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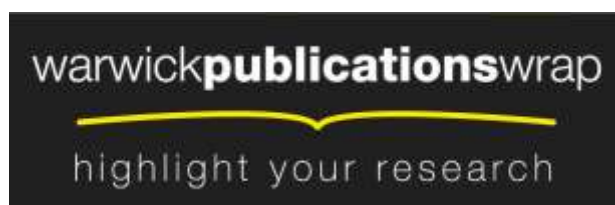
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Parent Support Advisor Pilot Evaluation

Final Report

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CONTENTS

EXECUTIVE SUMMARY

Parents are fundamental to the development of their children. The government has set an ambitious aim in its Children's Plan 'to make England the best place in the world for children and young people to grow up'. The Children's Plan recognizes that parents need help and support to support their children's development. Also, and importantly, parents need support for themselves as parents. Parenting is complex and challenging, made more so by the changing nature of our society. Parents from disadvantaged backgrounds face even more challenge. However, the government recognizes the need to support parents, 'to do more to back parents and families'.

Supporting parents may take many forms and have different aims. These include actions to improve parents' abilities to know about, access and exercise their rights and entitlements. Parents may be involved in order to improve services, for example by providing a parental perspective, and some parents may require support to undertake such a role. Parents may also benefit from support to enable them, in turn, to support their children's development. In addition, support may be designed to help parents as parents not specifically as agents of change for the children but more for their own sakes: even so, such support may have positive knock on effects on their children.

This report presents the evidence of the evaluation of the Parent Support Adviser Pilot. This was a DCSF funded programme over the period September 2006 - July 2008 at a cost of £40 million in DCSF grant payments to 20 local authorities (LAs). Authorities were funded to employ PSAs, for their training and for the infrastructure to support the development of the service. The DCSF worked with the Training and Development Agency for Schools (TDA): the DCSF was the lead department for the policy and financial framework, the TDA allocated funding to LAs and worked with authorities to develop the PSA role, including an initial training package and the Support Work in Schools (Parent Support) level 3 qualification. The TDA also took the lead in disseminating practice.

The main aims of the study were to examine the characteristics of the PSA service that was developed during the pilot and the evidence for its effectiveness. The study drew upon a range of evidence from the four phases of the study: i) from a database designed to collect data on all parents supported by PSAs; ii) interviews with LA strategic leads ($n = 20$ interviews), PSA co-ordinators ($n = 24$), PSAs ($n = 245$ in total over three phases), line managers (144 at two phases), other professionals (23) and parents ($n = 105$); a survey of line managers during the final phase ($n = 603$, a response rate of 51.8%). Finally, data on attendance and number of pupils identified as having behavioural, emotional and social difficulties (BESD) were used to compare schools with a PSA and those without this support.

This is the final report of the evaluation; details of the two interim reports are provided at the end of the Executive Summary. The report provides an overview of the whole study but focuses mainly on evidence gathered during the final phase of the pilot and analysis of School Census data available by spring 2009.

Main findings

- The pilot represented a successful collaboration between the Department for Children, Schools and Families and the Training and Development Agency for Schools introducing a new professional, the Parent Support Adviser (PSA) into the workforce.

- The grant available to the 20 local authorities supported the recruitment and employment of 717 PSAs providing support to parents of children in 1167 schools.

- The PSAs developed a range of practices that provided support primarily to parents, with some support also directed at children.

- Budget holding was a successful arrangement allowing PSAs to provide small amounts of money to support parents.

- Impact was judged as positive by over eight out of ten line managers for a range of outcomes including the improvement of parents' engagement with their child's learning, improved relationships between parents and the school and improved pupil attendance.

- Over nine out of ten parents rated their PSAs highly in terms of different aspects of their support style - they felt respected, listened to and understood - and in helping them to feel more confident to tackle problems and feel better about themselves.

- The proportion of persistent absentees decreased by almost a quarter in secondary schools with a PSA

- It is not possible to state how many parents were supported during the pilot because PSA practices varied and much work was either with groups of parents or not formally recorded, but the numbers are substantial - over 20,000 were formally recorded by 18 LAs and we estimate support was also provided to several times as many parents overall.

- These are early days in the development of the PSA, but the evidence from the pilot is very encouraging and supports a government policy of funding the PSA role across all LAs.

Detailed findings

General findings

- The PSA pilot was successful in delivering 717 PSAs to work in 1167 schools.

- 91% of PSAs were female; 91% were White British with the remaining tenth made up of parents from a wide range of minority ethnic groups; and 55% came from an educational background, with the proportion in any LA having previously worked in the same school varying from between 10-20% in some LAs up to about 90% in others.

- PSA practices varied both within and between LAs making it impossible to calculate the numbers of parents provided with support across the pilot.

- 'Casework' with individual parents involving systematic support that could be long-term and intensive was recorded for 20,721 parents across 18 LAs.

- *But* PSAs also carried out work with many more parents in less formal settings where parents' details could not practically be recorded. Examples of other parent interactions include coffee mornings, transition information sessions, and contact with parents when dropping off or collecting their children.

- The pattern of PSA work indicated by this crude distinction between casework and more informal/less intensive and sustained activities was considerable: from 282 to 2488 parents individually recorded by different LAs.

- The initial three models of service delivery were superseded with PSAs adopting greater variety of practice being evident by the end of the pilot.

- Overall, a high level of satisfaction with PSAs was indicated by their line managers.

- The PSA pilot was an example of effective collaboration between the DCSF and TDA in delivering a major policy initiative.

Training

- The initial training programme for PSAs was developed by the Training and Development Agency for Schools (TDA) and formed the basis for LAs' training. This comprised five generic modules utilising Children's Workforce Development Council (CWDC) materials developed for the national pilot of level 3/4 induction training for children's workforce practitioners, comprising the core which was delivered over four days plus two PSA role-specific modules covered in two days.

- The training was well structured, appropriate and, within the constraints of the time available, provided a good basis for the PSAs.

- In the period after its occurrence PSAs were generally positive about the initial training: of those interviewed 96% rated it useful including 45% who rated it very useful.

- Similarly, PSAs' reflections on their initial training towards the end of the pilot were also generally very positive; a perspective shared by their line managers.

- Professional training is typically a substantial process over a period of one to two years minimum and typically involves supervised practice as well as taught sessions. The PSA initial training therefore could only be a beginning and PSAs' development relied both on their prior experience and subsequent support.

- The TDA, working with PSAs and others, has addressed this by developing a qualification at level 3 as part of the Support Work in Schools (SWiS) suite of qualifications. This became available in January 2008. Three qualification bodies (CACHE, Edexcel and OCR) currently offer the SWiS (Parent Support) qualification.

- PSAs and line managers were generally positive about the opportunity for continuing professional development and the production of the SWiS (Parent Support) in principle and demand for the SWiS (Parent Support) was high: over 90% of PSAs, especially at Diploma level.

- There was, however, evidence of some early confusion and misunderstandings among PSAs and co-ordinators concerning the TDA's intentions and expectations, including the level of qualification (level 3 rather than level 4).

- The TDA also organized a series of regional conferences for PSAs and co-ordinators which provided opportunities for sharing expertise over the course of the pilot. These were not part of the present evaluation but informal observations when members of the CEDAR team attended indicated these were well purposeful, informative and well regarded by participants.

- Over the summer of 2008 and beyond the period of the pilot the TDA also organized a Development and Advisory Group for functional mapping of the PSA role and the linking to occupational standards, involving representatives of TDA, PSAs and those with qualifications expertise. This worked very effectively and has produced recommendations for action that will take effect after the end of the pilot.

Organisation of PSAs

- The initial three models for PSAs' work were:

  o Model 1: Based in a single primary or secondary school, working solely with early intervention and preventative support for parents and pupils, including work on supporting parents at key transition points for their child.

  o Model 2: Operating across a cluster of primary and secondary schools, focusing on offering parenting support courses and classes and one-to-one support for parents across the cluster.

  o Model 3: Operating in one school (like Model 1) but also with a role supporting pupils who have been or are likely to be excluded.

- Support for parents, as recorded in the LA database, was provided mostly by PSAs designated Model 2:

  o Model 1: 36.4% parents

  o Model 2: 49.7% parents

  o Model 3: 13.9% parents

- PSAs developed practice that differed between LAs, and deviated from these three models in relation to four dimensions:

  o Structural - one school versus working across more than one school

  o Functional – the TDA-defined Models 1, 2 and 3

  o Line management - school-based versus non-school-based

  o Locational - school-based versus non-school-based PSAs

- Structural

  o Working across more than one school was valued as less costly, facilitating the sharing of good practice and more equitable.

  o Drawbacks included travel time, potential for conflicting demands from different schools, loss of immediacy of response to parents, and increasing the time needed to build up trust.

- Functional

  o The functions associated with each model were valued by schools but not their separation into distinct PSA roles, leading to a tendency to merge into a generic PSA role.

- Line management

  o Where line management was school-based, the managers (usually head teachers or a senior colleague) typically gave a strong steer to the role,

influenced by the school's needs and priorities as well as those of parents. In this case, a major focus was the improvement of pupils' behaviour and attendance.

- o Line management external to the school tended to focus the PSA role clearly on supporting *parents* including increasing their capacity to support their children: a subtle but important distinction.

- Location

  - o A major benefit of PSAs being based in a school was easy accessibility to parents. Conversely, this could lead to pressure to become engaged in other work within the school.

  - o PSAs based in an area or locality office benefitted from access to and support from other professionals working with children and families but with reduced accessibility to parents.

- Overall, most PSAs were school-based and this system worked well especially once they had become established and valued.

Line managers' responsibilities

- The most common line management structure comprised the head teacher or other member of the school's senior management team.

- Other arrangements included line management by a third sector body; a locality manager; a third sector body in partnership with a named link person in the school; a senior PSA managing an area PSA team; and an LA's Parent Partnership Service sharing line management with school-based line managers.

- Time allocated to line management varied, influenced by factors such as the perceived competence and needs of the PSA.

- Discussion of role-related issues and concerns was common and valued where it occurred (e.g. confidentiality, risk assessment)

- Unlike health and social care, education does not have a tradition of *supervision.* In the early phase of the pilot, professional supervision, as opposed to line management was limited and the two were generally conflated. By Phase 2, 57% of PSAs interviewed reported the level of professional support they received was 'about the right amount' but 30% said they would appreciate more and 4% 'a lot more'.

- The provision of supervision and professional support continued to be patchy by the end of the pilot and remained an area of concern.

Parent and child characteristics

The following data are taken from the CEDAR database and represent 'casework' with parents. Substantial numbers of parents are known to have been supported through less formal, less intensive and briefer interventions as well as group work.

Parents

- PSAs worked mainly with mothers (86.1%).

- Over half of the parents (54.6%) were married or had a partner; 42.3% were in a single parent household. PSAs also worked with grandparents (2.0%), carers (0.8%) and corporate carers (0.4%).

- Most referrals came from the school (68%) but a fifth (22%) were self referrals by the parent with a variety of agencies making up the rest.

Children

- The majority of the target children of the parents supported were male but the percentages (56%: 44%) indicated a relatively small gender difference.

- There was a wide child age range from nursery to 17+ but 99% were in the range reception to Year 11; 64% were attending primary schools and 36% were attending secondary schools.

- More than half (55%) of the pupils were eligible for a free school meal, over three times the national average of 17%.

- The majority of pupils were White British (79.3%) with children from a wide range of minority ethnic groups making up the other fifth.

- A high proportion of the pupils had special educational needs (SEN) of whom 8.7% had statements or were in the process of a statutory assessment, three times the national average of 2.8%. A total of 25% were at School Action Plus or above, involving an agency external to the school, compared with 8% nationally.

- Among those with an identified SEN, the most frequent was behavioural, emotional and social difficulties (45%) compared with the national average of about 23%. The next most common was moderate learning difficulties (25%).

- The most frequent area of parental concern about their child at the time of referral of the parent was behaviour difficulties (27%) followed by attendance/punctuality (26%). Friendship/social/self esteem issues accounted for a further 12%, well being (either health or drugs) 7%, and child protection 4%. Concerns about achievement accounted for only 5%.

- The main concern differed depending on the referral route.

   o Schools were more likely than parents to identify attendance/punctuality as their main concern (30% vs 11%).

- Comparing main concerns by referring agency:

   o Behavioural difficulties was the most common reason in almost all cases.
      ▪ Attendance was the main concern for the education welfare service (74%).
      ▪ Both parents (17%) and voluntary/community agencies (22%) also had relatively high levels of concern about referral for friendship/social/self esteem issues.

- o A small number of pupils (129 or 0.8%) had been permanently excluded prior to PSA involvement; a higher proportion (1,159 or 7%) had received a fixed term exclusion prior to PSA involvement.
- o During the course of a parent's involvement with a PSA 171 (1.1%) pupils were permanently excluded and a further 1,246 (7.9%) received at least one fixed term exclusion.

PSA practice with parents

- PSAs undertook a wide range of activities at the start of the pilot, many designed to develop parent awareness and a sense of trust.

- PSAs carried out work that was focused on specific parents and was captured in the database information but also a variety of work that was not recorded in the database. The latter might reflect groupwork, relatively brief interactions and, in one LA in particular, a philosophy that eschewed the notion of what was seen as individual casework (this LA did not provide any database returns that could be included in the analysis).

  - Of the work that could be quantified, most was with parents
    - o Almost half (49%) of all PSA work with parents was undertaken on a 1:1 basis
    - o A small proportion was with a child (11%) or the family as a whole, also 11%.
      - Signposting (directing the parent to other appropriate services) was 7%
      - Formal parent training programmes: 4%
      - Informal parent groups: 3%
      - Drop-ins/surgery: 2%

  - Fewer than half (48%) reported work with a child. Of these:
    - o 1:1 work was the most common (73%)
    - o A fifth provided groupwork (21%)
    - o Child and parent/family work was also provided (5%)

  - Overall, the most common activity was
    - o Providing 1:1 support for parents (74% of line managers rating this 'often' or 'frequent')
    - o Early intervention with parents (68%)
    - o Providing preventative support for parents (67%)
    - o Making links with other agencies (63%)
    - o Over half of the line managers (55%) reported their PSA was often available in the playground or from drop-ins.

Fathers

- Only 18% of line managers reported that the PSA worked 'often' or 'frequently' with fathers or male carers.

- Interviews with co-ordinators suggested that there was little evidence of a planned approach to engaging father / male carers, although some PSAs took individual initiatives. Three LAs stood out as providing specific, focussed work.

- There was recognition of the lack of PSA support for father /male carers across the pilot and the difficulties in engaging this group, including typical work patterns for men, cultural attitudes to child care and the prevalence of single parent families headed by mothers.

Budget holding PSAs

- About a quarter of PSAs were budget holders. The funds available varied up to £3000 per year. Access to this budget allowed flexibility to provide small sums to parents for a wide range of reasons including transport costs enabling parents to travel to job interviews and children to hospital appointments, purchasing places on parenting courses, single low value but necessary items, funding parents to engage in school activities, and paying for a house clean for a parent who had mental health problems and was not cleaning the house.

    - Budget holding PSAs were valued by those line managers that had access to the service:

        o 72.1% considered they improved access to other services to support children and families.

        o 70% considered they improved availability of these services

        o And 77.5% judged that being budget holders increased the PSA's impact.

- Budget holding was popular also with PSA co-ordinators and PSAs reported that even relatively small budgets could be very helpful and improve their effectiveness.

Third sector

- Across the pilot LAs, PSAs were engaged with the Third Sector in many ways, including: one LA where a third sector organisation managed the PSA service; using services including counselling, churches, a sexual abuse agency; work with fathers through Fathers Plus; parenting courses and access to charities such as Banardos, Parentline Plus and Homestart.

The impact of PSAs' work

Stakeholders

Evidence for the impact of PSAs' work was derived from the survey of line managers, interviews with parents, PSAs and PSA co-ordinators, PSAs' perspectives and analyses of the National Pupil Database.

- Line managers generally had a very positive perception of their PSA's impact, judging it to have:

    o Improved parents' engagement with their child's learning: 88.5% of line managers

    o Improved pupil attendance: 84.9%

    o Improved relationships between parents and the school: 90.3%

    o Improved the situation for pupils 'at risk' because of their own and/or parents' behaviour / attitudes: 88.6%

    o Made effective referrals to specialist services as appropriate: 89.0%

- There were no statistically significant differences in ratings of PSAs' impact by school phase (primary vs secondary) or type of PSA work (single school vs cluster).

    - Benefits were judged by line managers to have been above initial expectations:

        o Benefits for parents: 51.9% above vs 9.8% below expectations

        o Benefits for pupils were lower but still substantial: 39.8% above vs 15.5% below

        o Value for money was also judged positively: 47.7% above vs 16.2% below expectation.

- PSAs considered that their aims with individual parents were at least mostly met in almost two thirds of cases:

    o Completely met in 40% of cases

    o Mostly met or better in 63% of cases

    o Partly met or better in 87% of cases

    o Not at all met in just 12% of cases

- There was also substantial qualitative evidence from parents, line managers and PSA Co-ordinators about the PSAs' positive impact on parents and/or children, for example:

    'It was like a weight lifted off my shoulders. I got my confidence back and parenting skills.' (Parent)

    'I was so depressed and crying every day and couldn't cope. She [the PSA] has given me back my confidence.' (Parent)

    Me and my little boy were not getting on very well at all at the beginning. We had a lot of issues and it has got 100% better. It really has.' (Parent)

    'His behavior has improved and she has given us the tools.' Parent)

    'There has been a huge improvement in attendance. We were up with national averages last summer, which is amazing considering [this LA] is one of the lowest authorities [for attendance] and we were at the bottom of them all' (Line Manager)

    '….. my son was missing a lot of school because I had a marriage breakdown….. this year my son has got 100% attendance. Coming up from 70- something [per cent] 100% is really good.' (Parent)

National Pupil Database

The LA database was designed to capture large scale quantitative data as a powerful means to identify changes in attendance rates. However, LAs did not enter attendance data consistently. Consequently, an analysis was conducted using the National Pupil Database comparing attendance in schools with a PSA contrasted with non-PSA schools between 2005/06 to 2007/08.

- Schools with PSAs were more likely to have higher scores on factors known to be associated with lower levels of attendance, and these differences persisted over the period 2005/06 to 2007/08. Using 2007/08 data, pupils in PSA schools were statistically more likely than those in non-PSA schools to be:

   o Entitled to a free school meal: 22.2% v 16.8% primary; 15.7% v 14.2% secondary.

   o In high deprivation neighborhoods: 36.5% v 26.1% primary; 26.6% v 24.1% secondary.

   o In schools with a higher proportion of White British pupils: 75.2% v 73.8% primary; 81.5% v 77.8% secondary.

