Family Liaison Officers. The majority of PSAs in each LA praised the approaches used, e.g. *'very interactive, lots of exercises on working as a team – and we were given questions and had to come up with ideas'* (61/PSA/6). Where appropriate, PSAs valued input from local trainers who gave the training an especially relevant focus:

On the whole, interviewees found it less helpful where elements are included that they had already covered during previous episodes of training, or professional experience, but welcomed the opportunity to update or underpin existing knowledge and skills. In general, interviewees recognised that the range of professional backgrounds and differing range of experience among trainees, some of whom are coming to this area of work for the first time, necessitated the inclusion of material in training that some will have covered previously. Others who were already familiar with some parts of the training found that these gave opportunities for sharing good practice, and also provided a basis for demonstrating knowledge towards the final qualification.

Many interviewees commented critically on the intensity of the training, a typical comment among these was: *'hard work, too long, too much information'* (59/PSA/17). PSAs commended opportunities given during the training to make requests for specific further training, e.g. on domestic violence, child protection. Line management by the head or deputy head teacher of the schools where PSAs are based or external line managers or supervisors should enable identification of appropriate further training opportunities. Across the LAs there were PSAs in each who would have preferred to receive the role specific training before other elements, and there were comments in this context about the rather nebulous nature of the role causing them some anxiety, e.g. *'the generic description of the role is very different from the actual role'* (50/PSA/9). This sense of vagueness was marked in (but not confined to) one LA, articulated there as the *'uncertainty principle.'*

In one LA training had been given a high priority and was considered very comprehensive because the employing agency managing the PSAs has a well-established training programme for home school liaison work. Training was delivered in an initial block of 3 full days, then one day a week for 8 weeks, and then half a day monthly to respond to emerging training needs. All 9 PSAs interviewed in this LA commented on the importance of the training for the opportunity to feel part of a valued team. This was supported by the 5 schools interviewed, and even by the school who employed their PSA directly.

LA57 had opted to deliver a local training programme in accordance with the TDA guidance but with important additions such as training in the Solihull Approach, a way of working with families based around containment, reciprocity and behaviour management. The training was delivered by a wide range of local professionals, as appropriate to the content of the session. Two of the three 'other professionals' interviewed were involved in delivering part of the training. None of the school line managers interviewed were involved with the training although some of them had put together initial induction training for their PSA in their school. (Where this had happened, it was greatly valued by the PSA.) The plan was that, in future, any additional learning mentors (LMs) and PSAs recruited to LA57 would be jointly trained on the Induction and Generic Skills aspects and would have separate training only for the Role Specific aspects.

Line managers interviewed were also generally positive about the PSA training. For example, four of the seven school line managers interviewed were extremely positive about the training received by the PSAs. Two mentioned that their faith in the training was partly based on the *'great respect'* in which the PSA Project Coordinator leading in the LA on PSAs was held. These four interviewees used words and phrases such as *'excellent'*, *'high quality'*, *'very, very thorough'*, *'a big investment from the LA'*, *'fantastic, some of the best training I've seen'*. Some line managers, however, were concerned about the amount of training being given which was taking the PSAs out of school. One said *'I've never known anyone [in a support role in school] get so much training!'* (57/PSA/12) while another commented, *'It's a lot of training for a temporary post. I hope it's all going to be worth it.'* (55/LM/28).

The PSAs were positive about the interactive, multi-modal delivery style of much of the training although there were complaints about some days where there was a lot of *'just sitting there'*. Many interviewees spoke about feeling it was hard to absorb so much training with one saying she felt *'overloaded with it'*.

There were a number of suggestions regarding training. The most common was that aspects of the training that related specifically to work with parents would have been better delivered much earlier in the training programme – for example, lone working, family learning, introduction to parent support, Solihull Approach, Surviving Teenagers. Some PSAs felt that the varied backgrounds of PSAs could have been taken into account with, for example, those with a lot of experience and previous training in a particular area, such as child protection,

not having to attend sessions on that topic. Other suggestions were that the National Induction was too short, that perhaps it would have been better to have received all the training *before* being placed in schools (or that more could have been delivered in school holidays to avoid PSAs being taken out of school) and that PSAs working in schools with particular ethnic groups could have received specific training around cultural issues. For example, one PSA worked in a school with a large Muslim population and would have liked training on Islam and cultural issues specific to Muslim families but she got round this gap by working closely with staff in the local mosque.

There are important issues concerning the level of training to work with sensitive and complex issues with parents, the implications of being a lone worker and guidance on *“how to address the vulnerability of PSAs”*, for example during home visits. In LA53, one Line Manager argued that, given that *“PSAs will be advising families with really sensitive issues”*, the TDA training was not enough without PSAs already bringing to the job the experience, skills and qualities required (53/LM/10). She spoke about the PSA role as being *“very challenging”* and contrasted the degree and postgraduate qualification required of teachers with the seven-day training course provided for the PSAs. Another PSA (53/PSA/8), queried whether the training would have been sufficient:

“Without previous training, I wondered if it would have been enough. It was a lot to take in if it were all new.”

Another PSA implied that it was not the PSA training that was lacking but the failure to recruit 100% of people with appropriate communication skills: *“The PSAs who are having problems are those ones who don’t know how to speak to people nicely.”*

A further issue concerns the stage of development of this new profession. Typically professional training includes some degree of apprenticeship, learning from an experienced, qualified professional. This is not possible with any new profession such as PSAs. However, it is possible to address this form of support in other ways, by engaging appropriate colleagues from other professions with relevant skills. One professional, from a health background, who raised this issue stressed the importance of PSAs having access to other experienced professionals to shadow, providing opportunities for learning from those practitioners’ practice. She also argued that, given that the PSAs were drawn from a wide range of backgrounds, the training was not sufficient for those whose previous experience

had not included family work. Because of this, she considered that PSAs should not deliver parenting courses with other PSAs but should do so alongside more experienced colleagues in other services or agencies. Similarly, she was concerned about inexperienced PSAs without appropriate knowledge, background or support, doing home visits. She thought they should have good home visiting practice modelled to them by suitably experienced colleagues.

It became apparent during the interviews that there was confusion among PSAs and others about the proposal to develop a national qualification for PSAs. It was suggested by a number of interviewees that the qualification had been downgraded and there was also disappointment at what was viewed as the delay in starting work towards this qualification:

'I am very concerned that the promised qualification still hasn't materialised and we are already five months into the project. The qualification was one of the things that attracted me to the role and I feel slightly cheated that we haven't started yet.'
(57/PSA/13)

In fact, the TDA had been in the process of developing the qualification and by July 2007 was able to report that four awarding bodies had become involved in delivering a level 3 qualification, as part of the Support Work in Schools (SWIS), to be ready for September 2007, subject to QCA approval. The TDA confirmed that the qualification had not been downgraded. Furthermore, TDA reported that over 70% of PSAs had expressed their intention to take the qualification. TDA will be working with the emerging National Academy of Parenting Practitioners and sector skills councils to explore the form of a level 4 qualification once the SWiS (Parent Support) qualification is established. This should be received favourably by those PSAs interviewed who wished to gain a higher level qualification. For example, some who believed that there would not be a level 4 qualification were considering other qualifications, e.g. *'looking for another way in (to professional work)'* (60/PSA/3).

Given the importance of training, we will be undertaking an analysis of the training provided by LAs exploring, for example, the content, theoretical models and balance between knowledge and skill development. We will report on this analysis in a subsequent report.

3.3 The Models

Three models of PSA deployment were planned:

- Model 1 - an individual PSA per school
- Model 2 - a PSA working with a cluster of schools
- Model 3 - an individual PSA per school but specifically helping pupils who have been or are likely to be excluded.

In addition, it was expected that there would be differences in practice by PSAs following each model. For example, Model 1 PSAs were expected to work with parents at the first signs of social, emotional, health or behavioural issues in their children to ensure that every child arrives at school ready to learn. Model 1 PSAs were expected to work solely with early intervention and preventative support for parents and pupils. Model 2 PSAs were expected to focus on offering parents support courses and classes and one-to-one parenting support for parents across a cluster of schools. Model 3 PSAs were expected to work as a dedicated PSA, like Model 1, but to support pupils who have been or are likely to be excluded. This would put them higher up the intervention spectrum.