- To compare relative impact of schools with PSAs contrasted with non-PSA schools we compared each school against its own baseline to measure improvement over the three years:

   o The decrease in persistent absentees in PSA secondary schools was substantial, down from 8.5% in 2005/06 to 6.6% in 2007/08 - a drop of 1.9 percentage points representing a reduction of almost a quarter (22.3%). The drop in non-PSA schools was smaller, from 7.0% to 5.4% a drop of 1.6 percentage points. As a result the absolute gap in percentage of persistent absentees between PSA and non-PSA secondary schools reduced from 1.5 to 1.2 percentage points.

   o Absence rates decreased for both primary schools (6.4% to 6.2%) and more particularly secondary schools (9.3% to 8.3%); however, similar reductions were found for non-PSA schools (5.9% to 5.6% primary; 8.5% to 7.5% secondary).

These results reflect only one aspect of the PSA role, unlike the perspectives of head teachers, for example, which provide overall judgments. Also, PSAs varied in their focus on attendance: for some this was a major issues but for others it was one of many areas of work.

Parents' perspectives

Parents' perspectives of their PSAs were derived from 105 interviewees during Phase 2. The sample mostly comprised parents who their PSA thought would regard the PSA's support as having 'worked well' (*n* = 69), or 'worked ok' (*n* = 26) plus 10 thought by PSAs to rate their support as having 'worked not so well'. Hence, there is a potential positive bias in these judgements.

- Parents had experienced a wide range of contacts with the PSA, from 1-5 times (7%) to 20 or more times (47%).

   - Parents rated their PSAs highly, stating they felt:
      o Being listened to: 99% 'quite a lot' or 'a lot'
      o Understood: 100%
      o Respected: 100%
      o More confident to tackle problems 95%
      o Better about themselves: 94%

- Parents provided extensive and wide ranging examples of how PSAs had helped them and also of how they personally had changed, and how their children had improved.

Recommendations

Main recommendations

- The government should continue to provide funds to support the PSA service.

- The PSA service should be rolled out across the remaining local authorities with a priority for PSAs to serve parents in greatest need.

- The TDA should continue to collaborate with the DCSF with particular responsibility for initial training and professional development.

- Budget holding should be expanded to become the norm for all PSAs.

- Organisation of PSA services should be locally determined to meet local needs.

- The benefits of variation between PSAs' modes of working to meet locally determined needs should be retained but a clearer determination of the central role of *individual* PSAs and a PSA *service* should be developed.

- PSAs should continue to be a service primarily *for* parents, supporting parents *as* parents and engaging in work that is determined on the basis of professional judgement negotiated and agreed *with* parents

- Further research should be carried out to explore whether the positive impact indicated in this study is maintained or even enhanced when a national roll out is implemented.

Specific recommendations

Funding and organisation

- Funding should continue to support the PSA services in the 20 pilot LAs.

- Funding should be allocated to the remaining LAs.

- The main mechanism should be funding through extended schools.

- Local authorities should have a strategic plan to develop the PSA service as part of their implementation of the Children's Plan.

- PSAs should be managed and supported locally but there should also be coordination and support at the LA level to assist the development of the PSA service.

- Budget-holding should be developed with the ultimate aim that all PSAs should hold a budget.

- Appropriate accountability systems for budget holding should be developed locally, supported by a national system of guidance. These should address methods of accounting, criteria for expenditure and the flexibility delegated to PSAs.

- PSAs should continue to develop a clear identity as a professional available for parents to support them in their parenting role.

- This should be undertaken in close collaboration with a designated school or small number of schools.

- PSAs have a role in assisting the development of children but this should be undertaken primarily through parents; activities should primarily be aimed at parents rather than children.

Training and development

- The TDA should keep the initial training programme under review and amend in the light of the experience of the pilot and subsequent PSA developments.

- The TDA should continue the provision of conferences for PSAs and co-ordinators to support the development of the roll out across the rest of the country.

- The TDA should continue to support the development and provision of the Support Work in Schools (Parent Support) qualification for PSAs and implement the proposals of the Development Advisory Group to use the PSA functional map to guide the development of future qualifications and to inform the future review of occupational standards.

PSA Practice

- PSAs should receive professional supervision and support in addition to line management.

- PSA practice and priorities should be determined locally with the school(s) playing a major role.

- The three models of practice initially identified for the pilot provide a useful guide but a more flexible and generic role should be the main approach for future development.

- Line managers and PSAs need to establish appropriate practice that takes into account the need for PSAs to respect parallel confidentiality on the one hand and the need for head teachers (and others with appropriate responsibilities) to have legitimate access to necessary knowledge. This issue extends beyond child protection arrangements, for which there will be clear guidance, and concerns other sensitive issues that can arise in PSAs' practice.

Future developments

- A system of continuing provision of initial training will be necessary for new PSAs replacing those who leave the job.

- The development of the PSA role will need to be considered as an integral part of the Children's Workforce.

- LAs should set up and implement a monitoring system of PSA practice that allows data to be collected to examine the effectiveness of the service. This should take account of other data systems within the LA and the needs and impact of other services, including the local primary care trust, to optimise its development and usefulness.

- The roll out of PSAs across all LAs should be systematically evaluated. This should include an examination of

    o   How LAs use the lessons learned from the pilot;

    o   The implementation of the PSA service on a lower budget than during the pilot;

    o   The further development of the PSA role as both individual PSAs and LA services as a whole develop greater experience and expertise;

    o   And the overall effectiveness of the service.

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1. INTRODUCTION

1.1 The purpose of the Parent Support Adviser pilot

The Parent Support Adviser (PSA) pilot was a government initiative which funded 20 local authorities (LAs) (total grant £40 million) to employ and train PSAs. The pilot ran from September 2006 to July 2008. A total of 717 PSAs were recruited supporting parents in 1167 schools.

The original plan (H M Treasury and DfES, 2005) had been to fund about 600 schools with a grant of £20 million. LAs were funded at different levels to support at least 20, 30 or 40 PSAs to reflect their populations and needs. In most cases LAs exceeded the specified levels of provision supporting almost double the number of PSAs envisaged.

The PSA pilot was intended to introduce and develop a new school support worker role. Similar roles had been developed in the past and were currently in operation in some LAs but this was the first large scale, centrally led initiative for this kind of role. At the start of the pilot the three models of PSA practice envisaged were:

- Model 1: Based in a single primary or secondary school, working solely with early intervention and preventative support for parents and pupils, including work on supporting parents at key transition points for their child.

- Model 2: Operating across a cluster of primary and secondary schools, focusing on offering parenting support courses and classes and one-to-one support for parents across the cluster.

- Model 3: Operating in one school (like Model 1) but also with a role supporting pupils who have been or are likely to be excluded.

In addition, it was intended that some PSAs would be budget-holders, able to make purchases of small equipment and services, for example.

1.2 The role of the Training and Development Agency

The evaluation did not encompass the work of the TDA as such. However, it is important to stress here the central role of the TDA in guiding and supporting the development of the PSA role and in disseminating information.

The pilot was implemented jointly by the Department for Children, Schools and Families (DCSF) and the Training and Development Agency (TDA). The DCSF was the lead department for the policy and financial framework. The TDA allocated funding to local authorities (LAs) and worked with authorities to develop the PSA role. The TDA developed an initial training package for local authority trainers to customize and use with their newly-appointed PSAs as part of their induction and provided a series of conferences for PSAs and PSA authority leads to support continuing professional development. Furthermore, in consultation with national stakeholder partners, the TDA developed a level 3 'parent support' qualification through its Support Work in Schools (SWiS) qualification pathway for PSAs – this qualification is hereafter referred to as SWiS (Parent Support). This is available as a certificate or diploma, the latter being broader in scope and including optional units in subjects such as helping to meet parents' needs as well as coverage of basic skills and knowledge needed to provide effective support for parents, which is covered in the certificate. PSAs were encouraged to undertake the qualification and funding was offered to

support uptake. Over 80 per cent of PSAs have elected to take the qualification, almost all at diploma level (TDA 2008). The TDA has also completed a map of the functions of PSAs as established through the pilot in order to inform the future development of qualifications.

The TDA monitored the development of PSA services, for example by collecting workforce profile data and supported the dissemination of practice. Throughout the pilot TDA organized a series of conferences around the country so that each was relatively local for a small number of LAs' PSAs as well as national conferences for PSA Strategic Leads and Co-ordinators. The nature of these changed as the pilot progressed but they provided opportunities for PSAs, Strategic Leads and Co-ordinators to share practice and learn from each other.

It is important to stress again that this was essentially a new role albeit one that had similarities with roles previously developed in various LAs - for example, family liaison officers and home-school support workers. Also, there was overlap between the PSA role and that of other current practitioners, especially education welfare officers, that needed to be navigated to optimize complementary and minimize inefficient overlap and potential conflict. This is taken up in Section 3. The initial training programme was brief and just that - initial. As they started work in 2006 PSAs were trying out ideas supported by their line managers and colleagues, creating a role within the parameters of the model to which they had been appointed. As will be seen in this report, the role that was developed varied both between and within LAs as PSAs individually and collectively developed their practice. The conferences mentioned above, therefore, were very useful in providing fora for wider discussion and the consideration of good practice, with an emphasis on practical application.

Growing out of these activities and the TDA's involvement in bringing together and disseminating practice came substantial resource packs. The TDA published two of these during the pilot. Each is an important source of examples of PSA practice from which other PSAs can learn and adapt to their own situations.[1, 2]

1.3   Background

1.3.1   The PSA role

The Parent Support Adviser (PSA) pilot was a programme that formed part of a broader government initiative concerning parents, particularly those of children at risk of developing behavioural, emotional or social difficulties (BESD). Children who develop BESD during their early years are also at enhanced risk of their educational development being compromised, later mental health problems and early entry into crime. The importance of parents in the development of their children has been shown by research and recognized in government policy as parents have the fundamental role in their children's development. This recognition has energised attempts to get parents involved in education and to enhance their understanding and skills as parents, especially those of children 'at risk'.

Initiatives to support parents may be conceptualized on a parent-child continuum. At one end of this continuum, support is provided to parents where they are the primary client. This may be concerned with, for example, improving satisfaction and self esteem as a parent. At the other pole the parent is viewed essentially as the agent for effecting change in the child, for

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[1] TDA (2007) Parent support adviser: Resource Kit 1.
http://www.tda.gov.uk/about/publicationslisting/TDA0414.aspx?keywords=PSA+Resource+Kit+1
[2] TDA (2008) Parent support adviser: Resource Kit 2
http://www.tda.gov.uk/about/publicationslisting/TDA0514.aspx?keywords=PSA+Resource+Kit+2

example improved school attendance or reduced behavioural problems. This distinction may be considered an inherent tension in the PSA pilot: was it for the benefit of parents or their children, or both? In fact the intention was that this new role would support parents and have a positive outcome also for their children. The 2005 report by H M Treasury and the Department for Education and Skills *Support for Parents :The Best Start for Children* announcing the £20 million investment in the new Parent Support Advisers (actually Parent School Advisers in this section) noted that:

> *'This new, preventative role will support children and families where there are early signs that they could benefit from additional help. Recognising the importance of working in partnership with parents to improve children's lives, the first response will be to involve parents in identifying appropriate support for the child and family. This could include a parenting programme, mentoring for the parent or child or one to one tuition for the child. The pilots will need to consider the most effective means of enabling Parent School Advisers to have sufficient leverage over, and ensure delivery of, the additional services children and their families might need.' (para 3.38)*

This same document also links the PSA role with another policy imperative, Extended Schools:

> *'Extended Schools are not, however, just about activities for children. They will sit at the heart of the community providing parent support, employment advice and other services. Chapter 3 sets out how the Government will pilot a new type of role in schools - a Parent Support Adviser - to provide support to children and their parents at the first sign of need.' (para 5.40)*

The government's *Respect Action Plan* (Respect Task Force, 2006) made a commitment to the further development of a number of parenting services, with an emphasis on those parents deemed to need most help to develop and maintain their parenting skills. The development of a new profession of PSAs and the support for rolling out of parenting programmes (Lindsay et al, 2008) were two significant elements in the government's plans.

In October 2005 The Practitioners' Group on School Behaviour and Discipline chaired by Sir Alan Steer presented a wide-ranging report (Steer, 2005). A key element concerned support for parents. The report recommended that:

> *'all schools should establish by September 2007 a Pupil Parent Support Worker (PPSW) or other staffing structure to deliver this function.' (Recommendation 3.8.5b).*

The Practitioners' Group did not suggest that every school needed a specific individual, rather that this was one option and some schools might prefer staff to share the *functions* they advocated. Nevertheless, the report was influential in the government's decision to introduce PSAs. Interestingly, the removal of 'pupil' from the title raises the issue which was highlighted above and which has resonated throughout our study of the pilot: is the PSA *only* for parents? or *primarily* for parents? The views of the Steer Report can be seen as strongly related to the development of the PSA role (see especially Steer, 2005, paragraphs 203-212).

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 Department for Education and Skills, 2005). This document placed 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).

Chapter 3 of *Support for Parents* draws on a range of research to illustrate the importance of government and public services, such as schools, working in partnership with parents, because of the influence mothers and fathers have on a child's life chances. For example, Sammons and Sylva (2005) found that parental involvement at primary school had a greater effect on a child's learning than differences associated with schools. The chapter also set out steps already taken by the Labour Government since 1997 to address the needs of parents, including provisions to improve work-life balance, universal support for families (such as the development of a Children's Centre in every community by 2010) and targeted support for those who need it most (Sure Start local programmes, Children's Centres, the Parenting Fund and, for a minority of parents struggling to act as responsible parents, Parenting Orders and Contracts). Finally, noting the '*strong demand from parents for more and earlier support if that support can be non-stigmatising and recognise them as experts in bringing up their own children*' (p29), the new role of PSA was announced as a means of informing longer term developments focused on early intervention and prevention, especially Extended Schools.

The government's later publication *The Children's Plan: Building Brighter Futures* (Department for Children, Schools and Families, 2007) also stressed the importance of parents but noted that many parents need support in their parenting role, recognizing also that it is parents not the state that bring up children. The Children's Plan was published about half way through the PSA pilot when interim evidence was available. The Children's Plan committed to provide support for parents including expanding the PSA service and funding two expert parenting advisers in every local authority.

Models of PSA working envisaged

The PSA role was to be developed within local authorities (LAs) to suit local needs, but was expected to include two main modes of working, namely single school working and cluster working. Additionally, a small number of PSAs were designated budget holders, able to commission and purchase goods such as small equipment and services. However, fundamental to the role was an expectation that PSAs would provide support to parents in and around school settings.

PSAs working in single schools were expected to focus on early intervention and preventative support for parents and pupils, encompassing: a) immediate support for parents of children showing signs of social, emotional, health or behavioural issues; b) contacting parents on the first day of school absence and reinforcing the importance of attendance at school; c) supporting mothers and fathers to engage with school staff by encouraging attendance at parents evenings but also by acting as an advocate for parents who find coming in to school hard; d) encouraging parents from all sections of the school community to volunteer for school-related activities, including the Parent Teacher Association (PTA); and e) developing the Extended Schools agenda around adult and community learning and family learning.

Cluster working was expected to involve a PSA working across a number of schools but focusing on commissioning and/or delivering parenting support courses and one-to-one parenting support. As with single school PSAs, this PSA role might also include supporting parents to enable their children in making the transition from primary to secondary school. This resource would be more thinly spread than the single school model and would have the

added complexity of working in and with different institutions, each with its own priorities and culture, a common challenge to support services in LAs. The role would be facilitated where existing meaningful clusters were in operation whether informal or more structured, as with federations of schools (Lindsay et al 2005). PSAs working in this mode were expected to be more highly qualified.

A small number of PSAs were also invited to be budget holders. Their budgets could be used to meet needs of individual parents (for example, by providing day-to-day items); to fund additional places within existing local family support services or to commission new local provision in response to parents' expressed wishes. This would require the addition of another set of (financial) skills to the requirements for PSAs.

Other policy initiatives

During the development of the PSA pilot there were other important policy developments that had direct implications for the initiative. By 2010 all schools are expected to provide access to a core offer of extended services, including parenting support. PSAs were expected to make a key contribution to this developing policy through the parenting support element of the core offer. The lessons learned during the pilot and during the Parenting Early Intervention Pathfinder (Lindsay, et al 2007; 2008) contributed to the development of this policy agenda - see also Ofsted (2008).

Also relevant to the pilot were the general policy statements regarding parents and children. In March 2007, about six months into the pilot, the DCSF published *Every Parent Matters* which described the department's support for the development of services to parents. The Children's Plan (DCSF, 2007) sets out strategic objectives for the provision of children's services over the next ten years. Central to the Children's Plan was the principle:

> *'government does not bring up children - parents do - so government needs to do more to back parents and families.'*

These various policy strands were related and all had an impact on the development of the PSA pilot which was proceeding over this period. Furthermore, the evaluation, fed into the policy development as it proceeded, with interim reports presenting emerging evidence which was influenced by policy development (See Section 7).

Early identification

Early identification was an important element in the programme as this would provide the basis for early intervention. However, early identification although frequently a focus of aspiration is not unproblematic. Unlike some physically based developmental difficulties such as profound hearing impairment, socio-emotional development is fundamentally influenced by both within child and external factors including parenting and schooling. The present PSA pilot represented a recognition of this, hence the focus on influencing and supporting parents. Although the programme was not only concerned with children who may develop or be at risk of developing behavioural, emotional or social difficulties (BESD), this was an important element. Consequently, the pilot required that account be taken of the greater challenges posed by attempting to identify children at risk in this domain, (e.g. Lindsay, 1984; Lindsay & Desforges, 1998; Lindsay & Lewis, 2003; Papadopoulou, Dimitrakaki, Davis, et al, 2005).

One of the options open to PSAs was to attempt to engage parents in parenting programmes. Our own research, as well as that of others, had indicated important elements in such programmes (Davis et al, 2002a; Davis, et al., 2002b; Barlow et al, 2002; Barlow et al, 2003; Davis & Tsiantis, 2005), and the effectiveness of a number of different programmes

(Barlow & Stewart-Brown, 2000, 2001; Barlow et al, 2002). At the start of the PSA study (2006) the evidence for the generalisability from small-scale studies to large-scale roll out of parenting programmes was limited (Moran et al, 2004). Since then our evaluation of the Parenting Early Intervention Pathfinder (PEIP; Lindsay et al, 2008) has provided evidence that the three parenting programmes studied (Incredible Years, Triple P and Strengthening Families, Strengthening Communities) could be rolled out on a large scale with success. Following the evaluation of the PEIP the government decided to fund a further roll out across all 150 LAs in England, the Parenting Early Intervention Programme (2008-2011). One of the roles expected to be fulfilled by PSAs was to support the delivery of parenting programmes. This could be carried out by signposting parents to programmes or by the PSA acting as a group facilitator, which required specific training in the relevant programme. This role was initially seen as one to be carried out by cluster based (Model 2) PSAs.

1.3.2 Complexities and tensions

The complexities and tensions inherent in the relationship between parents and schools has been a theme of educational research and policy for many years (see for example Stillman & Maychell, 1986; Adler, Petch, Tweedie, 1989; Johnson, 1990; Arrowsmith, 1990; Green, 1990; MacBeth & Munn, 1990). Recent Government policy, including *Supporting Parents* and the creation of PSAs, encompasses at least five themes / agendas around the role of parents in education, not all of which sit easily together, particularly given that PSAs were to be expected to work with parents on any or all of them, in any combination. The five themes/agendas are:

- *Responsibilities / conformity*: Parents are expected to be responsible for ensuring that their children attend school and behave. In this context, parenting classes to support attendance and behaviour are seen as helpful (Hallam *et al.*, 2004) and LAs have been encouraged to provide high quality parenting provision (DfES, 2005) but also parenting contracts, parenting orders and parenting notices may be used to ensure compliance (DfES, 2004). The Parenting Early Intervention Pathfinder was a major government initiative to fund the development of parenting programmes in 18 LAs which started at the same time as the PSA pilot (September 2006) - see below.

- *Equality of opportunity*: Parents are recognised as crucial in ensuring that the next generation have raised aspirations, achievements and prosperity (HM Treasury and DfES, 2005). On the other hand, it is recognised that not all parents adopt parenting styles that foster positive outcomes for their children and so, for example, the DCSF committed to invest £70 millions to fund new measures related to parenting, including a National Academy of Parenting Practitioners and early intervention pathfinders for parents of children at risk of involvement in anti-social behaviour mentioned above (COI/Respect Task Force, 2006).

- *Reduction / elimination of relative child poverty*: The importance of parents being in work is emphasised as the main way in which children are lifted out of poverty; thus, parents not in paid employment are encouraged and supported to gain skills, including through adult and community learning (ACL) and family learning, to improve their employability. This was a key aim of Sure Start local programmes and was also emphasised in *Supporting Parents*.

- *choice/driving school improvement*: The Education White Paper, *Higher Standards, Better Schools for All* (HM Government, 2005) was, at that time, the latest in a long line of policy documents from both Labour and Conservative governments that have sought to increase the influence of parents in local schooling.

- *Democratic citizenship*: Parents are viewed as citizens who are actively encouraged to participate in consultations and decision-making about local services, including local schools (HM Government, 2005).

At the start of the study it was not clear what skills, training, experience or professional backgrounds staff appointed as PSAs would have. What was clear was that the roles they were to take on were likely to be subject to tension and conflicting demands as they sought to support parents, not all of whom would share the values of the school. This was predicted from the experiences of staff who have worked in rather similar roles developed previously for much the same purposes (e.g. Beresford, 1992, Walmsley, 1996; Tett, 2001).

1.3.3 Conclusions

The support of parents *as parents* was a major government policy when the PSA pilot was set up. However, of at least equal importance was to provide support to parents in order to prevent or reduce behavioural, emotional and social difficulties in children. The PSA pilot, implemented in 20 LAs across the country between September 2006 and July 2008, was a large scale attempt to address these issues by the introduction of a new profession (the PSA). Developed by the Department for Children, Schools and Families (DCSF) (the Department for Education and Skills (DfES) at the start of the project) in collaboration with the Training and Development Agency (TDA), it was also an example of inter-departmental collaboration. The DCSF took the lead policy role but the TDA undertook the lead in developing the PSA role, providing initial training of PSAs and in-service support. Later the TDA also developed a qualification for PSAs (Support Work in Schools - Parent Support). In the summer of 2008 the TDA completed a map of the functions of PSAs, as developed in the pilot, against which National Occupational Standards could be mapped to see if functions are wholly or partly reflected in those Standards or gaps exist. This will inform the future development of qualifications.

This is the final report of the evaluation of the PSA pilot 2006-08. As indicated above, the approach taken included the provision of interim reports to the DCSF and TDA over the period of the pilot. Most of this final report was produced in August 2008 but completion was delayed until March 2009 to allow additional analyses, not originally planned, of the National Pupil Database, Over the period of the pilot government has developed apace its policy on parenting support and evidence from this evaluation has been used in the policy development. In November 2007 emerging findings led to the decision to support a national expansion of the PSA programme from the 20 LAs in the pilot to all 150 LAs in England. A total of £102.5 million was identified as an investment from 2008-11 through the Standards Fund, to be routed through the Extended Schools - Sustainability strand of the Standards Fund allocation. However, this substantial sum represents a lower level of funding than that provided to the pilot LAs, a fact noted with concern by Sir Alan Steer (2008).

This report, therefore, is the third in a series. The 1st Interim Report (Lindsay et al, 2007)[3] reported on the early stages of the pilot. The 2nd Interim Report (Lindsay et al, 2008b)[4] reported on the middle phase of the study. The present, final report focuses mainly on the evidence collected during the final phase of the study but also draws upon the earlier reports as appropriate. After presenting the evidence we draw conclusions about the pilot and also make recommendations for action.

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[3] Lindsay et al (2007) *Parent support adviser pilot: First Interim report from the evaluation. Research Report DCSF-RWO2O.* http://www.dfes.gov.uk/research/data/uploadfiles/DCSF-RW020.pdf

[4] Lindsay et al (2008b) *Parent support adviser pilot: Second Interim report from the evaluation. Research Report DCSF-RWO37.* http://www.dfes.gov.uk/research/data/uploadfiles/DCSF-RR037.pdf

1.4   The Study

1.4.1   Aims and design

The six aims of the study were as follows:

Aim 1   To collect data on the PSA service.

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

The study was designed to gather both quantitative and qualitative information. Furthermore, the design allowed for data collecting across all 20 LAs and more focused data collection across 12 case study LAs from which samples of participants were identified. The study made use of large scale datasets, a survey of all schools and interviews with a large number of interviewees.

The study was designed in three phases:

- Phase 1 (April - June 2007) was the early, setting up period. At this time PSAs were recruited, trained and 'finding their feet' as they began work in this new role.

- Phase 2 (November 2007 - January 2008) investigated the pilot when it had been in operation for about a year - although the pilot had started in September 2006, the time needed for recruitment and training meant that operations generally did not get underway until about the new year in 2007.

- Phase 3 comprised two elements. First, a final set of interviews were held over the period (April to May 2008). Second a survey of all schools was also undertaken.

In addition, each LA was required to complete a cumulative database of PSA casework from the beginning of the pilot until the end of June 2008. The cumulative data over the pilot were then aggregated and analysed.

1.4.2   The 12 case study LAs

Twenty local authorities (LAs) were identified by the DCSF and TDA largely on the basis of socioeconomic deprivation but also looking to a mix of conditions such as LA / school size and an urban / rural mix, with at least one LA from each region. Some data were collected from all 20 LAs.

A sample of 12 LAs were selected as case studies for more intensive investigation. These were selected mainly to ensure a reasonable mix by urban/rural and geographic location. In addition, the two LAs also involved in the Parenting Early Intervention Pathfinder and the one LA included in the Time to Talk early pregnancy prevention programme (both also evaluated

by CEDAR)[5, 6] were specifically selected. This was to enable examination of the interaction of these initiatives in the relevant LAs.

Samples of interviewees

Interviews were held over the period of the pilot with key persons during each of the three phases.

Table 1 - Interviews by phase of study

| | Phase | | | |
	Pre-	1	2	3
Strategic leads	20			
PSA co-ordinator	-	-	-	24
PSAs	-	97	69	79
Parents	-	-	105	-
Line managers	-	85	-	59
Other professionals	-	23	-	-

The *strategic leads* had responsibility for policy leading to the implementation of the pilot - all were interviewed. The operational leads (PSA co-ordinators) were senior LA officers responsible for implementing the pilot. All *operational leads* were interviewed at the end of the pilot (stage 3) - $N = 24$ as some LAs had more than one in this role. Each PSA co-ordinator in the 12 case study LAs was asked to identify 5-10 PSAs at Phase 1. This was at a time when the PSAs had either not started to work or had just begun. LAs' PSA co-ordinators were asked to select the sample from across the LA so as to reflect the models of delivery. These PSAs provided the sample for Phases 2 and 3 also.

Parents were selected by the PSAs in the sample. PSAs were each asked to propose three parents: one where the PSA thought their support had 'worked well'; one where the PSA thought it had 'worked ok'; and one where the PSA thought the support had 'worked not so well'. From the parents proposed, the fieldworker for that LA selected up to 10 parents per LA, aiming for an overall sample across levels of outcome, types of problems, school phases and PSA models. The actual sample ($N = 105$) was biased towards those likely to have more positive views because firstly, PSAs identified more of these; secondly, those parents, where PSAs had indicated the work hadn't gone so well, often did not keep interview appointments (repeatedly) and / or did not return calls. The achieved sample was:

- 69 parents for whom PSAs considered their support had 'worked well'.

- 26 parents for whom PSAs considered their support had 'worked ok'.

- 10 parents for whom PSAs considered their support had 'worked not so well'

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[5] Lindsay, G., Davis, H., Strand, S., Band, S., Cullen, M.A., Cullen, S., Hasluck, C., Evans, R., & Stewart-Brown, S. (2008). *Parenting early intervention pathfinder evaluation DCSF-RW054*

[6] Lindsay et al (2008) *Evaluation of the Time to Talk Community Programme* (in press)

This provides an unbalanced sample: however, importantly, the range does include those where PSAs thought the work had not gone well. It should also be stressed that many of the parents interviewed, who worked well with skilled, approachable PSAs, did not present as being easy for professionals to engage.

Line managers were proposed by the LA's PSA co-ordinator with a remit to represent the range of types of school and method of delivery by PSAs in that LA. Of the 85 selected in Phase 1, 71 were school-based and 14 were locality or cluster managers. These line managers were followed up at Phase 3.

In Phase 1 only, 23 '*other professionals'* were also interviewed including representatives from health and education including the following roles: head of a Children's Centre; head of Family Learning (Literacy, Language and Numeracy), Advisory Teacher of Family Learning, School Counsellor, LA Manager for Admissions and Attendance, Education Welfare Officer (EWO) and school nurse.

Procedure

Interviews were carried out using a semi-structured format comprising main questions followed up, as necessary, with probes to explore issues in depth. This method provides a balance between the benefits of a relatively informal 'conversation' which encourages flow and the need to ensure consistent coverage of the themes under investigation at the time. Although mainly qualitative in design some interviews also included quantitative questions e.g. use of rating scales. We have found these useful to include in large scale interview studies to provide some data which allows estimation of the size / weight of opinions as well as richer qualitative information. Interview schedules (nine in total) were bespoke for each interviewee group for each phase. Most interviews were face-to-face, typically carried out in the school or PSA's centre (in a private room), but telephone interviews were also carried out. (Interview schedules are available from CEDAR)

All interviewees were provided with information about the project and were assured of confidentiality. All gave informed consent. LAs have been allocated a code number (e.g. LA54) at random. Similarly, within each LA's interviewee group, each interviewee was allocated a code at random. Examples of codes are for PSA - LA50/PSA13.

1.4.3 Survey

Sample

A questionnaire was sent to all 1165 schools in the PSA database provided by TDA for completion by line managers of the PSAs. The survey achieved a response rate of 51.8% which is very high for such surveys. Most line managers (75.8%) were from primary schools with 19.5% from secondary schools, comparable to the proportions in the pilot. The respondents also aligned closely with the numbers of PSAs in each LA. Details of respondents are provided in Section 4.

Questionnaire

A questionnaire (Appendix A) was designed specifically for this study. It investigated the views of the PSAs' line managers about their work. Distributed for completion during the period May to June 2008, the survey gained line managers' views towards the end of the pilot. The questionnaire collected data on PSAs' engagement with different elements of the role, their training, impact, and the benefits of the PSA being a budget-holder. In addition line managers were asked whether the PSA post would be retained after the pilot and whether they would recommend other schools not in the pilot to fund a PSA.

1.4.4 Database

A database was devised at the start of the pilot with the assistance of several PSA lead officers. The aim was to collect systematic data on all casework with parents (and children). The database included demographic data including parental gender and ethnicity; specification of the child's problem and whether the child had special educational needs; description of the intervention undertaken; and outcome data including the PSAs' judgments of the degree to which their aims had been met and both exclusion and attendance data. The database was designed for easy administration, with drop down menus whenever possible. It was distributed to all LAs with a request that PSAs completed it by adding each new parent 'case' so that a cumulative record could be built up. Data collection began in February 2007 and a copy of the database was collected termly. The final data collection of each LA's total cumulative database was made at 30th June 2008. By that time data on 20,724 parents were available.

It is important to clarify that the database was *not* designed to collect data on all parents with whom PSAs worked. It was recognized from the start that PSA practice could vary. Much work was expected to be with individual parents, was relatively formal and could be seen as approximating to a type of casework. Such work would allow data to be collected formally. However, other work was expected to be much less formal, for example informal discussions, perhaps very brief, in the playground; or group activities such as information providing/sharing. Where such work occurred the collection of individual parent data for the database was either impractical, inappropriate or both. Consequently it is essential to keep in mind that the number of parents recorded on the database, although very substantial - 20,724 - represents a subsample of all those with whom the PSAs worked. It is not possible to estimate accurately the total number but it is evident from discussions with PSAs and co-ordinators that the total number of parents offered some support was several times greater than the 20,724 on the database.

The data from the PSA database are presented and discussed in Section 5.

1.4.5 National Pupil Database

Finally, an analysis was carried out using data on pupil attendance and those identified with special educational needs, especially as a result of behavioural, emotional and social difficulties (BESD). This examined changes over time in schools involved in the pilot compared with all other schools nationally. A fuller description of the methodology is provided along with the results in Section 6.

2. THE EARLY STAGE OF DEVELOPMENT OF THE PARENT SUPPORT ADVISER

In this section we summarise the evidence collected during Phases 1 and 2 of the study. These findings have been published in the 1st and 2nd Interim Reports.

2.1 Becoming a PSA

The PSA pilot effectively developed a new professional group over a short period in 2006. The funding of the 20 LAs allowed them to recruit more than 700 PSAs over a matter of months. Data from the Training and Development Agent (TDA) revealed that by August 2007:

- 717 PSAs were in place

- 1167 schools received a service from a PSA

- 91% were female

- 91% were White British

- 55% came from an education background

- The proportion that had previously worked in the same school (e.g. as a teaching assistant) varied greatly between LAs from 10-20% up to about 90%.

LAs had different recruitment practices but schools played a key role in the process. For example, the LA might set out (in agreement with head teachers) the overall recruitment plan and then individual schools or clusters would implement the recruitment procedure. Qualifications were very varied and generally personal qualities were stressed as at least as important factors as traditional qualifications. Qualities identified by PSA themselves as strengths they possessed that were relevant to the role included 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.'* (LA56/PSA1)

2.2 Initial Training

2.2.1 Summary of analysis of initial training provided for PSAs

The TDA developed an initial training programme specifically for the new PSA role which local authorities could customise to meet their local needs. LAs made extensive use of this. All LAs used the TDA materials but it was common for LAs also to try to tailor the training to their particular needs. For example, an LA might consider that a particular topic (e.g. child protection) required more coverage. In addition, training had to be 'personalised' to the LA so that processes and structures could be made applicable to the particular LA 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 it proved a

challenge to offer training for every PSA at an appropriate level. In some areas PSAs we interviewed felt they were covering well-trodden ground but recognised that for others this was new.

The TDA provided a set of modules as the core of the training and allowed for this to be supplemented within each local authority. The TDA training was structured as five generic modules, deliverable across discipline and agencies and covered in 4 days, and two PSA role specific modules covered in 2 days.

The generic modules covered:

- Principles, values and legislation: concerned with knowledge and understanding of legislation, policy, and principles relating to Every Child Matters outcomes, equality and diversity, disability, prejudice anti-discrimination, and inclusion.

- Child development.

- Building relationships and communicating with children and families: concerned with issues such as effective communication, understanding children's views and feelings and responding appropriately, helping children make their own decisions, barriers to communication, the family's role in supporting children, supporting child carers, transitions and significant milestones, and how children respond to social change.

- Child protection.

- Integrated working: concerned with working in a multi-agency context.

The PSA specific modules explored:

- The notion of working in partnership with parents: covering the PSA role, functions and values base; engagement with parents; knowing "some key communication skills"; application of partnership within professional boundaries; maintaining engagement and endings; identifying support needs; information sources; methods of supporting parents; referral processes; parenting approaches; and being able to identify and support parenting skills.

- Working together for child and family well-being: covering issues such as the range of likely partners; links with these partners; brokerage; encouraging parental involvement in children's learning; challenges to parental involvement; involvement of parents in family learning; supporting attendance and inclusion; understanding and knowing how to support parents and to work with partners to assist transitions; models of PSA work; and their work processes.

Overall these modules had considerable value. The training was well structured and covered the appropriate ground of what the PSA role required with breadth and some depth. The suggested content was appropriate, well organized and comprehensive. The methods of training were imaginative and creative. Support material such as the learning handbooks provided an excellent resource for participants.

However, a small number of problems were identified in the training. These included the limited time available for the enormous content; the absence of an explicit model of process; the lack of attention to required skills; and a lack of attention to parenting support.

- **Time limitation:** The training was largely knowledge-based in terms of expected outcomes and attempted to cover an enormous amount of information in a very short time. A vast amount of information was to be presented didactically involving fast presentations and this may have limited the learning of the participants considerably at a time when they were grappling with a novel and very demanding role at the beginning of their employment.

- **Process Model lacking:** A small number of crucial elements were missing from the training, the most concerning of which was the absence of a clear and adequate overall model of the processes of helping including a real understanding of partnership. The concept of partnership was given prominence, but the definition and description of the notion was limited and more related to the needs of professionals (e.g. protective boundaries, assessment requirements) than parents. PSAs required a process model that specifies the ingredients of effective helping and the mechanisms by which they work, since otherwise their frameworks for helping were likely to be implicit and largely based upon an expert model.

- **Inadequate focus on interpersonal skills:** The PSA role makes huge demands on the qualities and interpersonal skills of individuals in order to be effective. However, the TDA training was largely knowledge based and did not cover these skills fully and systematically in ways that would guarantee more effective, skilled communication and hence partnership relationships with parents and others. Although some of these complex and subtle skills were covered in a practical way, this was given too little time without the context and methods to ensure skill development.

- **Inadequate focus on parenting support:** Although parenting support was included in the content of the course, no adequate model of parenting was provided. There was little coverage of major parenting programmes and little attention to the knowledge and skills that are needed to deliver such work.

These problems are likely to have limited the effectiveness of the role, since most of those employed would not have had such training in previous experience. However, although local training might have compensated for these limitations, most of the 15 local authorities on which information was available added very little to the TDA training. Nevertheless, three areas did provide further training on manualised parenting programmes.