TDA data in July 2007 suggest that the deployment of PSAs was Model 1: 35%, Model 2: 51% and Model 3: 14%. In practice, however, there is evidence of a greater degree of 'blurring' of these three types. An example of how the interpretation of the model developed is provided by LA57.

In LA57, the schools were allocated a PSA in a particular 'Role' (Model). Not all the head teachers liked this. At the beginning of January 2007, each PSA and their school-based line manager sat down and drew up a role description. The starting point was that each of the three models was distinct. However, very quickly the PSAs and their school line managers seemed to have agreed that the model needed to be modified to suit the school's needs and also the skills and interests of the PSA. Of the seven school line managers interviewed, only one, who managed a Model 3 PSA, did not talk about the models merging. In the six other instances, the line managers spoke about Model 1 PSAs also doing Model 2 work and Model 2 PSAs also doing Model 1 and Model 3 work. In this LA role functions expected to be undertaken by PSAs in one model could be undertaken by PSAs allocated to another model

(typically Models 1 and 2). This LA used 'role' rather than 'model' to refer to PSA patterns of work. For example:

'[The PSA] is a Role 2 but she is doing Role 1, 2 and 3 and doing it well. We've picked out the best facets [of each Role] and what will support us as a school.' (57/LM/12)

'Role 2 - but that didn't work because of the difficulty in establishing groups of people and therefore we modified the Role to work with individuals first.' (57/LM/6)

This theme was confirmed by the PSAs interviewed. One of these PSAs had a 0.5 full time equivalent (fte) job as a Role 1 in one school and the same as a Role 2 in another. She said:

'I do the same in both schools. The roles have merged. You need to do the one-to-one work with parents in order to do the group work.' (57/PSA/13)

Another Model 1 PSA spoke about her role expanding into a Model 2 due to her involvement in fun events for families and offering parenting classes. All the Model 2 PSAs also spoke about work that came within the remit of Model 1, one also did Model 3 work around those at risk of exclusion. One said:

'Separating these Roles [Models] doesn't work. It is a continuum and schools should pick out the aspects appropriate to supporting their parents.' (57/PSA/17)

Only the Model 3 PSA had stuck to the Model remit. She had specifically applied to be a Model 3 PSA because she wanted to be involved in early intervention work with young people who were starting to show the patterns of behaviour that were likely to lead to exclusion.

This example demonstrates how one LA had developed their definition of PSA models driven mainly by functions in order to meet locally identified needs. Similar variations away from the 'simple' model structure were evident in other LAs. This issue will be monitored to examine the importance of distinguishing the models by structural or functional characteristics.

3.4 Influences on role development

The development of practice, including the variation in the interpretation of the models, was also subject to 'steer'. In the pilot there are a number of potential sources of steer: DCSF, TDA, LA, school, other professionals and the PSAs and parents themselves. It is likely that these different potential sources of influence will impact at different times over the development of the pilot and beyond. At this stage the influence of parents was limited in terms of general impact on the PSA role, although individual PSAs were influenced for at least part of their role by the parents with whom they were working. At the time of the interviews the main influences were from the institutions with which the PSAs were working, namely schools, LAs and DCFS, and these were producing an important steer on role development.

In one LA the school line managers interviewed thought the school had an influence on the steer of PSA practice but only one saw the school as the main influence (*'the school is in a unique position to house and steer the role.'* (57/PSA/7) – that school also used a referral form to ensure that cases all came via the line manager). The other six line managers also believed that the LA had an influence on the steer, especially through the training programme, and four of them spoke of the influence the PSA had on how the role developed. One mentioned that the role of families in influencing the steer was *'evolving – it will take time to develop'* (57/PSA/10). One also mentioned the influence of the pilot (i.e. DCSF/TDA) in steering the practice of the PSA.

The LA and school steer could be seen in the focus on attendance and punctuality and LA priorities, even though the PSAs' practice might be very varied. The LA co-ordinator was seen as a key person in providing the steer for the authority but this was generally seen as 'guidance' rather than a strong 'steer'.

The issue of steer is more sensitive than simply setting a clear job description or plan of action. Fundamental to the PSA role is a tension: am I working for parents or the school? This issue will be picked up below where practice is discussed, but its relevance starts with the overall sense of focus and direction. One line manager stated that the PSA is: *'A neutral person, who would act as an advocate for both sides'* (60/LM/2), but a different perception came from a head teacher in another LA: *'the PSA takes on a role clearly defined as on the parents' side – PSAs take their initiative direction from the parents, not from the school'* (59/LM/4).

PSAs generally reported feeling a high sense of autonomy, even though they also recognised the importance of school and LA steer. This they welcomed and found motivating and, overall, generally felt the balance was about right. However, a developmental aspect was also perceived. Many line managers felt that a relatively strong steer from them is needed at the early stages of the pilot, and that more decision making can be devolved to the PSA as they gain more experience in the role, e.g.

'She has strong autonomy within the school's guidance (we were looking for a self starter with initiative). But this may evolve as the role becomes more established and there is greater awareness of that role. More parents might self refer' (60/LM/15)

There was a hope that the steer from parents would evolve with the pilot:

'When we are confident that our parents are stronger and the role more established, this level of steer will change, as we know more about parents' needs' (50/LM/2).

Line managers highlighted the need to ensure that PSAs' enthusiasm is channelled in the direction(s) desired by the school, at the same time taking care not to discourage PSAs by micro management of the role. Overall, and unsurprisingly, both PSAs and line managers expressed positive feelings about the exercise of steer where a two-way dialogue was established, or being developed, e.g.:

'She listens, knows the school's expectations and standards and if anything is contentious she runs it past me. She is very autonomous, but within the system. She is not a 'loose cannon'. She knows how I approach things' (59/LM/14).

Where there was a two-way dialogue with the school(s) PSAs tended to rate their autonomy as strong, even though they acknowledged the strength of school steer, e.g. *'I take ideas to heads and they say 'how should we approach this?' and give guidance on how it might be done'* (60/PSA/4).

Examples of the variations in perspectives between PSAs in different LAs can be seen in the following examples. In one LA, all the PSAs reported receiving very strong steer from at least one of the schools they were working with, yet rated their own level of autonomy as

strong, or in one case very strong. Their feelings towards this strong steer at school level were rather mixed: One less positive comment was: *'I knew I had to generate my own job, but this is difficult if I'm always being guided'* (50/PSA/9), and another PSA agreed indicating that she *'would like less steer – I have to pass everything through the head first'* (50/PSA/6)

On the other hand in another LA a Model 1 PSA, perceiving both strong steer from the school *'nearly everything has to be negotiated with the school'*, and strong autonomy was pleased to work with *'a very clear focus group and catchment area'* (61/PSA/1). In this case the PSA was working in a school with fewer than 200 pupils and felt that its small size, with a small total number of staff, had eased the task of forming relationships.

In one LA, the external employer was seen by the PSA and schools as having a very strong steer, since they provided the work plans for the PSAs (in negotiation with the schools). All of the PSAs interviewed who were employed in this LA were positive about that arrangement and schools were also positive.

'Their specialist expertise. They have access to information I wouldn't have'
(56/LM/2),

'The work plan (provided by the employing agency) was what I wanted' (56/LM/1),

'They categorize exactly what (the PSA) is doing and we're very happy with it.'
(56/LM/3)

The training and support network were also valued and even by the school that employed their PSA directly (56/LM/9). *'The training and meeting up with the group is fantastic for me as I am not having to train somebody new'* (56/LM/2). Most of the school staff interviewed in this LA felt it was beneficial that PSAs were seen as independent from the school and the PSAs felt supported by the external provider: *'I feel I have 100% support all the time and (the agency) can talk to the school if I have a problem.'* (56/PSA/7)

3.5 Demarcation of Role

The PSA is a new professional but there are degrees of overlap with existing professionals that need to be recognised and worked through. To a large extent this will depend upon the role definition of PSAs and, as has been seen, this is not straightforward, with changes to the three models already leading to variations in role. Education Welfare Officers (EWOs),

Family Liaison Officers (FLOs), Learning Mentors (LMs), and Teaching Assistants (TAs) are professional groups with whom PSAs have clear overlap. A focus on parents *rather than* children will limit this overlap to some extent, but will not exclude it. One view of the PSA role from an LA perspective was that it provides: *'another tier. The response from social care is now around legal and child protection issues. There was therefore a gap.'* (60/OP/19).

In a similar vein another interviewee explained that in the context of specialised three tier services *'with strict criteria for help, locality teams want to get better at early prevention'* (61/OP/20).

PSAs were asked to rate the extent to which they considered the PSA role complemented those of others such as EWOs and learning mentors. The overall finding was that the large majority of PSAs thought their role complemented those of other professionals or overlapped but not problematically. Many did not provide a single, general judgement, however, but distinguished between different professionals. In these cases, it was apparent that a greater level of overlap was identified with EWOs, and with FLOs where LAs had them.

Line managers had similar views with the majority reporting complementarity of roles. For example, line managers in one LA overall saw the PSA role as distinct in that it focuses on parents, and the school's relationship with them, thereby affecting the whole family. At extreme opposites were the following comments:

'We have tried to divorce this a little from the children, otherwise there was the danger of blurring what the PSA is for: it's for parents.' (59/LM/14).

By contrast,

'The PSA role is first for the children. If they are working with parents they are doing it to ensure that children with academic problems, or whatever, can move on.....This is a school, not somewhere where we can invite everyone in.....In future we will engage parents as learners.' (61/LM/10).

Initial doubts about overlap were dealt with by many schools by holding meetings with the relevant other professional(s). Hence, the process had benefited from the effort needed to forge complementarity and from the time needed to be put in to build up relationships.

Similarly, and encouragingly, the other professionals interviewed also reported that the role of PSA either complemented or overlapped satisfactorily with their own. Only one of the 23 'other professionals' who were interviewed reported it problematic in any way. This reflected a local situation where the school had previously had a well regarded full-time worker addressing home-school issues who had moved to another post.

The evidence so far suggests that the PSAs are aware of these issues and are working well to maximise positive collaboration while minimising duplication and any sense of 'treading on toes'. It is, however, a delicate issue in many situations. A number of concerns about this potential for duplication of roles were expressed:

'How do we define this role so that it doesn't overlap with other intervention work? We needed to be clear what is PSA work and what requires more professional involvement.' (60/LM/2)

and

'not knowing what the role was going to be and being the line manager of that role' (61/LM/9).

Other concerns included:

- Divisive level of pay (learning mentors are on less pay)
- Level of training to enable PSAs to work with parents, bearing in mind recruited from varying backgrounds
- PSA role not restricted to term time – who takes on role of line management during holiday times?

3.6 Resources

The PSAs were generally based in schools but their resources varied. A number of PSAs were very positive about having a settled base, but in other cases accommodation was a concern both with respect to office space and also a location to see parents. In several LAs accommodation was a particular challenge in the primary schools. In one LA, although all PSAs had access to a desk, only 3 (in secondary schools) had their own office and all other PSAs shared either with the office staff, children or a medical room, creating confidentiality

issues. Nine reported having a mobile phone but only 4 had a land line. Several PSAs had no internet access and one still had no computer. There was very limited space for individual or groups of parents to meet or hold a crèche.

In another LA four of the six PSAs interviewed had a settled base in a school. The efforts made by schools to provide such a base were appreciated by the PSAs – for example, one said, *‘When I arrived, there was even a tray with coffee, a kettle and biscuits. I felt valued and welcome.’* (57/LM/15) Another said,

‘I am lucky with regard to accommodation. I have my own area in [school A] and use the deputy head teacher’s office in [school B] although I am a bit homeless on one afternoon a week [when the DHT (deputy head teacher) requires that space]. I have had to request some storage space in [school B] and this was ordered quickly and with the minimum of fuss. At [school A] I have already been given a filing cabinet.’ (57/PSA/13)

One PSA took a different perspective on the lack of a separate base:

‘I have no permanent room but work mainly in the [open access] library area. This gives excellent opportunities to see all visitors so I can chat to parents, even those who don’t need assistance. It helps with my self-promotion and in becoming a familiar and friendly face.’ (60/PSA/14)

However, there were a small number of less positive reports from PSAs. One PSA had been moved from a school where things had not worked out for her to another school where she was welcomed and made to feel part of the team. In her first school, the attitudes of the senior management towards her were, in her view, reflected in the fact that she was never given a permanent place to be in the school. She overheard a senior manager say of her, *“She’s welfare and she needs putting somewhere out of the way”*.

3.7 Line Management and Supervision

For clarity, we regard effective management as aiming to support each member of staff in ways that facilitate their overall work for the benefits of all concerned, including the clients, colleagues, themselves and their organisation. Although the processes involved in doing this

are the same, no matter what the content, it is helpful to think of skilled management as concerned with four interrelated areas: line management (concerned with the requirements of the post and organisation); case supervision (concerned with the engagement and provision of appropriate help for clients); personal support (concerned with the provision of personal support and encouragement for the member of staff); and continuing professional development (concerned with the on-going development of the skills and knowledge of staff members). Although closely interrelated, a clear distinction can be made between these four aspects. However, in the interviews with both PSAs and line managers, these distinctions, particularly between line management and case supervision, were often unclear in practice.

3.7.1 Line management

Seventy-two percent of the PSAs reported that their line manager was a member of the school leadership team of the school in which they were based; 32% were head teachers, 34% other senior managers, 5% SENCOs and 1% heads of department. The remaining 28% were managed by someone outside the school, a line manager from a cluster or locality team, with some Model 2 PSAs reporting management from both school and cluster level. The LA's PSA co-ordinator and lead person of the pilot were also mentioned but more in terms of general support than direct line management.

Arrangements for management were very varied with different arrangements and timing. About a quarter reported daily (25%) or weekly (27%) meetings with their line manager, with 18% having fortnightly and 6% monthly. A further 4% reported these were termly and 13% stated the sessions occurred when they requested them. Some PSAs noted that their daily session might be in addition to less frequent but timetabled sessions. It was common for the sessions to fit in around other priorities. However, frequent informal management occurred because the PSAs were usually in daily contact with line managers. Nevertheless, the variety of arrangements suggests different conceptualisations of management – formal discussions of issues compared with informal talks 'in passing'.

In one LA, the experienced employing agency had constructed a range of line management, supervision and support for PSAs.

- All PSAs except the 2 employed directly through schools, were line managed, initially fortnightly and later half-termly, by the Service Delivery Manager of the employing

agency who from the outset had provided a work plan to which PSAs work. In general, this had made their role clear to themselves and to the schools.

- Each PSA also had additional support from another staff member who was a social worker, and regular (monthly) 'clinical' supervision was provided by an independent supervisor commissioned by the employing agency.
- Other support was provided by the LA PSA Co-ordinator.
- Each PSA also had a school link person, usually the head teacher or SENCO, who provided various support.
- The Employing Agency manager had 3 monthly review meetings with the school link person.
- PSAs had formed a strong support network which met formally once a month and informally on an individual and local group basis. All PSAs interviewed rated their relationship with other PSAs as *'very useful'*.

Across the 12 case study LAs as a whole there was a high level of networking with 71% of the PSAs reporting it was very useful, 28% considering it useful and 4% neutral (none offered a negative evaluation).

The PSAs and line managers generally expressed positive views about management. In some cases head teachers had a concern that this was yet another professional to manage, especially as the PSAs' appointments had been made after the start of the school year and were therefore seen as an additional task. Nevertheless, the processes set up were generally felt to be at least satisfactory with many PSAs rating themselves positive or very positive about the management they received.

3.7.2 Supervision

Unlike health and social care, education does not have a tradition of supervision and many PSAs and school staff interviewees (all LAs) drew no distinction between 'line management' and 'supervision'. Two thirds of PSAs who reported specific arrangements stated that supervision was provided by their line manager, with 10% mentioning another member of school staff and just 3% referring to a senior professional in the locality team. However, a quarter mentioned that supervision was provided by an external professional. Of those that did not specify the arrangement for supervision, some were still awaiting its initiation and others reported supervision occurring at more than one school. There was concern from

some PSAs, school staff and interviewees from other agencies, that the complex and sensitive nature of the problems some PSAs encountered, required more specific and structured supervision.

There was often a view from schools that line management and supervision could be combined e.g. *'(name) is his supervisor in a way, but we can lump it in with line management, because I (as line manager) am here every day.'* (61/LM/11), *'I'm happy to line manage her during supervision'* (LA3-LM16). Others saw the roles as conceptually merged, e.g. *'I don't distinguish between the two'* (61/LM/11) and *'(supervision means) discussing how the job's going and if it's not going as they would like it, they would say. It's the same as line management'* (59/PSA/10).