2.2.2 PSAs' perspectives

The PSAs we interviewed were positive: 45% considered this initial training was very useful and a further 51% judged it useful. Line managers interviewed at that time were also generally positive, e.g. '*excellent*', '*high quality*', '*very, very thorough*', and '*fantastic, some the best training I've seen*'. 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 were 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, also provided a basis for demonstrating knowledge towards the SWiS (Parent Support) qualification which the TDA developed.

Although some PSAs would have preferred to have undertaken training before they started working in schools or with families, they recognized the practical challenges in organizing the training programme and also appreciated that training was an ongoing process. An additional benefit of the initial training was that it provided the opportunity for PSAs to develop as a supportive group. The later conferences organized by the TDA across the country also provided such an opportunity as well as a chance to share experiences, learn new skills and discuss challenges.

It was evident to PSAs very early that their (varied) past experience was important in this new role, 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).

There were a number of suggestions for improving 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 approaches, for example, Solihull Approach and Surviving Teenagers. The varied backgrounds of PSAs could have been taken into account more effectively with, for example, those with a good deal 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 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 minority ethnic groups could have received specific training around cultural issues.

Important issues arose concerning the level of training needed to work with sensitive and complex concerns with parents, the implications of being a lone worker and guidance on *"how to address the vulnerability of PSAs",* for example during home visits. One line Manager argued that, given that *"PSAs will be advising families with really sensitive issues"* (53/LM/10), the TDA training was not enough without PSAs already bringing to the job the experience, skills and qualities required. 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."* (53/PSA/8). 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."* (LA53/PSA8)

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. Concerns were also expressed about inexperienced PSAs without appropriate knowledge, background or support, doing home visits. In other professional training it would be expected that good home visiting practice would be modelled by suitably experienced colleagues.

Professional training is typically a substantial process taking place over a period of one or more years. Also, training typically involves not only 'taught' sessions, even if including mixed styles of learning, but also practical, on the job experience supervised by qualified and experienced mentors or supervisors. This was not possible for the initial training of this first cohort of PSAs. Apart from the specific programme of initial training, the PSAs' development over the pilot was shaped by their own prior skills and knowledge, the support and supervision of line managers and other colleagues, and the experience gained itself. But the demands and challenges faced by PSAs could vary and included some that were highly challenging: indeed, we questioned at that time whether some work was not too complex for PSAs to take on.

The findings of the 1st Interim Report were taken up by the TDA who revised the initial training materials, using also the direct feedback from LAs. Future revisions will also draw on the advice from the National Academy for Parenting Professional (NAPP) - see Section 4.10.

2.3   Models of PSA practice

Three models of PSA deployment were planned:

- Model 1: A PSA based in a single primary or secondary school

- Model 2: A PSA operating across a cluster of primary and secondary schools

- Model 3: A PSA operating in one school (like Model 1) but also with a role supporting pupils who have been or are likely to be excluded.

TDA data in August 2007 suggested that the deployment of PSAs was Model 1: 35%, Model 2: 51% and Model 3: 14%. In practice, however, there was evidence of a greater degree of 'blurring' of these three types. For example, we found during our interviews that line managers did not necessarily like having been allocated a particular 'role' or 'model' for their PSA and there was much evidence of line managers making revisions to develop practice more to their liking, to meet local needs. Some referred to 'roles' rather than 'models' and there were evident differences in understanding and use of terminology and concepts as well as variations in practice.

PSA practice in the early days of the pilot was subject to various sources of influence. DCSF, LA (and external employer where this occurred), the school(s) involved, other professionals, parents, and the PSAs themselves. Initially, parents had a relatively limited influence but this grew as PSAs developed their practice. The steer from DCSF and TDA was evident in the original remit, training and continuing input (especially from the TDA) over the pilot. The influence of the school(s) was more immediate and proximal and that of the LA depended on its general mode of practice, for example, the degree to which it led or was more of a facilitator. That is, the LA-school relationship influenced the relative effect of any attempt to steer PSA practice.

2.4   Influences on role development

The issue of influence is more sensitive than simply setting a clear job description or plan of action. Fundamental to the PSA role is a potential tension: am I working for parents or the school? or both? The relevance of this issue 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 was needed at the early stages of the pilot, and that more decision making could be devolved to the PSA as they gained 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 was channeled in the direction(s) desired by the school, at the same time taking care not to discourage PSAs by micro management of the role. 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).

However, at that early stage, PSAs in different LAs were experiencing different degrees of steer with levels of PSA autonomy varying.

Another important factor in shaping the PSA role was its relationship with existing roles, for example those of education welfare officer, learning mentor, family liaison officer, and teaching assistant. Central to this was the relative focus on parents and their children. Whereas the basic purpose of the PSA role was intended to be *parent* support, it became evident that as a group PSAs also worked with children, in various ways and to varying degrees (see also Section 'Databases' for more information).

During Phase 1 the PSAs we interviewed stressed the *complementarity* of their role and this was supported by line managers we interviewed: there were overlaps but these were not usually problematic. In Phase 1 it was also evident that there was a high level of variation in the PSA role. Overall they saw their primary role as working with parents, but in keeping with the original remit for the pilot, the work itself could vary from general availability, support, including coffee mornings and being 'around' in the playground, to intensive casework with parents facing complex challenges. Addressing attendance and punctuality was a strong priority for some schools and remained the case for a substantial minority of PSAs when we conducted interviews in Phase 2. However, central was the development of their relationships with parents. Not being a teacher was seen as a plus as also was a degree of 'distance' from the school.

> '*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 line managers:

'*It's good the parents have an ear that's not a teacher's'* (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).

It was also evident that during Phase 1 the PSAs, in general, were beginning to feel established, welcomed and valued in the schools.

Work with parents requires the ability to *listen.* This is a fundamental skill for all practitioners working with parents (and others) and may appear deceptively easy. The limited initial training included a number of topics in this general domain but the development of skilled listening requires the opportunity for practice under supervision, guided by theoretical models of partnership and communication. Nevertheless, overall PSAs recognized the importance of and were engaging in listening to parents, calling on this skill when supporting parents required communication with the school and other professionals. Furthermore, PSAs were going further and engaging in mediation. Relatively straight forward communication was also evident as well as dealing with more complex issues.

PSAs were also developing their role *signposting* parents to other forms of assistance. This varied from provision such as English classes to assisting parents to access parenting groups or services for their children. The latter included the wide range of agencies that provide services including social workers, Connexions, drug and alcohol teams, police, educational psychologists, Child and Adolescent Mental Health Service (CAMHS) and many more.

PSAs were also starting to support parents as their child engaged in transition between key stages. This could be relatively informal:

'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)

Support could also comprise work with individual parents and pupils where family circumstances were very challenging. For example, a 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. 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 offered 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.

By Phase 2, the wide range of PSA practice remained evident. Table 2 indicates the frequency of PSA engagement with a range of activities.

Table 2 - Activities on which the PSAs spent most time in Phase 2 (N = 69).

Activity	Most time	Second most time	Third most time	Total
1:1 work with parents or families	22	19	8	42
Attendance	13	6	3	20
Groups and courses	14	13	6	29
Behaviour	4	2	0	6
1:1 work with children	3	3	7	12
Engaging parents	4	2	4	9
Admin	2	6	9	16
Liaison with other agencies	2	2	7	10
Child in Need or Child Protection work	1	1	2	4
Transition work	0	1	2	3
Other or 'Varies'	1	6	6	12

N = 69

Note 1: 'Groups and courses' includes family learning, adult education classes and parenting groups - delivery and recruiting and planning

Note 2: 'Engaging parents' includes e.g. coffee mornings, speculative home visits, being in the playground

Changes in practice were becoming evident. Many changes were positive and associated with the PSAs' feeling more comfortable and confident in their role. The provision of better facilities aided the work, as did increasing parental awareness of their role and familiarity with PSAs as individuals. However, some felt that being better known was a mixed blessing as this could lead to an increase in workload (*'The workload has increased as parents have got to know me and some days it's not manageable')* and, furthermore, some were now being presented with more severe and complex problems, including more child protection, domestic violence, drugs and alcohol issues.

The role was becoming clearer as the 'model' or 'role' was becoming defined in practice. However, tensions were also arising. Some PSAs, especially those dealing with attendance for a major part of their role, felt that this conflicted with their role as a support for parents and some also related their concerns about the implications for further training.

> *'It shouldn't be about attendance. There are already people to deal with that. There are so many underlying problems we need to help parents with. It needs to be family-centred, not school-centred. The new qualification is too school centred, and is more like an 'Education Support Adviser' than a 'Parent Support Adviser'. It doesn't reflect the parents' problems in the home such as mental health problems and low self-esteem. It needs to have a more holistic approach. PSAs need to address issues at home and not be so narrowly educationally biased. There are so many other things going on and it involves mentoring, counseling and social work'.* (LA52/PSA2)

Supporting transition, especially to secondary school, had become well established as a common practice and in some cases was a main focus during the summer term. About two thirds of the PSAs we interviewed spent at least 50 per cent of their time in school during Phase 2 but it is also noteworthy that about a third spent less than half their time in school. About nine out of ten made home visits and about five out of six spent at least half their time engaged with parents. Almost half responded that all or most of their work concerned early intervention or prevention but about four out of five were also providing continuing support for parents awaiting more specialist support. This support was considered necessary as waiting times were sometimes very long.

> *'It's a lovely idea that the main function of the role is signposting on to other services. That sounds great, doesn't it? But…. you very quickly realise that that is wonderful in theory but, if the services don't exist or don't exist in reality because [of long waiting times], and….. [the parents] see you so it's incredibly hard to say, 'Oh well, actually, I'm not going to be working with you because I think your problems are too serious, so you're going to have nobody now! It's very difficult.'* (LA55/PSA25)

Also, some PSAs supported parents in a practical sense, including driving them to appointments - particularly where public transport was very poor:

> '*I would continue to work with them - there may be nowhere else for them to go. The majority of my case load have no transport. There is a lot of need but not enough people'.* (LA60/PSA21)

However, the referral to a specialist could cause concerns. For example, one PSA reported uncovering a complex and highly challenging situation

> *'One case where there were long term concerns from different agencies about a family, I did a home visit and although social services had a huge file on the family, they hadn't done a home visit for 7 years.'* (LA52/PSA2)

Many PSAs continued their involvement even after specialist support came into play.

> *'Even when they get the other support I am still involved because the family trusts me and I often have to chase professionals for them'.* (LA56/PSA2)

2.5 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 context, 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 in Phase 1, these distinctions, particularly between line management and case supervision, were often unclear in practice.

Arrangements for *line management* varied. School-based PSAs were typically managed by the head teacher or another senior member of staff but those working in clusters might have a manager from the locality team. During the first phase of the evaluation PSAs we interviewed reported substantial variation in frequency of sessions. Meeting with the line manager varied as a quarter of the PSAs we interviewed during Phase 1 reported daily and about a quarter reported weekly sessions but about one in five had these fortnightly and about 6% reported meeting monthly. A further 4% reported the meetings occurred only once a term and a further 13% reported they occurred when requested. There were also indications that school based staff had underestimated the time needed for management and supervision. The PSAs we interviewed were generally positive about their management and this was reciprocated by the line managers themselves.

Supervision, however, was more problematic. 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'. Arrangements for supervision appeared more varied and some PSAs considered more specific and structured supervision was necessary. Schools often conflated management and supervision and considered the two could be combined, for example, '(*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*)*.

By Phase 2, 57% of PSAs interviewed reported that the level of professional support they received was 'about the right amount' with 30% stating they would appreciate more, and 4% wanting 'a lot more'. By this point it was still apparent that there was often a lack of clarity about whether the support was that of supervision or line management.

2.6   Early evidence of impact

In Phase 1 PSAs provided anecdotal evidence of their effectiveness. 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). Only about a third of the PSAs interviewed were prepared to offer a judgement of impact. Of those that did, the judgements were overwhelmingly favourable: 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. In the 1st Interim Report we give detailed examples of favourable comments from line managers and other professionals. PSAs were also overwhelmingly positive about their role, providing examples of effectiveness.

In Phase 2, by which time PSAs had built up a history of practice, we asked our interview sample of PSAs to rate their effectiveness. They were all positive with a third judging their work *very effective* (Table 3).

Table 3 - PSAs' views of the effectiveness of their own work in Phase 2 (N = 69)

Rating	*N*
Very effective	23
Effective	46*
Not very effective	0
Not at all effective	0

Note: * Total for 'effective' includes 5 PSAs who judged their work to be "between 'effective' and 'very effective'".

These PSAs also provided many examples of anecdotal evidence, e.g.

'Parents thank me and come back to me if they have another problem'. (LA56/PSA2)

'Parents hug me and thank me. It's those things. They are so grateful. Three Mums, every time they see me they say, 'We know you care and we can cry with you. Everyone else tells us to shut up.' I feel so honoured'. (LA56/PSA4)

'Families say that my suggestions work and are really positive'. (LA51/PSA4)

'Parents say knowing I'm there gives them peace of mind. We have built up trust and it can take 6-10 months to build up trust and they have to be ready'. (LA51/PSA6)

'The head is always telling me what a good job I am doing. Feedback from the school nurse and the EWO is very positive. I believe I would be a loss - the staff are despairing if I am not in when they need me.' (LA50/PSA8)

'Parents tell me I am helpful. One Mum told me, 'Parents are talking about you in the playground and they're saying you're doing a good job'. (LA56/PSA5)

Many of the examples provided concerned *processes* rather than *outcomes* but some PSAs did refer to the latter, including reference to school or LA data on, for example, attendance.

By Phase 2, PSAs had also formed clear views of the reasons for that success. PSAs were almost unanimous in attributing their success in engaging parents to two main factors: their own characteristics, style, focus and skills and parents' 'readiness' to engage with them. They discussed the importance of their approach to interacting with parents, emphasising people skills and reliability, being friendly and approachable, of having excellent listening skills, of not telling people what to do but rather making suggestions of different possibilities and options and of taking promised action or feeding back to parents what was preventing this from happening.

PSAs referred to their care to adopt a facilitative role.

'I won't push. I sit and listen and go with their ideas whether they are likely to work or not, then ease them to try another approach. I am patient because if someone dictated to me I just wouldn't do it. Meeting and greeting in the playground each day is invaluable.' (LA51/PSA6)

PSAs also noted their intention to provide a parent-centred service, offering parents what they want, rather than what the PSA might think would be suitable, and taking time to build up relationships and trust with them.

PSAs referred to personal skills such as being bilingual and the importance of ensuring the parents want to engage with the PSA - with implications for any referring agency, school or other. Home visits could also be helpful - in some cases essential.

> 'Seeing you at home, they don't see you as official. We can work within boundaries but I will advocate for parents if necessary. When I helped the school understand the home situation for one family they realized exclusion had been the wrong decision.'
> (LA51/PSA5)

Personal style, attitudes and an ability to empathise and develop a trusting relationship were personal qualities that were reported as important.

> 'Down to earth attitudes, being flexible and listening to them - coming from [LA] is a big bonus! Being relaxed, though I don't let them get away with anything' (LA50/PSA8)

As well as what they were *not*:

> 'Being at the parent's level. Having empathy and not judging them'. (LA56/PSA1)

> 'Not being judgmental and not having a go at parents'. (LA56/PSA4)

> 'It's my approach to parents, informing them that I'm not a teacher or a social worker, I'm wearing different hats. (LA50/PSA5)

Some felt that sheer delight in the availability of the new PSA service encouraged success in engaging parents. It was, however, important that engagement should be initiated with parents who wanted this - *'that's half my job done'* said one. This is a significant consideration where parents are referred by schools or other agencies and referrers can take steps to soothe parental misgivings by informally introducing them to the PSA prior to any contact from the PSA. Those PSAs we interviewed in phase 2 identified two main factors that negatively affected the engagement of parents: the attitudes and lifestyle of some parents and the insensitive approach of some referring agencies. At this stage of the pilot PSAs were becoming clearer about the challenges they faced.

2.7   Parent perspectives

Parent perspectives were derived from the 105 parents interviewed in Phase 2, a sample selected by PSAs as representing those who the PSAs thought would have varying views on how well the support from the PSA has worked (see Section 1.3.2). However, the distribution also reflects the generally positive parental response to PSAs' work[7]. Most of the sample were female with only eight fathers available, two of whom interviewed as a couple with their wife / partner. This also reflects the nature of PSA practice (see Table 24).

About half of the parents had accessed their PSA through school staff but over a quarter had taken direct action themselves or by the PSA's informal action.

> '*I seen her every morning and afternoon floating and in the playground and she comes up and says, 'How are you?' and one day I just burst into tears.'* (LA51/P13)

A variety of methods were used including, as in this example, informal PSA action, leaflets, organized events (e.g. coffee mornings) and more formal referrals. First impressions were typically positive with reference to: approachability, pleasantness, friendliness:

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[7] For full details see 2nd Interim Report Section 2.

'She was very friendly and approachable. Very professional, too. She told me she was there to support parents in any way they needed.' (LA57/P2)

'She was there to support. She told me that straightaway, that she was there to help support my son <u>and</u> to support us as well, which I found very helpful because I'm a single parent and I've got nobody to support me.' (LA55/P2)

Some parents initially thought the PSA '*would tell me off'* or *'be judgmental'* or had had doubts about the role but parents often referred to their relief at finding someone to whom they could turn. Two thirds of our interviewees reported that the issue for which they had engaged with the PSA had been going on for at least a year. However, many were cautious and needed time to accept the PSA. This was related, in part, to the clarity of information provided on the PSA's role. Overall, interviewees reported a high level of engagement with the PSA (Table 4.).

Table 4 - **Number of times parents had talked to their PSA**

Number of times	*N*
1 - 5 times	7
6 - 10 times	20
10 - 19 times	28
20 or more times	50

N = 105

This frequency of contact reflected the levels of need experienced by many of the parents and highlights the importance to parents of PSAs having the time available and the flexibility to respond to their varied needs. Parents were generally positive about the opportunity for privacy. Most (69/105) reported that there was a private place in the school which they valued. Another nine reported only seeing the PSA at home or had only spoken on the phone. Privacy was viewed as important by over nine out of ten parents. Those that had not had this opportunity were critical.

'*There's nowhere to talk and that's a big problem. We need somewhere to talk.'* (LA52/P1)

Most PSAs carried out home visits. In some cases parents reported that these were a result of a lack of privacy:

'There's nowhere to talk so she's come to my home a couple of times but, because of the domestic violence, we've met in a café.' (LA51/P9)

Other parents felt more at ease at home:

'I'm a really private person and have got to trust someone. I feel really comfortable at home.' (LA56/P4)

or wanted the PSA to visit to see the home:

'I wanted a home visit as I wanted her to see my son's home environment. It's important for me.' (LA56/P9)

Confidentiality was very important to these parents but parents also reported how PSAs would tackle the need to inform the school (for example) of relevant information.