Across the LAs, a fairly flexibly timetabled regular meeting, with opportunities for additional contact where necessary (on either side) seemed to work well for the PSAs, especially where the practicalities of the working day facilitated easy contact and informal discussions with their line manager.

'We meet once a week for her feedback to me and I suggest ways she might look at things.....it's the nature of the job, working with difficult families can be lonely – she needs to unload' (61/LM/15).

The pattern of frequency of supervision differed from that for line management. Only 13% of PSAs reported weekly supervision, 11% fortnightly and a quarter reported supervision occurred monthly. Fifteen per cent reported that supervision occurred when they requested it.

Examples given for frequent (perhaps daily) informal meetings taking place (e.g. *'we chat every morning for an update'* (61/LM/14)) suggest these were not really supervision in the formal sense. These casual meetings provided a forum for line management and/or supervision. These would either take the place of, or take place in addition to a more formal and less frequent meeting, perhaps once a month or twice a term. Where frequent informal meetings were taking place, PSAs and line managers overall rated them highly. Of those responding to a question about their supervision relationship, 58% rated it as very positive, 32% positive and just 5% neutral; none offered a negative evaluation.

There was some evidence that school based staff had underestimated the time needed for line management/supervision. A school staff interviewee with responsibility for line managing several part-time post-holders as well as one full time PSA, with a variety of previous training and experience, acknowledged that he had underestimated the need for team building and development of their roles. By chance in the same LA, another manager said: *'I feel I didn't give enough time and attention to her line management'* (59/LM/16) – in this case the PSA had resigned, having reportedly suffered a downward spiral of confidence, due in part to a remark from a parent: *'we don't need you here'*. Elsewhere, several PSAs reported that no regular meetings were arranged, and were rather dissatisfied about this: for example, *'No meetings are structured, but I will say I need this, and will have to be firm about it'* (61/PSA/1) and *'.....will need to push for this'* (61/PSA/5).

Several line managers indicated that they would let the PSA know if they were dissatisfied in some way. However, PSAs perceived this as line management by default: they wanted more feedback on their performance, to include positive comments where appropriate. This interviewee's expectations were typical of others' views: *'I like him to know what I'm doing. I want him to tell me I'm doing the right thing, and he does that'* (50/PSA/7).

Differences in expectation of supervision reflected previous experience. Supervision is much more common in health and the helping professions than in education. Consequently there were different interpretations. In many cases, line management and supervisions were *de facto* the same, a situation not necessarily appreciated by the PSA. This is important as this confounding of the two processes reflects different conceptualisations of the manager/supervisor's relationship with the PSA. Supervision is more an opportunity for the PSA to bring issues to explore and think through. It is a time also for the PSA to explore and reflect upon their own feelings and reactions. These processes are particularly important in cases where the practitioner is faced with others' problems and hence subject to stress-related encounters.

In one LA, three of the PSAs were also externally line managed/supported by their local Extended Schools manager. All had access to a 24 hour support line and supervision sessions with an external provider commissioned by the LA. Supervision was identified as being crucial as parents are likely to talk to PSAs about complex and sensitive issues such as domestic violence and sexual abuse (51/PSA/7).

3.8 PSA Practice

This section examines several aspects of PSA practice at this early stage of the pilot.

3.8.1 *Building relationships with parents*

Overall PSAs saw their focus as primarily to work with the parents. This could take a number of forms as the following examples indicate. The importance of informal action was recognized both as a way into the parents' confidence and also to action on specific issues. In one LA all PSAs are expected by their employing agency to spend regular time in the playground meeting parents. PSAs had organized coffee mornings and gardening mornings. One was thinking of setting up a parent forum so that parents had a more powerful voice in school, others suggested 'fun' courses, (aromatherapy and crafts), before offering parenting courses. This approach was supported by one PSA who had offered a course on 'the importance of play' but had no interest from parents.

Most of the PSAs felt they were beginning to develop good relationships with some parents. Several said they felt it was beneficial that they weren't seen as teachers:

'Parents don't look at me as a teacher. I've got quite a good relationship with the parents because I'll have a laugh and a joke with them.' (52/PSA/2)

'I try to make them feel relaxed and I'm not a teacher. I need to let them know I'm not there to judge anybody, I'm just there to ease the burden, the situation. If there's something I can help you with, I will.... You've got parents who are reluctant to come in because it's a school setting. Some of them might feel intimidated....I want them to be able to phone me and not hold certain things back, because the sooner they can relate to me, the quicker we can help them as a family' (52/PSA/7).

This view was also supported by school staff:

'It's good the parents have an ear that's not a teachers' (52/LM/4).

'Parents see the PSAs as a 'parent-type, not a teacher. They are often wary of the academic hierarchy of the school' (52/LM/10).

The PSAs interviewed were beginning to feel established in schools, getting to know school staff and explain their role, and engaging with parents with some confidence:

'On the whole I've had such a warm welcome from the school ...from the caretaker to the head teacher, and the teachers to the office staff have been absolutely brilliant. I'm not sure if they see me as a sort of counsellor, but they do all talk to me...and feel at ease to open up to me and know I'm not going to upset the apple cart.' (56/PSA/6)

3.8.2 Attendance and punctuality

Attendance and punctuality appeared to be a very strong priority for many schools and the LA. In one LA all 9 PSAs interviewed had done some one-to-one work with a few parents in school (not large numbers), which were often referrals from the school regarding attendance. Three of the 9 had been asked to do 'First day calling'. Two of the 5 who reported doing home visits, did so with attendance officers and another was attendance-related, although one PSA saw a distinction in their roles as *'good cop, bad cop.'* (56/PSA/1). Four were looking after children who had not been collected at the end of school.

3.8.3 Working with children

There was a difference of view among PSAs concerning the focus on children. In some cases the PSAs were clear that their primary focus was on the parents but in other LAs there was direct work with children. For example, seven of the nine PSAs interviewed in one LA reported working directly with children in school. In another LA one school reported that initially schools felt that the role should be child-centred and labelled as 'pupil support adviser' rather than 'parent support adviser', since schools saw a strong need for additional support for children and young people. A PSA in this LA estimated that, at this early stage, 80% of the time was spent working with children, mainly in a mentoring role. Although all PSAs reported having some contact with parents at school, the numbers varied greatly from contact with a very few to over 20 parents.

Child-focused work was explored by seeking examples of actual cases from the PSAs. One PSA reported a case that involved a boy with undiagnosed special educational needs and the PSA succeeded in making sure that an occupational therapist, speech and language

therapist and educational psychologist all got involved to assess the child's needs and give the mother the advice she needed to support her son. Another case involved a child who had been excluded repeatedly and the PSA worked individually with both the mother and the boy. Two cases were extremely complex where there were multiple issues involving a number of family members – for example, drug abuse, sexual assault, physical abuse, bereavement issues, school refusal, and domestic violence. These examples illustrate why some PSAs felt that it was important to be able to work with the child as well as the parent.

3.8.4 Working with parents

3.8.4.1 Listening and being with parents

PSAs often referred to being a person who listened to a parent:

'It worked because I was listening to her. She had been hitting her head against a brick wall. I was willing to talk to the child and I went to the GP with her and managed to sort a referral out to get her some help. I don't think the GP was taking her seriously before. I helped her with strategies about behaviour and I know she's put a few things into practice as well from things the child has been saying.' (56/PSA/2)

'A child suddenly didn't want to come to school. It literally happened over night, one minute the child was incredibly happy in school and the next day the Mum couldn't get her into school without kicking and screaming up the garden path. The Mum came to me and said, 'I can't deal with this any more. I've tried talking to her and she won't tell me what's wrong, would you talk to her?'

The importance of listening comes out in this example of a pupil not attending school:

'It took about half an hour to find out what the problem was and it had been completely over-looked by her class teacher, by Mum and myself ...her best friend had left at Christmas and she only had that one friend. She was completely lonely. Once I knew the situation I introduced her to a new girl who had just come into her class and they both had something in common. They were both going swimming quite soon and they both had an absolute fear of going swimming, so we all 3 of us sat down and really laughed at my own fear ... and they realized it wasn't going to be

so bad. I've now started a social skills workshop up for 6 children and she's included in it. It will be for 10 weeks. I'm following a social skills manual, but I just follow their needs ... and we've talked about being lonely and how can we make a difference and she suggested a buddy system in the playground for lonely children, so that's what we're going to do.' (56/PSA/5)

3.8.4.2 Mediation and communication between home and school

There were also examples reported by school staff as well as PSAs where PSAs had successfully mediated between parents and teachers:

'A parent came up to the school and said 'My son's not coming into school... until I've seen the head teacher or the teacher. The Head teacher was already in a meeting and its time for the teacher to go to get the class, so I was able to arrange for the teacher to see him after school and was able to have a meeting with the parent ...and by the time I had got to the end and he was quite calm and said, 'Right, now my child can go into class', and he knew we were actually listening...and it was all dealt with. And me being there to listen to the parent, and that's happened on quite a few occasions actually. I can see this role as a really good route for that.' (56/PSA/9)

In another case a mother had stopped communicating with the school because she thought they weren't doing anything about her child being bullied. The child's dinner money had been taken on a number of occasions in the playground before school. By listening to the school and listening to Mum and the child, the PSA arranged that the child could take the dinner money directly to the school office. The mother was grateful that something has been done and things seem to be improving.

One mother was referred to the PSA by the school because her daughter was often absent.

The PSA commented:

'The school said, 'Good luck to you...she's (Mum) been taken to court 4 times and it didn't make any difference, and she can be quite rude'. Anyway, she came to my office and she wasn't rude, she said, 'This is the first time the school has offered me any support. They keep sending me letters and they know I can't read.' I (PSA) have

arranged for her to go to a literacy class and her daughter has been in school every day since.' (56/PSA/3)

One PSA provided an interesting insight into communication. Even in schools where communication is thought to be good, there may well be more to do. The PSA had the benefit of having been a member of staff previously and so could make comparisons:

'I worked in the school before and we thought we had good communication with the parents, but being in the playground as a PSA, parents came up to me and said things like: 'At parents' evenings the teachers don't break things down and I don't understand, but I just agree and I don't feel confident enough to ask them to explain.' And when I (PSA) went to the Head and the teachers, one teacher said, 'But I do break it down, I say, 'At the moment we're concentrating on verbs and nouns, or we're concentrating on this or that'.

I explained that when I used to go up to school about my children, I didn't understand any of that until I became a TA, so that may be the problem. So now they have talked about it at their staff meeting, and the newsletter is going to be re-worded, and they are aware at the next parent's evenings to address some of these issues, so I was really pleased.' (56/PSA/9)

3.8.5 Links with local community and signposting

Apart from direct work, PSAs also reported signposting parents to other agencies. For example, two PSAs in one LA had referred parents to English classes. One mother was lonely and did not feel confident speaking English, so was keeping her daughter off school as company. The PSA did a home visit and arranged to take the mother to the local college to attend English classes. *'It's a confidence thing; she just needs someone to walk in the building with her.'* (8P1). Some PSAs had worked with colleges and were evolving a strong partnership with the adult education college. Other examples include PSAs helping parents to access community groups:

'I'm taking some parents along to get more involved in their local community groups as there are a lot of parents who feel really isolated and have different problems and

very low self-esteem. There are a lot of good facilities in the area and rather than duplicating everything I think it's better to bring it all together.' (56/PSA/6)

PSAs were signposting to a wide range of other services. For example, in LA57, PSAs signposted to: parenting groups, family learning groups, Connexions, Social Work, Positive Activities for Young People workers, educational psychologists, drug and alcohol team, community police, community mental health, Child and Adolescent Mental Health Service (CAMHS) and health visitors. In LA53, PSAs signposted to Sure Start outreach workers, Children's Centre staff, school nurses, adult and family learning courses, social workers, police, youth offending service, parenting groups (including those run by the Parenting Early Intervention pathfinder), Connexions, CAMHS, anger management programmes, debt counselling, housing associations, Family Court service, the council's Pupil Planning team and various voluntary sector projects.

3.8.6 Transition

PSAs were also frequently engaged in work on transition. For example, in one LA all PSAs were involved with a transition project alongside learning mentors. Transition support could take different forms. One PSA from a different LA reported:

'A lot of the parents weren't very happy about the secondary school offer so I invited parents in for a coffee morning and it was good for them to be able to come in and talk to someone. And we're going to do the same for the nursery to reception in June as there are more places in the nursery than reception so that can cause problems.'
(56/PSA/9)

Another PSA reported on a number of different actions concerned with transition to secondary school of a boy in challenging circumstances. The father approached the PSA with concerns about his son, a Y6 pupil. The mother was reported to have mental health problems and not much contact with the boy. The father's leaving the mother, taking his son with him, resulted in the boy leaving a small country school to attend a large city school. Grandfathers on both sides of the family had serious health problems that could be terminal. The boy was very lonely, had no friends and his father had not secured him a secondary school place. The PSA held meetings with the father where he talked for some time about his different problems. The PSA directed him to a local charity that offers support to parents and

children where someone close has died, provided information about whom to contact about the year 7 transfer, and offered support with this if needed. Following signposting to the appropriate adviser the father made his choices and the PSA helped with arrangements for visiting the schools. The father was very positive about the PSA role and considered that the PSA should be involved whenever a new child joins the school to help with the transition process for both parent and child.

3.8.7 *Other work*

In one LA Model 2 PSAs were often involved in improving links among the cluster of schools with which they worked and Model 1 PSAs often tended to work on more direct work with families in their schools. However, because the Model 1 and Model 2 roles had merged somewhat in practice, it was difficult to distinguish between the composite list of activities carried out. Both Models of PSA were involved in a similar variety of activities with individual parents, with groups of parents and in liaison with support services and a wide range of professionals. A Model 3 PSA in one LA had so far focused her work on support for three families where the KS3 child had been identified as at risk of exclusion but she hoped also to put on evening workshops for parents around risk-taking behaviours.

In some cases, the PSA linked a family to other services but the complexity of the presenting issues makes these examples more than a simple exercise of signposting, for example:

- Relieving some of the strain on the family by proactively linking them in to a wide range of other services and agencies, who could each address areas of need within the family, as well as supporting the mother to enrol on an adult learning course. In this example the services included local police, family court service, debt counselling, ASBO team, Youth Offending Service, drug counsellor, and the housing association.
- Persuading the mother that the child required urgent medical attention for a growth on his head (a brain tumour) and then supporting the mother around the child's hospitalisation.

One example concerned non-attendance:

- Supporting the parents of a boy who was truanting from school, running away from home and stealing from home, school and in the local area, including supporting the parents

onto first a basic 'Incredible Years' parenting course and then a teenage course;

- Linking the boy into a range of other agencies such as the Youth Offending Team and support including anger management and vocational education; ensuring the mother attended her GP in order to get a referral to CAMHS;

Preventing the boy being permanently excluded by supporting the mother to attend the Governor's meeting where the exclusion decision was being made.

Another example was of a boy with presenting problems of both non-attendance and exclusion:

- Supporting the parents and the young person in a case where the year 10 boy had a 67% attendance record, a history of repeated fixed term exclusions and was in trouble with the Police (according to the PSA, this boy was referred to by a CAMHS worker as "unworkable").
- The PSA secured Youth Offending Team (YOT) involvement, negotiated an alternative curriculum timetable for him at school, mediated between the him and each of his parents and kept in touch with him at school and with both the mother and the father.

Non-attendance puts young people at extra risk of criminality and anti-social behaviour. The following example also indicates the high level of complexity in some of these cases:

- Supporting the mother of year 8 twins where the boy was not attending school and increasingly involved with criminal activity
- Home life was difficult with the mother having had a history of drug and alcohol addiction now under control.
- The PSA met with the mother and persuaded her to ensure that the girl twin attended school regularly.
- The PSA involved a wide range of other agencies and services each of whom could address aspects of the family's needs including YOT, Signpost, drug counsellor, debt counsellor, Housing Association, Family Court Service and the local police

Further examples which show the wide range of activities are as follows:

- Developing the mother's parenting skills.
- Early stage discussions with parents and sometimes pupils, regular meetings with EWO about attendance or behaviour issues.
- First day absence calling and follow up.
- Taking work home to pupils who had been excluded
- Accompanying parents attending reintegration meetings for excluded pupils.
- Arranging sports activities for engaging both parents and pupils
- Arranging activities for students after school if asked to do so by parents
- Supporting parents with guidance on parenting
- Helping parents to achieve literacy skills
- Attending parent evenings.
- Home visits (widely mentioned, and emphasized by a Model2/Model3 PSAs in one LA with a 'vast area' to cover).
- Running parent courses e.g. 'Parent Talk'.
- Arranging workshops with speakers, e.g. citizens advice, reflexology and craft activities.
- Consulting parents for preferred activities, workshops, etc.