'We've had this conversation. She asks me, 'Do you want me to tell the school this or would you rather that I kept it to myself?' (LA55/P1)

However, this was not always agreed clearly.

'If it's something to do with the school and the school need to know, then, yeah, I expect she tells them but if it's something that I've told her in confidence, then I expect she keeps it to herself.' (LA55/P4)

Furthermore, parents understood professional responsibilities to balance confidentiality against risk of harm, particularly where child protection was an issue.

'Obviously, she has to do her job and obviously if someone disclosed, like, something that she needs to report, I'd expect her to report it. Do you know what I mean? I understand that. … But, otherwise, I do feel that she keeps in confidence, yeah.' (LA55/P5)

However, the sensitivity of this issue was also evident.

'She had to pass information on to social services and it upset me and made me fed up. It pissed me off so I didn't bother going to see her any more. Then, she's only looking out for the kids. She's done nothing wrong, to be honest. She's all right. She does her job well. I got no reason to slate her down; do you know what I mean? I don't know if I would go to her again, to be honest. (LA56/P1)

Parents described PSAs' qualities and skills on a number of dimensions but the general and overwhelming view was very positive. The parents valued PSAs having excellent people skills (approachable, warm, friendly), active listening skills, being reliable, being a link between home and school, not jumping to negative judgments, being supportive of parents but also not criticising the school, keeping confidentiality, being accessible and accommodating parents' working and / or caring commitments, being able to find and communicate information, and being able to signpost to appropriate other services.

Examples of adjectives and phrases commonly used included:

- Approachable

- reliable

- honest

- can talk to her/him

- she / he listens

- kind, caring, warm, friendly

- takes things seriously

- normal, down to earth, on same level, not scary,

- non-judgmental, not putting us down

- nothing's too much bother for her, makes time

- she's a mum too;

This list displays different domains as well as a general positive perspective. For example, interviewees (almost all of whom were mothers) referred to emotional warmth; 'normality' or being 'like us'; to a willingness to be proactive and do what was necessary. Some also mentioned that they valued their PSA's willingness, when appropriate, to share his / her personal experience, which may be inferred as enabling the PSA to empathise.

> *'She's very good. She's sensitive, she's understanding, she listens. She helps you as much as she can and she really knows where to put which word. She is really good at what she does. And I think as well because she is a mother herself. She is really, really a good person in herself, as well.'* (LA55/P1)

> *'He's very honest. He's very reliable. I think he's one of the people that, if you had a problem, he would go out of his way to help you, to advise you, all that kind of thing. And he'd go out of his way to make arrangements for you for some other help. That's how I've found him.'* (LA55/P4)

Parents described the relationship with their PSA as '*professional, but very approachable', 'almost like a friend'.* This reference to 'friend' is double-edged as it could be seen to imply a lack of professionalism. However, as this particular quotation indicates, it was the *balance* between professional and friend that was important. This was facilitated by the empathy resulting from perceived similarities as persons as well as personal qualities, styles and skills.

One parent, where the PSA felt the work hadn't gone well, and where the relationship had broken down because of a child protection issue, still valued the kind of relationship she had had with the PSA compared with relationships with other professionals:

> *'She didn't make me feel put down. I've got to be quite honest, other professionals made me feel an idiot. She didn't'.* (LA56/P1)

Table 5 - Parents' views of being with their PSA (%)

When with the PSA, how much do you feel:	Not at all	Not a lot	Quite a lot	A lot
listened to?	0	1	12	87
understood?	0	0	15	85
respected?	0	0	17	83
more confident to tackle problems?	0	5	27	68
better about yourself?	1	5	31	63

N = 105

Parents' ratings of their experience of being with their PSA supported these positive comments (Table 5). Not only do these responses show the strength of positive views about key PSA helping behaviours (e.g. listening to the parent) they also indicate empowerment (e.g. gaining confidence).

> *'I feel a lot more independent. I feel a lot more sure about myself. […] Since I've met [name of PSA], she has really brought a lot out of me. She really has.'* (LA55/P1)

Parents also overwhelmingly rated their PSA helpful, with 94/105 judging the PSA very helpful.

Individual activities

Table 6 - Participation of parents interviewed in individual or group activities

Activity	Yes	No
One to one with PSA	101	4
Group or class with PSA	36	69

N = 105

Almost all the parents interviewed had seen their PSA on a one-to-one basis (Table 6) Despite the varied and, in some cases, chronic and highly challenging, reasons for turning to their PSA, the parents had very positive comments about their experiences of being with the PSA. The parents' comments included references to practical interventions:

> I felt really comfortable. I was upset talking about it, but it was for my son so I had to do it. (PSA) started a homework club so my son could do his homework there instead of at home. He loves it'. (LA52/P6)

Note, however, the reference also to the emotional features at this time. In other examples, parents talked much more extensively about their own feelings:

> 'I was in tears and it was as if something had been lifted, and I felt: I can deal with this. She listened with the box of tissues and I felt totally relaxed and totally confident. She'll break the problems down and tries to get to the bottom of them. I felt as if I was giving all my problems for her to sort out. A bit like a knight in shining armour. She related to everything and sympathized. She made me feel he's not abnormal. She's my safety net. As soon as I have a problem I can go straight to her. I was so stressed and she puts you back in control'. (LA51/P5)

Or provided comments on both emotional factors and the practical work of the PSA, to the extent that the PSA had become the parent's 'key worker':

> 'I let out my feelings more than I've ever done. I do find it hard. It's almost as if she knows if something's wrong. If you don't look a particular way in the morning she'll say, 'Is everything OK?' I've never had someone to talk to before. It was helpful but a bit confusing at first, but now I can see it's made life a lot easier. ... Before I thought, 'I better not go and pester anybody', and now I can go and talk to the PSA. It's made me a lot stronger. I seem to be able to cope with things a lot better now. I think I was a lot easier on the children before and didn't give them a routine. Now I'm able to put routine down and stick to routine and I can see the benefit from it. It's from advice from the PSA.' (LA51 / P10)

PSAs, therefore did not only give advice, or listen, they also undertook practical support, for example accompanying parent and child to the hospital A & E department or for other health-related or housing-related problems:

> 'She helped me with the housing and the cockroaches and took me to sort it out'. (LA56/P12)

In summary, the parents reported a varied range of individual activities and were very positive about these. Of particular interest is the combination of emotional and practical support.

Group activities

About a third of the parents we interviewed had accessed group activities (Table 26). These activities were very varied, including coffee mornings, 'Dads and Kids' days, taster sessions (e.g. 'how teachers teach' - exploring the latest maths lessons); homework clubs; IT groups for parents; English for Speakers of Other Languages classes; and parenting groups. Hence this area of practice varied greatly with respect to the 'emotional' charge. While information on teaching methods may be fairly low key, parenting groups may require careful examination of one's own parenting behaviour:

> *'Going extremely well. I have seen a difference in my husband's behaviour. He is not shouting as much at [child's name].'* (LA61/P4)

English for Speakers of Other Languages (ESOL) classes were a valued provision among some parents from minority ethnic groups who had previously felt isolated - for example, one said:

> *'I came [to this school] to drop my children in school and I saw [the PSA] and she said, 'You want learn English?' I said, 'Yeah', and she take me that nice school and then I learnt loads of English there and now I have worked to have more confidence. […] When I came from Pakistan I don't know how to go out, how to talk other people and now I've got more confidence; I can go myself out to doctor's and it's nice.'* (LA53/P10)

2.8 Resultant changes

Almost all the parents interviewed reported positive changes for them, but changes for the children were also identified, as a result of engagement with their PSA. It is necessary, however, to provide two notes of caution. First, there is a positive bias in the sample towards parents with whom the PSA considered their involvement had worked well. Second, these are the perceptions of parents rather than independent evidence of change.

2.8.1 Changes in parents

Increased *confidence* was often mentioned:

> *'It was like a weight was lifted off my shoulders. I got my confidence back and parenting skills. I had got so low, questioning myself and guilty that the children were running riot, they was walking all over me. [PSA] gave me a practical leaflet about parenting and my parenting got more effective. It was fantastic. It gives you a kick up the bum and makes you stop, which is what you need sometimes.'* (LA51/P7)

In some cases, parents linked the increased confidence and sense of self-efficacy to going on to work as volunteers or in paid employment:

> *'When I first met [name of PSA], I had just been made redundant. It's full circle. It's gone from that, all the way to believing in myself and actually going out and not only volunteering for the CAB but also getting myself a part-time job as well. A lot of that is down to [the PSA] making me feel more confident about my life in general. And also giving me the advice, 'Go and seek some other help and get some counselling'. That's really helped.'* (LA55/P4)

In other cases, the increased confidence as a result of PSA support enabled parents to deal with difficult issues in their lives, such as domestic violence:

'I am more confident now than I have been for a couple of years. People have been listening about my child and about what was going on indoors [domestic violence] and the PSA gave me the confidence to go to the Police and get something done about it. Now [male partner] is out of the equation, I'm feeling happier about myself. It's given me the confidence I need to take the actions I've needed to take to make the children much happier, because that's all that matters.' (LA51/P9)

or depression:

'I was so depressed and crying every day and couldn't cope. She [the PSA] has given me back my confidence. I'm not on my own and there's help. I was beating myself up and thought I'd let my son down. Now I feel stronger and more positive which is what my son needed all along. Knowing she's there, I don't need her so much. She doesn't solve the problem, she says I do.' (LA60/P2)

Others told about the support from their PSA leading to their *undertaking further education,* for example, enrolling on a college course:

I'm doing this other course now as a parent helper in the school, a volunteer. And that's what [name of PSA] told me about because I'm really looking for something to do because my own children are now in school full time. And I didn't want to go for full time education so I think I got a lot of help from [name of PSA]. I start my course on [date] again for ten weeks and I've got a place to work as a volunteer in the school as well now.' (LA53/P11)

Some parents referred to feeling less stressed, worried and tired:

'I was so stressed and she puts you back in control. It couldn't have got any worse. There are still hurdles, but before it gets to the stage of what it was ...I was low and desperate... I contact her and it doesn't need to get to that stage. We're more relaxed and can discipline without losing our rag and shouting at him, which is totally the wrong thing for him and he needs reasoning and she's given us that.' (LA51/P5)

Some parents had developed better relationships with the school. Sometimes this was because the PSA had mediated between school staff and parents and arranged meetings where issues could be discussed; sometimes it was because the PSA could reassure a parent that, for example, special educational needs were being acknowledged; and sometimes it resulted from PSAs challenging parents' negative perceptions of a school.

'[It's] someone actually supporting you and giving you ideas and helping you solve those issues in your - if it's a school matter, I can say, 'Well, I think the school is [makes a raspberry noise]' and [the PSA] will turn around and say, 'Why?' and you'll explain and she'll say, 'Do you think that's you or the school making you feel like that?' She'll try and get in-depth of why you think that. I think that's great and she tries to make you think positive.' (LA55/P5)

There were also examples of improved relationships with children as a result of the PSA providing the parent with emotional support:

'We get on a lot better. Me and my little boy were really not getting on very well at all at the beginning. We had a lot of issues and it has got 100% better. It really has. So much better! And because I'm a single mum, that side of things has changed as well because I feel happier in my situation and that all rubs off on the kids, as well. Learning to accept everything, I think that helped.' (LA55/P4)

Even in cases where the PSA judged the support to have 'worked not so well', parents reported some improvements: for example,

> *'Things are a bit better for me because it helps to talk, but things are still bad at home. She [the PSA] helps me to get help and make phone call and read letters I can't read. She showed me how to play games with [my son] at home and it was helpful.'*
> (LA51/P2)

Not all PSAs were successful. One parent reported that nothing had changed for the better for her or her teenage daughter, as a result of the PSA's intervention with her. The daughter was described as sniffing substances, being violent at home, shoplifting and having provoked an eviction order. Nevertheless, the parent described the PSA as having successfully helped the parent to negotiate a significant reduction in her electricity bill and to gain admission for a second child in the school of her choice.

2.8.2 Changes in children

There were examples where parents reported that their children's *behaviour* had improved for a range of reasons: for example, because of implementing the learning from a parenting course or because the child's emotional needs were being addressed through counselling:

> *'His behaviour has improved as she has given us the tools - the way to do it. We can tell him and he knows we're not going to back down. Before, it got to such a pitch. It all went hay-wire, so you allow them to run rings around you and she's given us that strength. He can really try your patience. She's helped us feel like we're not the only ones and it is normal. We used to put all the focus and pressure on that one child and she helps you understand why he's behaving like that and how to we can limit it.'*
> (LA51/P5)

> *'[The PSA] also talks to my son and he's very 'in your face' and doesn't talk feelings, so it was nice for him to have someone to talk to. He's also having counselling at the school, and now he asks for hugs and says, 'I love you', and he never did that before and we're very close'.* (LA51/P13)

Parents often spoke about small steps of change - improvement at school followed by misbehaviour at home, for example but, encouragingly, recognised this as another reason to turn to their PSA, rather than give up trying:

> *'He's got better at school. Then, for a couple of weeks, he got bad at home and I had a little chat with [name of PSA] and she gave me the idea of doing the same graph at home [that they use at school] which I did for a few weeks which helped.'* (LA55/P3)

In discussing improvements in their children because of PSA support, some parents spoke of successes in one area coupled with their awareness that more remained to be done to achieve positive change in another area. For example, one parent, who had attended a parenting course, described improved behaviour but remained concerned about her son's learning difficulties:

> *'He used to run but, after the parenting course, he ain't so bad now as what he was before. He don't do tantrums and throw things across the room. He's calmed down. He's getting a lot of help now and concentrates better. But I am worried about his writing though. He's delayed at writing.'* (LA52/P5)

Another spoke of reduced 'lashing out' but knew there remained room for improvement in terms of language used:

'[My daughter] has changed. She is not cringing when it comes to a weekend. We are still getting 'verbal', but her physical lashing out is better'. (LA60/P10)

Other parents reported improved *attendance* resulting from PSA support - for example:

'What it was - because my son was missing a lot of school because I had a marriage breakdown and I was going through a really, really rough patch. Because I wasn't well myself, I became really chronically depressed and everything. That's why, I think, the school brought in [name of PSA] to see what was going on. Then she - getting to talk to her and everything. She's a good listener. She really has - you know, this year, my son has got 100% attendance. Coming up from 70-something [percent] 100% is really good. I feel really good in myself and I know my son does.'
(LA55/P1)

In one case where the PSA judged the support to have 'worked not so well', the parent emphasised her appreciation of the PSA's work and the improvement in her child's attendance at school:

'I appreciate what [name of PSA] has done. It's worked for [my daughter], I think. Anything that helps the child in school is good. She [the PSA] has got her there, brought her on.' (LA60/P7)

In other cases it was the child's *confidence* that had improved:

'*She is more confident. She knows how to cope with friendships and is more mature. She copes better and is enjoying going to secondary school. The PSA took her up to the school to show her round and has made sure she is looked after at secondary school'* (parent of a child with asthma and learning difficulties).' (LA60/P7)

In a minority of cases, the parents reported less successful attempts by PSAs to help children effectively, despite their best efforts, which the parents acknowledged. In one case, for example, the PSA had devised charts for a child with learning difficulties and other health problems which had helped the parent establish a framework of routine for the child but, approaching puberty, the child's problems were worsening.

2.9 Conclusions

In this section we have provided evidence from the two earlier phases of the study. A number of themes run through the whole evaluation and so will be picked up in Section 3. Other themes were specific to a phase, for example, initial training in Phase 1. Also, because the study of parents' views took place in Phase 2, the results from that work initially reported in the 2nd Interim Report have been reproduced here in greater length.

This section reveals a new profession in its first year or so of operation: the recruitment, training, setting up of management and supervision systems, and the early development of a role. Although specific expectations were set down for PSAs, it became evident early on that LAs, schools and PSAs themselves were starting to develop a much wider range of practice. This could be either a strength or limitation. The strength reflected creativity and personal engagement in the active development of the PSA role by those involved. A pilot may take various forms but a 'test bed' of ideas and practices is one option. However, potential limitations or weaknesses could also be identified. PSA practice varied between and within LAs at the early stage of the pilot (although this variation reduced subsequently). Expectations of schools differed and a lack of commonality might cause confusion among parents, the schools and the other professionals with whom PSAs work. However, it was also

evident at this time that there was a very strongly positive judgment on the PSAs' work, not least from the parents. Indeed, even some parents for whom the PSA believed their intervention had not worked well made positive comments.

In Section 3 we focus on the evidence from the interviews with PSAs, PSA co-ordinators and line managers that were held in Phase 3 towards the end of the pilot to explore how these early indications developed.

3.   THE PARENT SUPPORT ADVISER ROLE IN PRACTICE

In this section we present the findings from the interviews with 24 PSA Co-ordinators from all the 20 LAs in the pilot; and with 79 PSAs and 59 line managers from the case study LAs. The focus is on the Phase 3 interviews held during the period April to May 2008, towards the end of the pilot. The results of earlier interviews during Phases 1 and 2 have been presented in earlier reports [8, 9]. Reference to these earlier findings will be made as appropriate.

3.1   The Organisation of PSAs

At the start of the pilot, three models of PSA were set out by the DCSF / TDA, as discussed in Section 2:

- Model 1: Based in a single primary or secondary school, working solely with early intervention and preventative support for parents and pupils, including work on supporting parents at key transition points for their child.

- Model 2: Operating across a cluster of primary and secondary schools, focusing on offering parenting support courses and classes and one-to-one support for parents across the cluster.

- Model 3: Operating in one school (like Model 1) but also with a role supporting pupils who have been or are likely to be excluded.

During Phases 1 and 2 it became apparent that LAs were developing a more varied organization. This was confirmed during Phase 3 from the interviews and also the survey of PSAs' line managers (Section 4). The LAs exhibited a wide range of PSA organizational practice, encompassing the three standard models, and local variations. It appeared that the key variable underpinning a co-ordinator's preference for a particular model of PSA organisation was related to specific LA and local needs and conditions. In addition the theoretical distinction between the different foci of the models, for example the Model 1 focus on early intervention and preventative support compared with the Model 3 focus on exclusion, was frequently eroded in practice. The co-ordinator for LA53 highlighted this:

> *'It's been more difficult to keep the three models very distinct because, as individuals have got into their schools and have got to know where the need is, it's been very difficult for them to keep reflecting back on, "actually, no, I'm this model" because morally, if they're a PSA Model 1, and a young person is on the verge of exclusion and the family need the support, they're not going to be able to turn round and say, "Oh no, sorry, that's not my job". The Models have merged a little bit - still focusing on their core purpose and remit but I don't think it's as distinct as it was when we set out back in January 07.'* LA53/C

Overall, no single model was seen to have universal appeal. Of those LAs which had made decisions regarding the future PSA role after the pilot, six had decided to go for a mixed models future, with three opting for a combination of Models 1 and 2, and three LAs opting for a mix of Models 2 and 3. The remaining ten LAs that had made future planning decisions had opted equally for Model 1 and Model 2. The key determining factors related primarily to

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[8] Lindsay et al (2007) *Parent support adviser pilot: First Interim report from the evaluation. Research Report DCSF-RWO2O.* http://www.dfes.gov.uk/research/data/uploadfiles/DCSF-RW020.pdf

[9] Lindsay et al (2008b) *Parent support adviser pilot: Second Interim report from the evaluation. Research Report DCSF-RWO.* http://www.dfes.gov.uk/research/data/uploadfiles/DCSF-RR037.pdf

the organisation rather than the function of PSAs. However, it is useful to note that the Model 3 focus on excluded pupils or those at risk of exclusion was not seen to be particularly important in primary or nursery school context - a reasonable conclusion given the age profile of exclusions. Indeed, according to the TDA, there were only 10 Model 3 PSAs in primary schools compared with 111 in secondary schools (plus 7 in other settings, e.g. special schools, PRUs). Further, views on the general value of Model 3 PSAs were mixed. For example, the PSA co-ordinator for LA57 noted that the Model 3 PSAs had been 'really successful in our high schools' (LA57/C), whereas the co-ordinator from LA53 argued that Model 3 had been successful in terms of reducing exclusions for individual pupils but not at a whole school level.

In organisational terms, the PSA co-ordinators were evenly divided over the merits and demerits of Models 1 and 2. There were a number of local variations of the cluster model, Model 2. For instance, the PSAs of LA58 were organized in LA area teams, based outside schools with, typically, one or two primaries and one secondary school per PSA, but with the important proviso that each team (of around 10 PSAs) could respond flexibly to cases as they arose and were not rigidly bound to individually allocated schools. In contrast, LA52's version of the Model 2 PSA involved school based clusters that had an individual PSA located within one school. A further variation came in LA54, where a small cluster of four PSAs were provided, managed and supervised by a third sector agency, and was tightly focused on the parenting support remit of Model 2, with little flexibility in delivery. In LA59 the implementation model chosen needed school-based and cluster approaches. 'Shared governance' between the schools and the Parent Partnership was seen as important to the preservation of the impartiality of PSAs' work.

The school cluster model was seen by some co-ordinators to have a weakness that stemmed from difficulties individual schools had in working with each other. School rivalries, concerns over league table positions, the inward-focused nature of schools, and a desire to extract the most value from a PSA for the school in which she or he was located, all mitigated against best practice use of the PSA. For example, the co-ordinator for LA50 noted:

> *'There is an undeniable element of competition that still exists between schools and they have not therefore grasped the notion of partnership working or embraced it as readily as one would hope, viewing from the outside.'* LA50/C

Similar problems were also reported by the co-ordinator for LA53:

> *'Other schools have joined the cluster or other needs have been identified within the cluster, and yet the individual [PSA] is maybe working with only the two initial schools in the cluster but now there are five schools. So you have the other schools saying, "Why haven't we got the support?" […] Because schools are very used to tight timetables and planned working, some have found it a little bit more difficult to be flexible around, "you go where the need is, you work with the parents". Historically, schools haven't been set up like that and they don't get it. It's more difficult for them.'* LA53/C

The most common concern expressed about the Model 1 PSAs was linked to the inappropriate use by head teachers of school-located PSAs. Line managers' responses indicated that a minority of PSAs were doing much work with children whose parents they did not support directly, where the emphasis was on supporting attendance and / or behaviour, which were seen as key elements of the pilot, though for these line managers this was not a cause for concern:

'Oh, lots [of work with children only]*. We have counseling here and* [the PSA] *supports individual children if they're having difficulties at home. She has contact with children all the time. She does the gardening club at lunchtime for the more challenging children.'* (LA51/LM3)

This practice was substantiated by several PSA co-co-ordinators, one of whom (in LA57) suggested that PSAs that have held a previous school-based position working with children were particularly likely to find themselves working with children rather than with parents. In such cases, work was still needed to persuade line managers of the PSA role's central focus:

'*There has got to be an understanding of the core client. I think this is where some schools have found the role difficult. They get the parenting angle; they get the need to work with parents, but a lot of individuals still see that to do that you have to work with the child first.'* (LA52/C)

By contrast, Model 1 PSAs were seen to benefit from a number of inbuilt advantages with regard to their work with parents. The permanent presence of a PSA within a school was seen to be the most effective, and quickest, way for PSAs to become familiar with a school, its staff, and parents. As a result, schools were aware of the ability of PSAs to reach out to parents and the community, and parents were able to access PSA support more readily. Examples of these benefits accruing to Model 1 PSA were:

'I think the dedicated PSA in a school has to be the best because that PSA is there, every day, on the school gate, developing relationships with parents, breaking down any barriers and getting them to come into school and getting them to engage in activities in the school and their child's learning. That's not to say what they do in the cluster isn't good and doesn't work, but it's not the same.' LA54/C

'Where it's just one PSA, one school, the advantage is being based there and being solely at that school: getting to know the parents and staff and building up that relationship with staff, becoming part of the school life so that the staff understand the process and what they are there for, so therefore the referral process works well. So the PSA is on site and it's not a case of: "Oh, it's not their day today, they won't be in until Thursday." ' LA60/C

At least three LAs developed local models of PSA delivery. LAs 55 and 58 had 'senior PSAs' who line managed other PSAs in their locality, and were in turn line-managed by the locality manager. This was also the case with the small third sector PSA cluster in LA54. A second type of local model was found in LA65. This LA negotiated with the TDA to be allowed to pilot; five specialist PSAs -one working with minority ethnic families, two with parents of children who attend non-statutory Early Years provision (private and voluntary sector), and two with the Teenage Pregnancy team - one working with young dads and one with young parents; and some PSAs with a county remit on training and development as well as PSAs with the normal non-specialist role. They did this because of the size of this large rural county and because, politically, it would have been difficult to support some partnerships and not others. In LA59 school-based PSAs were supported by Information Support Workers who as well as working to encourage cohesion across the project, developed support materials for the group learning activities provided by the area PSAs based on two school sites.

The general experience of LAs was that the distinctions in the roles of the differing PSA models quickly became blurred. However, it was possible to say that the majority experience was that PSAs were involved primarily, although not exclusively, with parents, and that the PSA role in practice involved a wide range of activities. There was a widespread view that the core functions of the PSA role involved 'breaking down barriers and signposting' (LA54/C), 'building bridges between school and family' (LA58/C), 'bringing other agencies

into school […] having time to do that Extended Services role' (LA53/C), 'one to one support [of parents] when necessary' (LA55/C), 'family learning, coffee mornings' (LA56/C1), and 'a lot of one to one, home visiting and meeting on neutral ground' (LA67/C). This range of tasks meant that co-ordinators argued that PSAs needed to possess a range of skills and characteristics (over and above the varying educational backgrounds of PSAs in the various LAs). Typically, the person specification for PSAs was felt, by co-ordinators, to necessitate good communication and inter-personal skills. For example, the co-ordinator for LA65 noted:

> *'What we found is that, quite often, the PSAs who had the quickest successes were the ones who had that ability to communicate on various different levels and had a range of communication skills and were able to pitch their communication, whether it be written or verbal, they were able to pitch that at the right level. […] And I think that, for me, really has become one of the essential ingredients. Yes, some of them came with qualifications, some didn't etc, but thinking now of those that we have in post and the ones who, not just on paper are very successful but schools are saying definitely, "we want one of those for ourselves", I think that their strength in their communication has been a key element.'* (LA65/C)

In addition, PSAs, of whatever Model, benefited from having a knowledge of how schools work, in a generic sense, but also in particular cases. Similarly, a knowledge of services available to parents and children was also deemed to be useful. Other key PSA attributes were deemed to be empathy, diplomacy, tenacity and flexibility. As one co-ordinator concluded:

> *'So, it's flexibility, it's a strong personality, it's a clear idea of how to work with schools, knowledge of multi-agency working, knowledge of the sector'.* (LA63/C)

This co-ordinator also made the point that there was a '*need [for] more men, it's about attracting them into the role'* (LA63/C), although it should be noted that she was the only co-ordinator to make this point. Nevertheless, the gender profile of the PSAs, according to TDA data, show fewer than one in ten PSAs were male (see Section 2.1).

3.2 The relative benefits of different models and flexibility

The models of PSA work can be thought of as operating along four dimensions, only two of which (structural and functional) were inherent in the TDA model descriptions:

- Structural - one school versus across more than one school

- Functional - the TDA-defined Models 1, 2 and 3

- Line management - school-based versus non-school-based

- Locational - school-based versus non-school-based PSAs

Across the 12 case studies there was variation on each of these four dimensions and analysis of line managers' views of the pros and cons of PSA models of working indicated that these dimensions were discussed in terms that highlighted their inter-connectedness.

3.2.1 Structural models of PSA work - One school versus across more than one school

<u>More than one school</u>

PSAs working across more than one school initially related to the functional Model 2 but, as the pilot progressed, there was a tendency for functions to shift towards a more generic role. These PSAs could be based and line-managed externally, or based and line-managed within one of the schools with which they worked, or line managed by one school but not have a base in any (even by Phase 3, some PSAs were still using their car as their 'base'), or could be based in one school but line managed externally. The number of schools with which these PSAs worked varied from two to more than ten (16 was the most we came across).
Having a PSA working across more than one school was valued by line managers as less costly and more equitable than one PSA in one school and as enabling support to be offered to more parents. Working across schools was also seen as a way of sharing good practice and spreading good ideas across schools. External line management was valued as allowing the remit to be adhered to (particularly the focus on what parents wanted, rather than what schools wanted), workload to be controlled and line management to be clear. When line managed and based within a multi-professional team, this way of working was also valued because it enabled holistic support to be offered to families. This was also mentioned when the PSAs were based and line managed in a school when the cluster included all the schools serving the local community and thus enabled siblings at different schools to be supported by the same PSA.

Criticisms of PSAs working across schools included:

- The time spent on travelling between schools.

- The loss of immediacy of response to parents as the PSA might be in one school when parents asked for support in another (this factor was seen as reducing parental self-referrals for support).

- The potential for conflicting demands from different schools leaving the PSA feeling 'pulled in all directions'.

- The potential for one school to take more than its share of PSA time.

- The length of time it took to build up trusting relationships with parents and school staff because the PSA was not always around, particularly in large clusters. In some clusters, some schools made no referrals for PSA support; without clear information about how parents could self-refer, this effectively prevented parents accessing the PSA support.

Line managers pointed out that to work effectively, a PSA working across more than one school required the head teachers of all the schools involved to have positive relationships with each other, particularly if line management lay with one of them. This way of working also required the skills of a 'high calibre' PSA who was good at time-management and was very trustworthy as there was potential for a lack of accountability. One line manager also said there was a danger that the PSA would be viewed as a 'split colleague' in each school and so would receive only a 'part-time commitment' from these schools.

<u>One school</u>

Having a PSA working with only one school initially related to the functional Models 1 and 3, although there was a tendency for role functions to become more generic. The PSA working with one school could be based in that school or in an external team and could be line managed by a member of school staff or externally or by a partnership between school and an external agency.

Work with one school was valued by line managers for the ease with which parents could access the PSA; the levels of trust parents could build up with a familiar, friendly, ever-present PSA; the flexibility in how and when parents and families were supported; and for the depth and range of relationships the PSA could build up with families, school staff and staff from services and agencies outside the school. In this way, these PSAs were able to build up an in-depth understanding of the school and its community and of local services to support families. When coupled to school-based line management, it also gave the school a strong steer on the way the role and the PSA's workload developed and allowed for regular, informal contact between PSA and line manager.

Criticisms of having one PSA working with one school were:

- The cost.

- The leverage it gave to headteachers to steer the role away from its remit or to focus on a limited aspect of the remit, such as attendance.

- A sense that it was inequitable to have support available to parents in one school but not in others.

- The inability of some schools to provide a suitable working space for PSAs, including somewhere to hold confidential meetings and telephone conversations.

- The potential for the PSA to become isolated from peer support.

For most line managers who had experience of a PSA working in one school, this was their preferred model.

Functional models of PSA work

As noted above, initially three models of PSA practice were envisaged (Section 3.1) with each PSA undertaking a specific model of practice. As the pilot progressed, it became clear that the functions were all valued by schools but the separation into distinct PSA roles was not. The tendency was for the functions to merge into a generic PSA role.

Line management structures - School-based versus non-school-based

Where line management was school-based, line managers (usually head teachers or a senior colleague) typically gave a very strong steer on the role, which was shaped by particular reference to the school's needs and priorities as well as those of parents. School-based line managers tended to like this. Line management external to the school tended to focus the PSA role very clearly on the remit of supporting parents to increase their capacity to support their children. The focus of this support was similar to that of the school when the school's focus was also on parenting support, namely to increase the parents' ability to support their children's attendance, address behavioural issues and optimize achieving at school. However, school-based line managers also had other school-related concerns that could influence their views and the nature of the PSA's role and their priorities. External line

managers tended to be critical of overly strong school steer on the role, seeing this as allowing the role to be focused on school rather than parent priorities. Where external line management was part of the LA, this strengthened the embeddedness of the PSA role. When it was contracted out to a third sector agency, the post-pilot future seemed more vulnerable as the LA could decide to give the contract to another agency or simply end the contract and leave the future up to individual schools choosing to employ PSAs.

3.2.2   Location - School-based versus non-school-based

When PSAs were based in schools, the great benefit was their accessibility to parents who could pop in to their office or meet them at the school gate. The main drawback was that it left them open to pressure to turn their hands to anything that happened to need doing in the school. When based outside school, for example in a locality or area office, they benefited from the support of others in their team which could be other PSAs and / or other professionals working with children and families. This in turn could generate good ideas, shared work, and multi-professional, coordinated support for families. On the other hand, it made the PSAs less directly accessible to parents.

Overall, the majority of PSAs were school-based and this system generally worked well, especially once the PSA had become established and valued, a process that could be aided by their previously being known to, or even having had another role in the school. The following quotation, therefore, must be considered in this light as it presents a negative experience which was not typical but is presented here as it captures the potential dangers when a school location is not handled well. In LA 55, both versions were tried out but, by Phase 3, all PSAs were based in locality offices (although some of these were actually in schools). One line manager explained why she had pulled her PSAs from school bases to a locality office base:

> *'I think the negatives, for us, were that it has been [affected by the fact that] our schools here in [LA55] have an awful lot of autonomy, a huge amount of autonomy. They can be quite difficult and to have a Parent Support Adviser allocated into a school proved to be quite tricky and quite difficult. […]. So what were the issues around the problems with schools? It's a dreadful indictment but the problems were around inappropriate referrals and use of the Parent Support Adviser – they were used as receptionists, they were used as teaching assistants, they were used to caseload children, they were used when kids were kicking off, to go and manage that situation. They were used in a lot of different ways that they shouldn't have been. Referrals that should have gone direct to Social Care were given to Parent Support Advisers in schools so they were used as an in-between, to do the groundwork.*
>
> *Also a subtle bullying – we had that in two schools and I just found that quite appalling, really. […] It was very much around silly behaviours – keeping excluding the PSA from certain information, making them uncomfortable in the coffee room if they didn't do what the head wanted them to do. That's all very - you can't substantiate that but when you've got a member of your staff coming back upset because of whispering in the corner and because someone wouldn't speak to her because she'd refused a referral the day before because it was inappropriate, then you start to think to yourself, "Well, let's sort this". So we took them out and managed them centrally. We negotiated with the school and we had a tricky meeting with them but you can't have staff feeling like that. But then I can understand because teachers do have a lot of pressure, they do work hard and I do recognise the pressures they are under and if somebody is there, then it's natural that they will say, "Do this for me", but we just had to manage that situation.'* (LA55/LM23)

PSAs' perspectives on the four dimensions of models were limited by their lack of experience of alternatives to that which they practised although, as noted above, PSAs had typically moved away from the originally specified Models 1-3. There was much support for flexibility, enabling PSAs to work with their schools and parents to provide an appropriate and relevant service, acknowledging that needs might change and develop over time.

It is noteworthy that PSAs who wanted Model 2 to be carried forward felt that the number of schools a PSA is asked to work with should be limited, to take account of travelling time, type of area and size of school. It was emphasized that close co-operation between PSAs in a cluster is the key to its success, in particular allowing work across the cluster with budget-holding PSAs (See Section 3.8), though most PSAs would prefer *all* to be allocated a budget at some level. There was also support across LAs for large secondary schools to have at least one Model 1 PSA assigned to them.

As regards local models, LA55 had Senior PSAs who line managed other PSAs in their locality, managed in turn by the locality manager. They had relevant experience in supporting families as well as local knowledge and this role was viewed positively.

In the LA with a strong self referral policy, over half of the PSAs would like this Model taken forward, but there were suggestions for making the strict policy of self-referral more flexible, making it easier for schools / PSAs to ensure that the service reached those identified as needing support. Nevertheless, several expressed some confidence that now that the role was more widely known and accepted parents would be more likely to approach PSAs in the context of a parent led service.

In summary, the original Models 1, 2 and 3 have been adapted and a range of different organization and practice variants have developed. A key factor has been the desire to develop flexible systems suited to local needs and priorities exemplified by the following PSA's comment.

> *'For my school it was a mixture of Models 1 and 2 - we merged the focus of the two models together. My focus included Model 3 as well. I never worked thinking 'this is the Model I am supposed to be working with', but thought 'this is what the school would like me to do and what the parents need.' (LA50/PSA13).*

3.3 PSAs' experience of the different models

3.3.1 School based PSAs working as Model 1

Overall, PSAs working Model 1 saw this model offering a number of advantages over other Models, particularly in a secondary school context, where it was frequently suggested that more that one Model 1 PSA is needed. PSAs who contrasted the perceived advantages of working as a Model 1 with the disadvantages of working as school based cluster Model 2s valued in particular:

- The opportunity to establish oneself as part of the school team.

- Ability to develop close professional relationships with school staff, parents and children more quickly.

- Much more accessibility and availability to parents and school staff, particularly in a crisis situation.

- No travelling time between schools involved.

As one PSA commented:

> '*PSAs in school are probably gaining the bonds with parents quicker because we are here and are onsite […] From a parent's point of view I would be happier if it was Model 1.*' LA54/PSA2

The main negative aspects of working as Model 1 (and Model 3) were possible feelings of isolation and limited scope in a single school to widen the focus of work (particularly pertinent for Model 3 PSAs). The issue of isolation was less likely to arise where PSAs were working and networking closely with other PSAs. This could benefit both PSA and school, where for example PSAs put on activities in each other's schools or in LA59 where there was support from Area PSAs for group work and from Information Support Workers.

The issue of isolation highlights the need for adequate line management, supervision, and LA organized opportunities for networking with other PSAs. Furthermore, flexibility may be required to broaden scope for the PSA where the special focus of Model 3 brings an insufficient number of cases.