Further examples from an LA where the focus was intended to be primarily on non-casework are as follows:

- Making contact with parents by raising awareness of support availability, e.g. presence in the playground, Newsletters home.
- Raising school staff awareness of the PSA role: e.g. staffroom presentations, attending staff meetings and multi-agency meetings where appropriate.
- Developing relationships with non-teaching assistants, year leads and pastoral care specialists among the senior management team.
- Networking with outside agencies, e.g. social services, community police, ed. Psychologists.
- Assessing parents' needs, eg: sending out a questionnaire to parents.
- Increasing events for the family to attend in school.

- Signposting to other agencies; e.g. organising a ‘Services Fair’ – parents invited to attend, and well represented by various agencies.

In this LA PSAs have typically worked on a one to one basis with parents who have approached them with problems. Some PSAs have arranged activities on a group basis, e.g. setting up a group for girls with low self-esteem and behavioural problems, organising for them to attend a session by a make-up artist on how to present themselves. At one school a PSA had arranged an anger management workshop for groups of children whose parents had expressed concerns about their children’s expression of anger.

Interviewees observed that this LA’s model provides for Area PSAs to deliver workshop programmes that many parents may find challenging, thus requiring PSAs *‘to keep friendly contact in school’* (59/PSA/13). Area PSAs have been *‘acting very much as a conduit for the needs of other schools. It’s about providing learning opportunities for parents.’* (59/LM/18)

The need for caution in developing practice was recognized. Line managers and PSAs warned that Area PSAs should avoid developing ‘one size fits all’ workshop packages:

‘school based PSAs need time to identify parents’ needs. We don’t want one package for all schools – we need time to tweak models for schools’ (59/LM/14).

3.8.8 Cases picked up because of limitations in other services

Several examples given so far have indicated that PSAs have been working with complex and highly challenging situations. This raises questions about the appropriateness of PSA involvement in such work given the level of their qualifications and expertise. In many instances this practice was the result of a lack of support available from other services that might be more appropriate. For example, in LA 53, one Model 3 PSA gave an account of intensive work with one family as an example of practice. Both she and her line manager emphasised that, in their view, this was a family who ought to have been having support from social services. The PSA had referred the case to social services in February 2007 and by May 2007 only an initial assessment had been carried out. The PSA rang the social worker every week to inform him of developments and to put pressure on him to intervene. The line manager described the “continuing nightmare” of “fighting with social services” and the PSA believed that the school having called a Child Assessment Framework (CAF) meeting was seen by social services as an excuse to devolve responsibility.

3.9 Role tensions

Several tensions arose from different interpretations of the PSA's role. One concerned the long-standing tension between schools' academic role as opposed to a social role. For example, the line manager at one secondary school emphasized that she saw the prime reason for the (Model 2) PSA working with parents was to ensure that children with academic or other problems can progress: *'This is a school, not somewhere where we can invite everyone in'* (61/LM/10). As a consequence, the PSA was given a caseload to engage with children identified with poor attendance and an unsatisfactory attitude to learning; the children would be monitored and, if no improvement, the PSA would contact parents, initially for 1:1 work with the PSA. This line manager suggested that the non-educational background of some PSAs could result in *'a tendency to embrace everything in the community, but it should be about seeing that the child in school is working to maximum potential'* (61/LM/10). Only at a later stage should the PSA turn her attention to engaging the parents as learners for example by offering them a computer course.

A PSA based at another school commented that *'the school is finding it difficult to adopt the ethos of Extended Services. One member of staff said to me: 'are we a school or a community centre for parents?''* (61/PSA/1).

Other schools emphasized the PSAs' work very much in terms of engaging parents, although their practice might also involve working with children. A Model 1 budget holding PSA was looking at addressing children who arrive late at school and had developed a 'Creating Morning Routine' workshop for them, offering a free alarm clock for those who completed the course. Alongside this he was offering parenting courses, delivering on a 1:1 basis in a parent's home, developing a family activity session to promote communications and family bonding, and inviting parents to a drop-in session. Eight parents had shown an interest in this, and the PSA hoped to develop this into a forum for generating ideas. The majority of PSAs in their LA were planning to develop group work with parents.

A Model 3 PSA was based at a school that had recently introduced 'The Bridge Programme' as part of a revised behaviour policy: children with behaviour problems were taken out of lessons, given work to do, and hopefully reintroduced to the classroom in due course. The line manager noted that *'The PSA role is tied in clearly with the Bridge Programme...we are*

directly targeting the PSA at cases that are just bubbling away under exclusion' (61/LM/7). In addition, the PSA would visit the family of every excluded child, and was currently working intensively with four such families, on a 1:1 basis with one or both parents.

3.10 Challenges in the role

In this section a number of challenges in the PSA role are examined, developing themes that have been introduced in earlier sections. These include important challenges that either, a) were reported often or b) are judged to be important even if of lower frequency. For example, although there was generally a positive view that PSAs were complementing rather than overlapping inappropriately with other professionals, the fact that a minority reported the latter is important to raise at this time.

PSAs are working with many other professionals including learning mentors (relating to behavioural and attendance issues), EWOs, SENCOs, teachers, school nurse and, outside school, with psychiatric nurse, social services, Surestart, Family Learning and Extended Schools, regarding setting up classes in schools. Overall, as noted in Section 3.5 the large majority of PSAs interviewed seemed confident that their role was complementing those of other professionals reasonably well, and that although overlapping responsibilities existed these were being negotiated successfully. However, concern was expressed across LAs that where there was a strong emphasis on attendance this would cause difficulties with duplication of aspects of the EWO role (9S2,3 and OSP 2,3). One line manager saw the fit as problematic:

'It's very difficult to manage. The PSA role was conceptualised outside school and therefore the school that was well developed in its support structure has struggled to marry the two' (50/LM/10).

This interviewee reported difficulties with the EWO suggesting *'but that's my job'* and a social worker, similarly, *'really, that should be my job'*. He added that teachers can be *'very insular'*, and that they lacked an understanding of the PSA role until an issue drove them to explore how the PSA might help.

For another line manager, this particular problem was overcome by the fact that the PSA, as a former teaching assistant, was already known to teachers. He did, however, report a

problematic fit at least initially, with the other teaching assistants, who perceived that the new role might in some way distance her from relationships already established with them. However, he reported that now all were working well together, and that the PSA's relationship with the EWO, the learning mentor who dealt with attendance, and SEN staff was working without any perception of inappropriate overlap. In other LAs also interviewees stressed that overlap was not a concern, rather that PSAs were complementary with others such as LMs, SENCos, and EWOs.

A model 2 PSA perceived difficulties at both her schools, especially with the learning mentor in one of them feeling threatened by the new role. Another Model 2 PSA reported similar problems with a school secretary's perceived hostility at one of her schools: *'she has huge ownership and is unwilling to let go – she is not at all helpful and I need her help and support'* (50/PSA/5).

Schools were concerned about the PSAs becoming 'overloaded' with problems and this was related to lack of referral routes for mental health issues, for example. There was also concern about the complexity of cases that could be presented to PSAs, for which their training and experience might be insufficient. There was a need to involve other agencies and a danger that PSAs were *"picking up the needs of the whole family by default because other agencies are not involved"* (53/LM/17 Line manager)

Schools had concerns that the higher level needs and pressures (particularly regarding attendance) would reduce the amount of early intervention (8S2,3,5,6,7).