3.3.2 School based PSAs working as Model 2

PSAs listed the following advantages from this way of working:

- The opportunity to bring together families from one local area for some activities / events; budget-holding was particularly useful in this context, particularly when shared between schools.

- Not being seen by parents as affiliated to a particular school: may be an advantage where historically parent / school relationships are problematic.

- The ability for PSA to benefit from greater diversity of work from schools in very different catchment areas, develop ideas, broaden and share knowledge.

- A wider network of contacts developed through working with head teachers and other staff at each of the schools.

- Its usefulness for supporting transition across schools.

Where this Model was working well, PSAs were typically allocated to schools serving a single community, very closely situated geographically or working as feeder schools. There were, however, examples of schools just a few roads distant from one another serving families from very diverse social backgrounds. The likelihood was that the PSA would be dealing with disparate types of caseload, calling in turn for different skills: a challenge that some, but not all PSAs felt equipped to meet.

Model 2 PSAs identified the following as significant disadvantages:

- Varied demands from different schools.

- Lack of clarity in line management/issues with head teachers.

- Having a base only in one school, no dedicated space in the other(s).

- Not feeling part of any school.

- The sheer number of schools and difficulties in allocating time.

Some PSAs were working with 7, 8 or more schools. This could make for difficulties in sharing out time equitably between them, and could mean that the PSA spent the majority of time in one school, to the possible detriment of the others, perhaps simply phoning them every few weeks to keep in touch. Time sharing between schools could be particularly problematic where this involved a large secondary school. It could mean that the PSA had little involvement in the day to day aspects of any of the schools, and a low profile with staff and parents alike. There is a potential issue too about line management, whether this is arranged with just one or all of the schools, and particularly problematic in the event of rivalries between schools.

3.3.3   Working in area clusters, based outside schools

PSAs spoke of the following advantages from working in clusters based outside schools: closer links with professionals from other backgrounds for information, support and ideas sharing (a benefit for both PSAs and cluster colleagues); a clearer professional identity; and being in a better position to protect their autonomy from senior school management. These advantages were all endorsed by the five PSAs interviewed from LA58 who all worked in this way; and echoed by PSAs in LA55, all but one of whom were, by Phase 3, based with locality teams and managed either by the locality manager of by the locality manager's senior PSA. The following comments are recorded at length here, because of the important issues they raise:

> '*The pro of being attached to the locality team is the freedom. The fact that no school can place any ownership on you. I think that impacts on the relationship between all the parties because they are more appreciative of your assistance and support and they acknowledge the fact that you are busy. When they phone up, they say, "I know you're busy. Could you fit me in?" It's really refreshing there's no <u>demands</u> made on your time. It's a very comfortable environment to work in, plus the access to all the different departments within the locality. The red tape has been removed so you're not having to fill out forms and having to go through loads of channels. It's just literally, look across the office, and go, "Oi, you! I need a favour." And vice versa and it makes us more accessible as well to different people because, generally, a ten minute conversation, a bit of advice and a solution has been discovered. Plus, we work with the Youth service as well and they have a free scheme in the holidays and I make sure we go down and cover the lunch time because the majority of the children may be potential cases in the future so they are becoming comfortable in your presence and it reduces the barriers that may or may not occur when you're working later on. Plus it's showing our presence in the local community because you see the parents when they pick them up or nip in.*' (LA55/PSA9)

The benefits of easy liaison with locality team colleagues for information sharing and advice are made clear here. The last few sentences record the PSA's proactive efforts to become a familiar face to children, and see parents as they collect their children, but they also serve to highlight the fact that this may not occur as a matter of course for PSAs working with this Model, as would be the case for school based PSAs.

This Model is commended for enabling the PSA to develop a profile as one of a professional team who will engage with parents in a context removed from the school's influence, as part of a measured response and for purposes of early intervention rather than in response to a crisis situation that can be characterized as 'fire fighting'. As such it serves the PSA well in terms of work organisation, also in terms of professional status and development. However, PSAs (and not least parents) have described many cases where the value of their work has derived from the immediacy of their response to parents. Examples include PSAs approaching parents in school (or referred directly by the school) in a crisis situation, and where support over some apparently trivial issue has led to more significant problems

emerging, often with beneficial consequences for the whole family and ultimately for the school. A high value is placed on the *time* that PSAs are able to devote to supporting parents, in contrast to the pressures that characterise parents' experience of relationships with other professionals, of whom they are bound to ask 'have you got time to see me?'. The way this Model is applied in practice will clearly affect the balance that can be achieved between these competing considerations and the benefits accruing to the various stakeholders. It is important that the primacy of parents' needs is not lost in the exercise of remote control.

With respect to negative opinions, the area cluster PSAs from LA58 were clear that they felt that the single drawback to the area cluster model was that it took longer to get known in schools, and to build up the necessary school contacts.

While some examples of quite close adherence to the Models were given, PSAs in several LAs (LA50, LA53, LA57 and LA60) described work that included elements of each of the models, indeed they had typically abandoned the concept of working to a Model quite quickly. PSAs spoke of tuning into their own personal qualities and skills in responding to the needs of parents and what worked best for their school(s).

3.3.4   The importance of parent focus

The overall focus of the PSA role was on working with parents. This did not mean working exclusively with parents, but implied that PSAs would work with children in association with their parents. There was some concern that the PSA role might, nonetheless, generate work with children rather than with parents. However, although this had, on occasion, happened, the PSA co-ordinators were quite clear that this was not the core focus of the PSA role, the co-ordinator in LA59 stressing that PSA's worked more with parents as primary clients except where parents specifically asked for PSAs to talk with their child. One of two co-ordinators for LA56 made a clear distinction between the appropriate and inappropriate uses of PSAs by schools:

> *'One school wanted the PSA to be a TA, and I had to explain the role. Another PSA does late collections, but that's a good way to meet the parents. It's a very fine line'.* LA56/C1

Another co-ordinator commented:

> *'We have driven home that you are a Parent Support Adviser. There are behaviour support people in schools already. There have been some difficulties in schools understanding that at first'.* LA64/C

However, child-focused work did occur. One LA co-ordinator's analysis of PSA working indicated 'about 65% of the work we've done with families and children is focused on parents and about 35% on the children without the parents and that feels about right I would say' (LA58/C). Although the collation of similar figures was not the norm, this division seems to be a little on the high side in relation to work with children rather than parents. Nonetheless, it was felt that PSAs working in secondary schools found it harder to reach parents than those working in primary schools. The co-ordinator for LA54 outlined the problem, and gave an example of work that PSAs were undertaking in conjunction with the police, and outside agencies, while also stressing that PSAs in the LA were instructed to focus on parents:

> *'I'm thinking about really the piece of work that we did here in [LA], still going on, where we worked with the Safer Schools, which is [the] Police, and they run holiday activities for children who have been victims of crime or are at risk of committing crime and children are targeted […] but we keep reminding our PSAs that the focus of their work*

is the parents so they might be working with children directly where perhaps they're running a breakfast club or perhaps covering; sometimes schools will direct them to do things which is not necessarily in their job description let's say.' LA54/C

Finally, there was some concern that PSAs who had previously had teaching support roles, often in the same school in which they were the PSA, had been drawn into work with children as a result of their previous role:

'*It happens in circumstances where the head recommended somebody to be a PSA who was already a member of staff in their school. They found it very difficult […] It's not happened with these people I've employed and placed because it was easy to be really definite about what was the role and what wasn't the role with those heads. Where the PSA has been seconded and previously they were a TA or an HLTA there have been times where I know they are working with small groups of children. [My view is] that the school should have enough people in place to work with the children without having to use the PSA. […] I think it's not appropriate. I think it blurs what they do.'* (LA57/C)

Typically, the PSA co-ordinators said that they initially had concerns about the PSA role, but that those concerns had, by and large, proved unfounded. The main concern had been connected with the place of the PSA role vis a vis other professions, both within and outside schools. This was a concern that centred not only on the inappropriate use of PSAs, for example as teaching assistants (TAs) or school administration, but also in relation to the incursion of the PSA role on other, pre-existing roles, such as Education Welfare Officers (EWOs). The key to these issues seemed to involve close and clear briefing of head teachers by PSA co-ordinators about the parameters of the new role. An example was given by the co-ordinator for LA66, who emphasized the extent of the LA's groundwork with head teachers and staff members in other organisations in clarifying the PSA role and how it linked to other roles, in order to eliminate potential conflicts. As the co-ordinators for LA62 and LA64 put it:

'*If we hadn't had a very strong project team some head teachers could have taken them off in all sorts of other directions. It was very important to have them line managed, well they're day-to-day line managed within the schools but it was very important to have a project team to give it a steer, otherwise they could have ended up as sort of dogsbodies in the school and not really achieved…certainly we're still having to go to meetings and say "no we can't spread this person across 6 more schools even though you're cross that you haven't got one but the effect will be lost." Because I operate in lots of different arenas to the project team and I'm the big bad witch who does that quite often.'* LA62/C

'*When referrals started coming in I was having to say, "No" to a lot of the cases and it wasn't about early intervention. It was families where CAMHS or social services had been involved and the schools were saying, "The PSA could do that", and I was saying, "Absolutely not, no they can't." […] The main issue that has come out has been line management. Where line management has been good the PSAs have excelled, they have really grown in their job. Where schools haven't really understood the role, there have been issues with the PSAs feeling less than supported, and there have been one or two PSAs who have really taken advantage of that and they should have been line managed much more strongly and haven't managed the autonomy of the role very well.'* LA64/C

3.4 PSAs and the LA structure for parent support

At least one line manager in each of eight of the 12 case study LAs was able to articulate the way in which the PSA work fitted in to the overall structure for parent support in their LAs[10]. This was the case for all the line managers from LA55, where PSAs were an important part of locality teams and involved in integrated working, and in LA58 where the plan was for PSAs to be incorporated into integrated support teams post-pilot and where, during the pilot, line managers said PSAs had felt they were a valued and integral part of service provision in the LA. In both these LAs, almost all PSAs were based and line managed in teams external to schools. In the other six LAs, only one or two line managers interviewed in each could describe how the PSA work fitted into the overall structure of parenting support. They spoke of the fit with the developing integrated services agenda, localities structures and the extended schools/services agenda and Excellence in Clusters. In addition, one line manager from a ninth LA could describe the plan for how the PSA work was to fit in to overall structures, post pilot, through incorporating the PSAs into Partnership clusters.

Equally, some line managers from eight of the 12 case study LAs were not at all sure how the PSA work fitted into any overall structure for parenting support in their LA. Even with prompting, parenting strategies did not figure. Among this group, the most common response was to talk about how the PSA work fitted in with the work of the school and/or the links their own PSA was developing with external services and agencies. The concern, expressed by one line manger, is that this evaluation finding reflects a failure of the pilot project to become embedded into LA structures, even though individual PSAs had created links:

> 'The problem [is], with this being a pilot programme, I don't think it had actually got embedded into the whole network that's going on. Having said that people did know about it and now people are still asking me, "Have you got a PSA?" So it did gradually start to link up' LA54/LM3

Potentially, such a lack of embedding could make PSA work vulnerable post-pilot and appeared to be most marked in LAs that had a weak feedback system loop connecting a strategic lead in the LA, the PSA Co-ordinator, line managers and schools. In LA58, where line managers were clear how PSAs fitted, organisational location was reported as a source of confusion:

> 'I think that it has been very much a new take on things for people, and it has taken a while to bed down. I think there still remains confusion about [the fact] that we are **parent** support but we are in **Children's** Services. So I think that there is a little bit of confusion between adult care, adult services, and children's services about exactly which way we go. So, I think that has been a bit confusing for people. But it's not surprising because it has been for us too.' LA58/LM2

There was a very mixed picture across the LAs - only in LA55 did all the line managers interviewed think PSAs saw themselves as part of a bigger picture of support for parents and this was the LA where PSAs were part of the locality teams and were referred to by line managers by phrases such as '*the bit that was missing before*' and '*the crucial link in the chain*'. In other LAs, some line managers thought their PSA did feel part of a bigger picture and others did not. Responses seemed very context-specific, depending very much on the 'fit' of the PSA in the school, the PSA's networking skills and the stage of development in an LA towards integrated, locality working:

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[10] This issue was not covered in all interviews owing to time limitations.

'I think she would say that once she had bedded into the school she saw her role quite clearly within school in terms of the bigger picture. But the problem in [this LA] is that the schools seem to be acting in isolation. This overarching model of ECM [Every Child Matters] and all the agencies pulling together is very poorly developed in [this LA], I would say.' (LA50/LM10)

No line manager went as far as to say that 'seamless support' at LA level had been achieved but, in three of seven LAs where this topic was covered, line managers praised the contribution of PSAs to improving access to services for parents.

'I wouldn't say we're there but we're on the way. There's still loads and loads of work to do but I think the Parent Support Advisers are such a bonus. That was the bit that was missing. We could get to the kids in the schools and Children's Centres were coming on stream but it was that link with the parents that was missing. So I think they are an absolutely crucial link in the chain. I think they are really good. And we are now rolling out the CAF, Common Assessment Framework, and that is all part of the 'seamlessness–ness' of it all. But, you know, a long way to go yet.' (LA55/LM28)

'I don't think it's seamless because, at the moment, particularly with the development of the localities team, even I am not clear how it works and fits together so, if you are a parent, you don't know. But at least the PSA can help the family pick their way through it. We're still not entirely clear how the overlapping roles work, but it's definitely getting better.' (LA60/LM18)

Line managers in four of the seven LAs were critical about the lack of 'seamless support', particularly mentioning poor accessibility of services in their LA and long waiting lists for parents. In these circumstances, PSA support was crucial:

'[Name of PSA] <u>is</u> the support. Apart from that, parents, families who need help personally would have to go through their GPs. It is not available in our locality, not for us to refer to, no. We have our EWO, but his role is more concerned about supporting the children.' (LA59/LM16)

An evident tension concerns the degree to which PSAs fitted LA structures. PSAs most strongly fitted into LA structures of parent support where they were based outside the school or where this was the plan for the post-pilot phase. In this case they were linked and in frequent contact with other professionals; they would also be more embedded in an organizational sense. In contrast, in those LAs where PSAs were very much based and managed in schools there were strong, positive views about how accessible this made them to practice *but* the PSAs were less embedded into LA-wide structures. Each approach had clear benefits but the latter appeared to make the PSAs more vulnerable for the post-pilot phase. The future of financial support for PSAs and schools was under discussion at the time of these interviews so schools were often unsure of the future budget to support their PSA. Hence there was, perhaps temporarily, an interaction between the organization and future financial support that was not a result of the relative benefits of each organizational approach. More fundamentally, however, the issue concerns whether PSAs should be closely related to the school or part of a service that is wider, perhaps LA-wide, or at least spread across a cluster.

3.5 Line managers' responsibilities

3.5.1 Structures of line management

There was a variety of line management structures across the 12 case study LAs. The typical line management arrangement in seven of the 12 LAs was for each PSA to have a school-based line manager who was the headteacher or another member of the senior management team. However, other line management structures were found in five case study LAs, where line management was provided outside the school or by school and external body in partnership (see Section 3.3). These five other arrangements were as follows:

- The majority of PSAs were Model 1s, based and line managed in school, but others were Model 2s based with, and line managed by, a third sector body.

- The LA's locality managers had line management responsibility for the PSAs (earlier in the pilot, a small number of schools had retained line management responsibility but by Phase 3, all these had agreed to locality manager line management). Within this overall pattern, a minority of locality managers had delegated line management of PSAs to Senior PSAs and one had delegated that responsibility for some PSAs to an experienced family worker from a third sector agency.

- A third sector agency with experience of school-home liaison provided line management, in partnership with a named link person in school, for all but two PSAs who were employed directly and line managed by their schools.

- In each of three LA Area clusters, a senior PSA line managed an Area PSA team. In addition, two PSAs were school-based and line managed by a senior manager in school.

- The LA's Parent Partnership Service shared line management responsibilities with the school-based line managers.

These variations from line management through school seemed to be designed for two reasons both of which fitted particular local contexts. One reason was to allow PSAs and schools to benefit from the experience of existing services or bodies in managing staff involved in family support. The other was to fit in with new or existing structures for localised service delivery, particularly in large, mainly rural counties.

3.5.2 Levels of contact

All 59 line managers interviewed had some form of regular contact with the PSA/s they managed. This contact was, typically, a mix of formal, in-the-diary meetings held weekly, fortnightly or monthly, and informal chats in the course of work, but some line managers focused line management on planned meetings only and some only had informal contact with their PSAs. The latter talked, for example, about having regular contact through notes and e-mails or talking issues over every now and then at the end of the day or talking to each other every day through an open-door policy.

As the variation in form and levels of contact between line mangers and PSAs was so marked, it raises the question of what a minimum and an optimum level of line management contact might look like for PSAs post-pilot. Operational leads in some LAs had set out minimum expectations of line management support. In LA55, for example, the minimum expectation was of a monthly, formal one to one meeting. A system of regular diaried meetings with their PSA/s was used, at least in part, by all non-school based line managers

but not by all school-based line managers, suggesting that formal line-management support may be more vulnerable in the latter context.

Eight of the 59 line managers interviewed volunteered the view that the quality of the PSA appointed affected the amount of time they needed to devote to managing the role. For example, in LA53, three of the five line managers interviewed said that their role as line manager had not added much to their workload because their PSAs were proactive people. They used descriptions such as, 'self-starter', 'not afraid to work on her own initiative', 'self-directing'. One said:

> *'In terms of workload on myself, [line managing the PSA] has been minimal. No more than managing any other staff that I have in school but I think that is because [name of PSA] is outstanding in the role. Had we appointed someone who was less competent, less get-up-and-go-ish, they could have made the impact on my workload much higher.'* (LA53/LM11)

This point was demonstrated also by an assistant headteacher in a large secondary school in another LA who saw the role of line manager as, 'another job added to our job' (LA57/LM14). She had largely informal line-management contact with her PSA, with 'needs-led' meetings only at the request of the PSA. This approach worked, in her view, because she managed a PSA who was a graduate and who was, 'self-motivated, very enthusiastic and professional' but, earlier in the pilot, she had line managed another PSA who had, 'needed a lot of direction'. In that situation, the line manager had held regular, planned meetings with the PSA and saw her informally every day. The skills and prior experience of the PSA suggest that in determining the person specifications for recruitment of PSAs, the time available for management of those PSAs should therefore be one factor taken into account.

3.5.3   Issues covered in the line management relationship

Earlier stages of line management arrangements are discussed in Section 2 and described in detail in earlier reports[11] [12]. Here, line managers reflect on their current views, often placing these in a development context over the life of the pilot.