Balancing school and family needs was a delicate issue:

'The school said I mustn't take complaints about teachers. They say, 'you're here to work for the school', but I said, 'I'm a Parent Support Adviser, but I wouldn't criticize the staff. I'm a link.' (56/PSA/7)

'It is difficult and you have to learn to be really assertive when the schools say, 'I want you to do this, this and this.' (56/PSA/4)

Confidentiality is a common concern among practitioners and this was also the case for PSAs, deciding what to share and what not to share, especially with the school head or other

staff. One school that had had a very close relationship with parents, wanted to be kept informed, and this created a dilemma for the PSA when parents were divulging personal information. *'I sometimes feel I am an information gatherer for the school.'* (7P7). The PSA role has an intrinsic tension with regard to confidentiality. Head teachers may wish to know information that affects their pupils and be concerned that a PSA does not share this. There are questions about implementing child protection procedures with respect to disclosure. The traditions in schools and the health service, for example may be very different. One of the other professionals interviewed was from a health background and was concerned about confidentiality potentially being compromised by the PSAs having head teachers as their line managers and not yet having a structure through which they could receive supervision:

'I come from a health background where patient-worker confidentiality is sacrosanct. Each agency maybe has slightly different understandings about that. [...] I'm comparing the kinds of concerns parents bring to me with those they may bring to the PSA because I think they will be similar and parents wouldn't necessarily want the head teacher of their child's school to know all the information they've shared with me. I'm sure that isn't an expectation, that the head teacher is going to want to know the detail of those consultations, but it's about whether you go to your line manger for support and supervision around your practice or do you have another place to take that. So you're working with a family where you're getting a bit stuck or there are difficulties, where do you take that? Do you need a different place to take that?' (57/OP/4).

This comment identifies important issues concerning management, supervision and professional ethics. The possibility for confusion and conflict are such that addressing confidentiality as a specific element in PSA practice is likely to be very important.

Other service providers were concerned about communication and possible contradictions in advice given to parents on home visits. There was a perceived need for PSAs to communicate and negotiate their roles carefully with partner agencies.

PSAs' concerns about practice with parents were many and varied. The following provide a flavour. Typically, each would be mentioned by a small number of PSAs suggesting a wide diversity of issues confronted which did not at this time fall into a common pattern. Some concerned the barriers to working with specific parents; the need to be clear about casework

with specific parents being time-limited and to avoid creating a sense of dependency on the PSA. PSAs recognised the need to beware of a feeling of disappointment when a child was excluded *“for a silly mistake”* after making progress. They were discovering how hard it was to engage parents who were third or fourth generation unemployed and to persuade them that their children would value their attention and praise; and the fact that a minority of parents were negative about the new role seeing it as *‘another person to interfere’* and that this took time to overcome.

Furthermore, some PSAs reported being asked to undertake inappropriate tasks such as re-booking parents who had failed to attend a parent’s evening and covering a detention session for those with poor punctuality. There were also concerns about conflicts with office staff, particularly those who had previously had an attendance remit.

Some issues were essentially practical in nature including those inherent in the cluster model 2. For example one PSA noted that working across three schools made it difficult to *“be in the right place at the right time for the parents”* i.e. to pick up parents’ concerns immediately. In one school, this was addressed by the ‘zigzag method’ where the PSA spent some time every day in each school precisely so that a parent didn’t have to wait long to see her

A further set of concerns related to the pilot. One PSA reported that some school staff were reluctant to engage with her because it was only an 18-month pilot and *‘they’re not willing to start what can’t be sustained’* (53/PSA/8).

3.11 Impact of PSA work to date

In general most interviewees considered it was too early to assess impact, although typically school staff interviewed were positive and appreciative commenting that PSAs had made great progress in forming relationships with parents. *‘She’s done amazingly and made good contacts and built up trust in a short time.’* (51/LM/4). Consequently, only about a third of the PSAs interviewed were prepared to offer a judgement of impact. Of those that did, the judgements were overwhelmingly positive: over nine out of 10 judged the impact of their work for parents with whom they worked as positive or very positive. A similar proportion also judged the impact of this work on the children and schools to be positive.

Examples of positive impact given by the school-based line managers included:

- A child who was now much more stable in school because the PSA had been able to work with both the mother and the father who lived apart;
- A mother who was happy because the PSA had got her all the support she needed for her son with SEN;
- Improved attendance by children from one family where the father was in prison and the mother had alcohol problems because the PSA took them to school and home again when necessary;
- Reduction in a head teacher's workload because the PSA has time to spend with parents who now go out of school *'with a smile on their faces because our PSA is very calm'* (57/PSA/9);

These early interactions with parents were regarded by both PSAs and school staff/line managers as a very promising basis for wider engagement as the effectiveness of the PSAs work becomes more widely known to school staff and outside agencies, and by recommendation from parent to parent. For example, one deputy head stated:

'I am really, really pleased. She has made a huge difference already.... parents are phoning in and texting about reasons for children's absence...and if we continue (after the pilot) she will have a huge impact in our school....Parents' confidence is growing with our PSA and this will enable links to be much stronger' (50/LM/2).

A deputy head in another local authority agreed:

'It's a job that needs doing. Our primary function is obviously the education of children, but its very difficult to educate a child if he's coming from a situation where there is stress or problems, and if we can help alleviate that stress in any way, its bound to help that child in school....We knew the families and if we centred something in the school, there would be ready-made cases that would find us very sympathetic and almost camouflage their problem...they could bring their child to school and get problems addressed at the same time without making a separate appointment to go somewhere else. It's seen as an addition to the service their child is receiving through education.... There is a very strong networking and grapevine system on the estate and when they discovered there was something available and it's positive, people who may not have come forward before, have come forward, and they've come and sought advice.' (56/LM/9)

There were also very positive comments from other services such as this interviewee for a college:

'The PSAs have been brilliant for us.... We're just so thrilled to have someone in schools to get the parents in. It's increasingly difficult to get parents in (to family learning courses) because the schools don't have the person with the time, or the person in the right place ...It's a marriage made in heaven. They get things done. It's a pity they're not in every school' (56/OSP/2,3).

Examples given by other professionals included: that the PSA role had increased the capacity of LMs to offer parenting groups because the PSA could work with them on this rather than having to find a willing teacher; that a particular child was now much happier in school because of the support given to the family by a PSA; that schools felt less anxious about specific cases because they now had a PSA to send out to the homes.

The PSAs were overwhelmingly positive about their role. The examples of positive impact given by PSAs interviewed included: benefits for child (improved attendance, more settled) and parent/s from one to one case work; improved punctuality (as evidenced by school data), parents' appreciating having a non-threatening point of contact in school (evidenced by feedback forms from a fun day event). Many examples were provided of indicators of impact in terms of relationships with parents and the early indications of tangible impact:

'At first I had nobody and now I have a little queue of parents in the playground, and people are willing to talk to me. One Mum asked me to see her little boy with behaviour problems (there was domestic violence at home) and he could off load. The teacher says his behaviour has improved and he looks for me' (51/PSA/4).

'Word of mouth is starting to get around and there are gradually more coming to the coffee mornings' (51/PSA/5,6).

'The way the parents were in January, and how they are now – they're responsive – waving to me in public!' (51/PSA/3)

There were several reports of attendance figures improving during the period of the PSAs' work, and many reports of more parents now engaging with the school, for example:

'I have gone through attendance figures and nearly all have improved. Engagement with parents is a factor here. Families feel more supported' (61/LM/13);

and:

'Parents who have not engaged with school are definitely doing so now and it is having an impact on our attendance levels and in certain cases on the behaviour of pupils within the school' (60/PSA/7).

Finally, it is instructive to note the line managers' views on the reality of having a PSA compared with their initial expectations. About six out of 10 were in a position to offer an opinion and all but one were positive: just over half reported their experience was above expectation, a third said it matched expectation and 8% said it was different from what they had expected but that this was positive. All the other service providers that were interviewed were also positive but more likely to state that the reality of working with the PSA(s) met expectations (about two thirds) rather than exceeded them (one in 10) with a quarter commenting that the experience was different but positive.

3.12 Development and sustainability

All the line managers who expressed an opinion (75 out of 85) wanted the continuation of the PSA role in preference to enhancement of other pre-existing services or another type of support. This is a resounding vote of confidence, even if a note of caution must be struck given that these are early days.

In terms of how interviewees would like to see the PSA role develop, a number of ideas were put forward. Aspects of the role that particular interviewees wanted to see retained included: the focus on early intervention, the partnership working with other roles, and the specific focus on support to parents. Aspects of the role various interviewees wanted to see being developed included: a move away from the separate Models to a more generic single role, the development of a stronger steer on the role from parents, development of the work with *groups* of parents, and that the 'woolly' job description for the PSA role should be tightened.

The line manager at a secondary school suggested the formation of a pool of PSAs on an LA wide basis, all schools to be made aware of the individual skills of the PSAs in this pool, and able to draw on these skills to suit their needs. For practical purposes, a PSA could be attached to a particular school full time, with the availability of the PSA pool for community working.

Building up networks in and around school was noted as one of the most important tasks for the PSA role, and is the groundwork for building on future success. A line manager took a similar view, in respect of the time needed to build secure foundations for the development of the role – in this context he emphasized the gradual process of integrating the PSA role securely with school staff. His comments were supported by a PSA, who commented:

‘we need to set firm foundations, after all it took 5 years for the learning mentor role to be established. We need to get it to the stage where it rolls off the tongue of other workers to say to parents: ‘why don’t you go and see the PSA.’ (61/PSA/5)

There was strong support for the development and retention of PSAs after the pilot, requiring consideration of the process of sustainability. In the event that the role survives only to the end of the pilot, interviewees feared a significant negative impact upon schools’ relationship with parents now that their expectations have been raised. One EWO warned: *‘if taken away, this can lead to further disaffection’ (LA3-OP12)*

The main difficulty was seen to be funding. Schools were concerned about setting up relationships and expectations of parents and then there being no funding to continue: *‘It’s a role we’ve been waiting for a very long time, and now its here, I hope its here to stay.’ (52/LM/4)*. A PSA commented that ending PSAs *‘will be a real knock back for the parents involved’ (51/PSA/1)*. Both line managers and PSAs had a concern that, if the role ceased with the pilot, it would leave schools, parents and other local professionals in a *worse* position than before because awareness of the gap that PSAs had filled would be increased and other local services, that had shifted focus slightly around the PSA provision, would be left with that gap to fill.

'I think [the PSA role] is a wonderful thing. If it goes by July 2008, it will be scary because it will leave a bigger hole than we had before we started. Parents will feel let down.' (LA12/9 Line Manager)

'The the most difficult thing to live with is that it's a fixed term contract. I feel frustrated that we might be building something that will disappear. For example, our transition project will happen for this year but what happen next summer?'(57/PSA/17)

Realities of funding posed a challenge: *'Although the role is valued, there would be pressures for schools to employ an additional teacher rather than a PSA'* (52/LM/3). Another line manager was very keen for the role to continue post pilot, but admitted that the school had no funding capacity to support the role in the event of government funding ceasing.

However, another a deputy head perceived the PSA role as crucial: *'A school like ours needs one – for other schools it would be a luxury,but I would see it as almost essential.'* (50/LM/2). She pointed out that currently funding is being made available for schools to support the PSA role specifically, and warned against a situation where an equivalent level of funding is part of the school budget, and could therefore be used for other purposes. Another deputy head teacher recalled the school's ongoing commitment to funding its learning mentor and declared: *'we will carry on with this too, with or without government funding'* (50/LM/3).

These concerns raised the issue of how the role might be sustainable beyond the pilot. Two head teachers mentioned that they would very much like to keep their PSA but that it would be impossible to fund *'from the ordinary school budget'* (57/PSAs 7/8). On the other hand, another head teacher was clear that she would like to employ a PSA at the end of the pilot and had already begun to look for additional funding within her budget to develop the role within the pilot. Another line manager was keen for the LA to be as proactive as possible in collecting evidence to make a case that the role needed to be maintained and funded.

One PSA raised the important practical issue that, unless PSAs knew by the end of the autumn 07 term that their job was secure beyond the summer 2008 term, they would be starting to apply for other jobs from January 2008 in order to maintain continuity of employment.

The Phase 1 interviews focussed on school leaders' current thoughts and projections about *possibilities* regarding sustainability. In later phases the schools specific planning for maintaining and developing their PSA service will be explored. This will be more possible for schools to carry out once the government's views on the continuation of funding have been confirmed.

4. Conclusions

The main findings of this stage of the evaluation of the Parent Support Adviser pilot may be summarised as follows:

Key Findings

- The PSA pilot has successfully recruited and provided initial training for 717 PSAs supporting 1167 schools. This is a major achievement and represents effective collaboration between the DCSF and the Training and Development Agency.
- PSAs have developed a wide range of practice, developing many different types of initiatives.
- Particular challenges identified so far include the risk of PSAs taking on work that is too challenging for their level of training and experience; the need to develop effective supervision as well as line management; and dealing with confidentiality.
- Although these are early days, with less than one year's experience of PSA practice, initial indications are that PSAs have the potential to provide important support to parents, which other research has indicated will have a positive impact on children.

Findings

- The PSA interviewees came from a wide variety of backgrounds and reflected the total PSA workforce as reported by the Training and Development Agency (TDA) in its analysis in June 2007:
 - 90% were female compared with 91% for the total PSA workforce

- 90% were White British (91% total PSA workforce)
 - 56% had come from an education background (55% total PSA workforce) with 16% from social work/social care, 1% health, 5% voluntary sector and 3% other background.
 - The proportion of PSAs who had previously worked in the same school varied greatly between LAs from 10-20%. Up to about 90%.
- The training received to prepare them for the role was based on generic children's' workforce training modules developed by CWDC and role-specific modules developed by the TDA, modified and implemented at LA level to reflect local needs.
 - Of those PSAs who had completed training, the large majority (95%) had found it useful and were generally positive about the training received.
- Three models of PSAs deployment were planned
 - Model 1 an individual PSA per school
 - Model 2 a PSA working with a cluster of schools
 - Model 3 an individual PSA per school but specifically helping pupils who have been or are likely to be excluded
- In practice the 3 models to which PSAs were appointed are being modified to meet local needs.
 - 'Overlap' with other professionals, including education welfare officers and learning mentors was generally seen as complementary, but this will need to be monitored to ensure this is effectively managed.
 - Resources, including the nature of PSA bases and places to see parents, were variable, with some PSAs identifying a lack of suitable facilities.
 - Line management was generally undertaken by the head teacher or an assistant head of the school in which the PSA was based or by cluster or locality based managers.
 - Line management was under development and there was substantial variation in both the amount of time received and the frequency of when PSAs and managers met. While

some meetings were planned, many took place on an ad hoc basis or were subject to change because of other priorities.

- Case supervision was also typically carried out by line managers and there was evidence of some lack of distinction between this and line management. Although overlapping there are typically different emphases between these two processes in the helping professions.
- Most PSAs reported that they understood the main focus intended by their LA was on pupil attendance and punctuality. However, there was a very wide range of activities undertaken and practice has already developed to be much broader.
- There was variation in perception of role and practice regarding working directly with children and young people compared with the primary focus of working with parents.
- PSAs were developing informal means to become known to parents; in doing so many found it helpful to distinguish themselves from teachers.
- Early work with parents focused on gaining their confidence but had already progressed to a wide range of activities, some of which indicated the need to deal with many complex and challenging situations.
- One important role was that of mediation between school and parents.
- PSAs face a challenge regarding confidentiality, deciding what and how to tell schools of the information they had accessed.
- There were concerns about the complex family issues some PSAs were encountering, and the extent to which there were accessible services to which families could be signposted.
- Relationships between schools and PSAs were positive; already PSAs were valued colleagues.

- Although it is too early to make firm judgements regarding PSA impact, there was strong evidence of a *perception* of positive impact by both PSAs and line managers. In some cases, interviewees referred to hard data which could support these judgements.
- There were concerns about the sustainability of PSAs. Despite a strong desire to keep the PSA, many schools were unclear whether the finance would be available. As the initiative ends in a year's time it was seen as essential to address this issue soon.

This first phase of the study has indicated a very positive start for the pilot. Within an initial pilot such as this, the absence of an existing infrastructure typically poses challenges such as delays in the appointment of new staff. Despite experiencing these practical problems, the PSAs have clearly made a very positive start. There are clear signs of the potential for an important role being developed with this new group of professionals.

Despite the fact that initial training only lasts a few days, (which, for training a new profession, is a very short duration), training has, initially, been generally well received. The proposed Level 3 qualification currently due to begin in September 2007 provides an opportunity to build upon this initial training.

There are many challenges for PSAs to face as they develop their role during the pilot. They occupy an important position at the interface between schools, which typically employ them, and parents. Issues of confidentiality, for example, will need to be worked through. A key factor will be the management and supervision they receive.

The evaluation continues for another year. The findings and conclusions reported here must therefore be regarded as preliminary. The next two phases of the study will investigate further the issues raised in Phase 1. In addition, an analysis will be carried out after July 2008 of the parent level data being collected across the 20 LAs over the period of the pilot.

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