All line managers reported that their role included general management issues such as any necessary agreement of annual leave, sick pay, hours worked et cetera. In almost all cases, too, the relationship included discussion of the role of PSA and its interface with school and other professionals, discussion of continuing professional development and training needs additional to the initial PSA training provided and, where work with individuals was undertaken, discussion of casework. In some line management relationships, the latter was limited to 'the really difficult cases' but in others it involved a routine review of all current cases. The line management relationship typically did not cover discussion of the PSA's personal issues or feelings about the work. For example, one said,

> *'No, [name of PSA] is very professional and has managed to keep a professional distance from the issues families bring to her.'* (LA57/LM8)

On the other hand, line managers in some LAs (e.g. LA54, LA58) typically included in-depth PSA-focused discussions and some line managers in other LAs had offered or given such support when required (see also 'Supervision' below):

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[11] Lindsay et al (2007) *Parent support adviser pilot: First Interim report from the evaluation. Research Report DCSF-RWO2O.* http://www.dfes.gov.uk/research/data/uploadfiles/DCSF-RW020.pdf

[12] Lindsay et al (2008b) *Parent support adviser pilot: Second Interim report from the evaluation. Research Report DCSF-RWO37.* http://www.dfes.gov.uk/research/data/uploadfiles/DCSF-RR037.pdf

'Yes, for example when [name of PSA] had a particularly hard fortnight earlier this year.' (LA53/LM13)

'[Name of PSA] is pretty resilient but, yes, sometimes she wants to talk about how she feels.' (LA57/LM7)

'Yes, but only if it is an issue they [the PSAs] want to discuss' (LA55/LM28)

Discussion of *role-related* issues and concerns was, however, common and included topics such as confidentiality and information-sharing, risk assessments around home visits, and appropriateness of referrals and work allocated. Overall, the line management relationship with PSAs included elements of professional support, monitoring and review of work, and developmental aims.

Defining the role of the PSA in relation to existing support roles in and beyond schools and relative to related professions took up line management time, especially at the beginning of the pilot. Line managers based outside schools found they had to do a good deal of stating and restating of the remit of the PSA and had to be alert to school pressure to divert the PSA from the role remit. One locality manager in LA55, for example, invested time at the beginning of the pilot to go round the schools with the PSA to discuss the role and found that this paid off:

'When they [the PSAs] first started, I did go round the schools with them and we made not as formal as a contract but we went through with the heads and with [the PSA] what the referral criteria were and we got it all very, very clear about what the expectations were on all sides and I feel that that has really paid off in that everyone is clear on referral routes, types of criteria for referral, filling the form in and I think that has been good'. (LA55/LM28)

In LA58, where the PSAs were managed by senior PSAs in area teams, the line manager of those senior PSAs found that:

'One [key task] has been to help the teams to focus on the key aims and objectives of the project, and to support the managers in being able to do that. That was quite challenging, because, as we had expected…. as soon as the PSAs arrived, people were wanting to fill lots of different gaps in provision. And we had to keep saying, "No, this is the aim". So my role was to support the managers in keeping giving that message.' (LA58/LM1)

School-based line management of PSAs working across more than one school (Model 2) also involved defining line management responsibilities within the cluster. One headteacher (or equivalent) would take on formal line management responsibility but the headteachers and/or senior managers in the other schools in the cluster also had a role to play in the induction and day to day management of the PSA. Occasionally, this caused concerns about PSA accountability and raised issues about line manager commitment:

'The biggest challenge in terms of line managing [Model 2 PSAs] is the fact that [the PSA] is a split colleague. So some of the issues, particularly when she first started, were about knowing where she was meant to be, knowing when she was accountable to your school, when she was accountable to somebody else's school. I think there was that feeling amongst all the heads involved that there were potentially cracks that people might be falling down. That's not a reflection on [name of PSA] but, as a settling down part of the process, that was a real issue. I think there are other issues as well about that - the ownership of the line management […]. There was a sense in which all the heads wanted one of the other heads to run the PSA because it was just one other

thing. You had the salary issues. You had the, Who has got the mobile phone? Where is her desk going to be? Who holds phone messages?' (LA53/LM18)

3.5.4. Other forms of professional support

All 59 line managers described other forms of professional support available to their PSA/s, over and above line management. A composite list of these other forms of support indicates a substantial range:

- Most commonly, support from the LA's PSA Co-ordinator.

- Peer supervision, for example, in groups facilitated by the LA's PSA Co-ordinator

- One-to-one supervision.

- PSA network or group or area or cluster meetings initiated by the LA's PSA Co-ordinator.

- PSA-initiated mutual support groups.

- For those in cluster, area or locality teams, the formal and informal support available through these teams, as well as access to additional training.

- For Model 2s, sometimes heads and/or senior managers in the non-line management schools also provided professional support.

- School-based PSAs sometimes received professional support from staff who were not their line managers, for example, mutual support between PSAs and staff in other support roles, such as Learning Mentors or Family Liaison Workers.

- In one LA, the Parent Partnership Service provided professional support, in other LAs where third sector agencies were involved, they also provided professional support over and above line management.

3.5.5 Distinction between line management and supervision

Throughout the evaluation, we have made a distinction between line management and supervision, as used in the helping professions[13], [14]. Supervision was mentioned as another form of professional support by one or more line managers in nine of the 12 case study LAs. One line manager's practice encapsulated the distinction between line management and supervision: she held a 'progress' meeting with the four PSAs in her cluster focused on line management issues such as cases, planning, contact with parents and schools. In addition, supervision meetings held on a one-to-one basis gave the opportunity:

> *'for the PSAs to tell me how they are feeling, and what's going on in terms of the positives of their role, the negatives, any issues they are concerned about, any anxieties, training needs, and anything they want to flag up as a PSA in their school, but also within our team of PSAs, and within the wider organisation.'* LA54/LM5

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[13] Lindsay et al (2007) *Parent support adviser pilot: First Interim report from the evaluation. Research Report DCSF-RWO2O.* http://www.dfes.gov.uk/research/data/uploadfiles/DCSF-RW020.pdf - p30

[14] Lindsay et al (2008b) *Parent support adviser pilot: Second Interim report from the evaluation. Research Report DCSF-RWO37.* http://www.dfes.gov.uk/research/data/uploadfiles/DCSF-RR037.pdf 2nd Interim Report, p45

In LA58, too, regular supervision was provided for PSAs by all the line managers interviewed. The accounts of supervision meetings were very close in content, and LA58/LM3 summarised the regular supervision meetings provided for all the LA's PSAs:

> *'I actually set off by asking how the PSAs are in themselves, any issues that might be concerning them, or they need to address, or just generally how they are feeling about things, give them a chance to let off steam, or be proud of something, or whatever. And then we look at the standard issues of lone working, health and safety, that sort of thing, any training, we talk about that, either that's been had, or is coming up, or that is needed. Then we talk about any general issues to do with the building we are in, or whatever, or any developments within their school clusters. And then, eventually, we look at all the cases, and see how they are going, and what action needs to be taken, what's happening with them.'* LA58/LM3

One locality manager in LA55 spoke about using a voluntary sector professional to provide 'clinical supervision' for PSAs in the locality:

> *'The clinical support - [Name of voluntary sector manager of a family support project] was able to talk to the PSAs about very difficult cases and when they needed that more clinical supervision rather than line management stuff so [Name] has acted as that link in our locality which is great.'* (LA55/LM17)

Other methods included the use of LA Parent Partnership Service and the in-school counsellor. In two LAs, PSAs had external clinical supervision provided by private consultancies bought in by these LAs. One line manager was uncomfortable with this, explaining:

> *'[the PSA] has supervision visits and, if she's worried about anything, she talks to that person rather than talking to me, so I won't ever find out, I won't ever know.'* (LA56/LM3)

Unlike health and social care, education does not have a tradition of supervision yet with new roles reaching beyond school, such as PSA, emerging within the Extended Services agenda, the need for formal supervision increases. The patchy provision of supervision for PSAs towards the end of the pilot raises questions about how much of a priority this important form of professional support will be post-pilot.

3.6   Managing the PSA workload

3.6.1   Views on appropriate workload

Taking an overview of the line managers' responses around managing PSAs' workload a tentative hypothesis would be that, overall, school-based line managers tended towards a willingness for PSA work to be more ad hoc and reactive, although care was taken not to 'overload' the PSA, whereas line managers outside school tended to take a planned, more focused approach. This distinction was illustrated by responses to a question asking if the line manager had a 'notional' number of families with whom the PSA should be working one-to-one or attracting to groups. Most (but not all) of those who had a notional figure were line managers based outside school. The number varied from LA to LA and occasionally also within an LA from about 6 to over 20 1:1 cases.

Those who had a notional figure based this on a judicious mix of experience of similar work or related roles and a weighing up of the various demands on PSA time. Those who did not have a notional figure explained this by the varying nature and complexity of the work and the value of the PSA being able to respond to that flexibly; or by explaining that the PSA

focused on group work. Although workload was discussed in many cases, there was also a strong sense that these line managers trusted their PSA/s to have the qualities and skills to manage the number of families with whom they worked.

In one LA, the 'ethos of the pilot' was to allow parents to self-refer so line managers did not see it as their role to have a notional number of parents with whom PSAs 'should' be working. Where parents were not coming forward, by the second year of the pilot, some line managers allowed their PSAs to contact parents proactively. The workload issues were different for the Area PSAs in that LA, as their role was to provide group support for parents and for parenting.

3.6.2   Actual workload

All line managers reported that the *actual* number of families with whom the PSA worked was affected by the range of work undertaken by the PSA, particularly whether or not the PSA also ran groups; the complexity of individual cases (from 'light touch' to complex); the stage of work within that (introductory, intensive, weaning off); and by level of need of individual families (from early intervention or prevention to high need). In some cases, case numbers were also affected by pressure from schools and by gaps in other services, particularly Social Care.

Although the pilot remit was set out as focusing on early intervention and prevention, that is, Level 1 universal needs, in practice the reality of the needs and situations parents discussed with PSAs made it hard for line managers and PSAs to stick to this. Consequently, agreed types of work undertaken routinely included Level 2 (additional needs), sometimes Level 3 (complex needs) and even Child Protection cases which fell in to Level 4 (acute needs). This issue of level of need was the one that most exercised line managers.

3.6.3   Types of work

The range of types of work that PSAs undertook was shaped by the original TDA guidelines on the remit, so included work around improving attendance and behaviour, reducing exclusions, increasing parental involvement with school, increased parental engagement with their own and their child's learning, and supporting parenting skills. Types of work were also affected by school priorities within that range, so, for example, some PSAs focused more on attendance issues than others. Line managers also said that the experience and skills the PSAs brought with them also affected the range of work undertaken - for example, those with a Social Care background were more likely to be involved in complex casework. Line managers also influenced the types of work undertaken by their steer on the role towards either a planned workload or an ad hoc reactive/responsive one. Line managers made it clear that a key reason that the PSA role was valued was because of *flexibility* as to how support was delivered.

The original TDA description of the PSA role identified three broad areas of work: (i) improving parenting support and information, (ii) improving parental engagement with their children's learning, and (iii) improving school attendance and preventing exclusion.

Within these overall categories, line managers mentioned a vast list of different kinds of work (Figure 1). The importance of this is that it illustrates the flexibility of the role but also the range of skills and qualities demanded from the PSAs as a whole, albeit that individual PSAs were not expected to fulfil this range (See also Section 4, Table 12).

Figure 1 - Illustrative list of types of work undertaken by PSAs

- parenting groups

- supporting regular attendance at school

- supporting engagement with child's learning and attainment

- supporting positive behaviour

- supporting punctuality at school

- holiday activities for families

- family fun days

- taking parents and / or children to appointments

- helping parents with form-filling, with the process for obtaining a Statement of special educational needs, with the process for school phase transition and admission to another school

- attending Child Protection and Child in Need meetings

- attending a wide range of other multi-agency meetings with parents

- liaising with other professionals and agencies to enable support for parents

- wide range of family learning groups

- wide range of adult education groups from informal learning, such as cooking classes, to formal learning, such as ESOL or accredited English and Maths classes

- supporting parents to resolve or cope with a wide range of problems including refugee status, immigration, family issues, housing

- home visits

- very practical support, such as showing parents how to clean and cook

- providing and producing information for parents, such as a school handbook

- setting up and supporting parent groups in schools, such as Parent Teacher Associations and Parent Forums

- running various clubs and groups for children

- supporting individual children

Source: Semi-structured interviews with 59 line managers from 12 case study LAs

3.6.4   Working with children rather than working with parents

During Phase 2, we found that it was relatively common for PSAs to have some level of contact with the child/ren of the parents they were working to support[15] (see Phase 2 Interim Report). However, because during Phase 2 the evaluation had also discovered that some PSAs worked with children *instead of* working with parents, during Phase 3 line managers were asked in what, if any, circumstances this happened with their PSA/s. This confirmed that many PSAs did some work with the children of the families they supported, for a range of reasons. For example, work with the children might be necessary to identify what the underlying issues were or was part of a dual approach to solving issues around, for example, attendance or healthy eating:

> '*They [PSAs] do work with children in some areas, and that's about where to identify what the true issue is - work with the problem a bit to find out where the source is, and sometimes you can only get that from the child.*' (LA58/LM1)

> '*I think it's very difficult to draw the line on something like attendance; you do try and instil into the child that this is what's expected and sometimes maybe the child can put pressure on the parents.*' (LA54/LM3)

> '*No, not really, no [does not work with children rather than parents]. Only insomuch as she is working with children, she's had such an impact - there's two children in school that have had a dramatic loss of weight. So, obviously, she does work with the children there, and she does work with the children in terms of attendance, she sets them targets.*' (LA54/LM2)

Other examples of working with parents and children in order to reap the benefits of a dual approach included a PSA who would spend some time in the nursery reading stories to the children, later suggesting activities relating to the stories to parents that they could do with their children. The aim here was to build parents' self-esteem and engage them as learners. Many of these parents were Asian, some speaking no English, so the PSA's skills as an interpreter were a crucial element of her work. Sometimes, too, PSAs worked with children to gain their perspective on what was happening at home, as a preliminary to working with the parents or in anticipation of establishing a better link with the parents.

Line managers' responses also showed that some PSAs never worked with children on the principle that there were other roles, such as learning mentors or behaviour support workers, to do that and their unique role was support for parents:

> '*No, I would never, ever want it to be primarily children-led. I've got enough other members of staff to be able to do that.*' (LA56/LM1)

> '*She doesn't work independently with children. Full stop.*' (LA59/LM5)

Finally, line managers' responses on this showed that a minority of PSAs were doing a lot of work with children whose parents they did not support directly, where the emphasis was on supporting attendance and or behaviour which were seen as key elements of the pilot:

> '*My understanding was that the idea was to help with attendance and behaviour so she works with children on behaviour. After break and lunchtime, they find it hard to settle and she has a list and she checks on them. Or, if children are angry or upset, they'll go and sit with her. She's not necessarily working with those parents, only where necessary.*' (LA52/LM3)

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[15] Lindsay et al (2008b) *Parent support adviser pilot: Second Interim report from the evaluation. Research Report DCSF-RWO37.* http://www.dfes.gov.uk/research/data/uploadfiles/DCSF-RR037.pdf

This understanding of the PSA remit appears to bypass parents' role in supporting attendance and behaviour and undercuts the unique aspect, parent support, of the PSA role.

Another line manager, although clear that the focus of the role was on supporting parents, accepted that a PSA would work with children first, or maybe even exclusively, if it sorted the behaviour or attendance. He gave an example of one PSA working in a secondary school where the parents were hard to engage:

> 'She's done useful work while she's been there but most of her work has been with the young people but if it improves attendance or it improves behaviour, if the outcome is the same, I'm not particularly worried or concerned about that.' (LA55/LM17)

3.6.5 Case turnover

In the context of managing PSA workload, case turnover is important as it enables support to be offered to more parents and keeps a focus on empowerment rather than dependency. Line managers' responses were divided: some were clear that their PSA/s managed this effectively but others regarded it as an issue that they were addressing in various ways. Among line managers who did not regard case turnover as an issue, the most frequently given reason was the skill of the PSA in managing this process of taking a parent off the caseload when it was felt no more work could be done effectively. For example, one line manager described his PSA as good at judging when this point had been reached because she had trained as an *Incredible Years* parenting group facilitator which helped her with setting up structures, boundaries and procedures, monitoring these, and then gradually withdrawing:

> 'I think the PSAs are so skilled that over dependence doesn't happen. They are really good at knowing when the moment is to say, "And now it's up to you"' (LA60/LM2).

> '[The PSA] knows how to reflect back to parents and knows how to challenge them about moving on, which is not always comfortable for them, but she's got a really good view of that and manages it well. I am thinking of two parents who have made it very clear to me how much they have valued her and how much they have needed her, but have said, "I am OK now, so I can manage myself now", but they know she is still there. The touch gets lighter as time goes on.' (LA59/LM5)

Another line manager reported giving his PSA support during supervision meetings to manage her case load:

> '*Parents can sometimes use the PSA as a crutch or prop and tend to depend on it a little but we did talk about that in our (supervision) meetings, about trying to wean them off so that they could stand alone. That was one of the objectives we worked out between ourselves, including the parent, to try and give them support at the time it was necessary, but then move the parent forward.'* (LA61/LM11)

Other reasons given by line managers for why case turnover was not an issue included that some cases are 'finite' by their very nature - for example, help to obtain Disability Living Allowance; because the support was too new and so this had not yet become an issue; and because the PSA worked in a Pupil Referral Unit (PRU) where pupils and therefore families moved on to other schools relatively quickly anyway. A few of this group of line managers acknowledged that in one or two cases, individual families were taking up a lot of PSA time and saw their role as including supporting the PSA to help these families to move on:

'If I see the same parent being there all the time, we'll discuss whether the support she is offering is having the required impact or is it that the parents have got in the habit, because what we need is to empower the parents. It's not good [the PSA] being the one to do all the phoning and take them here and take them there because that is just perpetuating cycles.' (LA56/LM1)

Other line managers recognised case turnover as an issue for their PSA/s. The main reasons given were:

- Gaps in other local services so that there was no-one else to support some very needy families.

- A tendency for Social Care, in some areas, to expect PSAs to provide support indefinitely for high need families whose issues were not going to be resolved.

- The need in some vulnerable families for longer term support to keep them 'ticking over'.

In one or two cases, the line managers said the issue was that the PSA did not make clear boundaries around their commitment to families with one, for example, remaining accessible to parents during the evenings and at weekends and another continuing involvement with some families even after the children had left her school.

Across the case studies, line managers described a range of methods and approaches to support PSAs in maintaining appropriate levels of case turnover that both acknowledged the varying levels of need for support among families and the overall aim of empowering parents to have the skills and confidence to manage without continuous support from the PSA (Figure 2).

Figure 2 - Methods and approaches for achieving appropriate case turnover

- Structured case management by PSAs using assessment, action planning and review process with parents

- Clear case review process with line manager (formal)

- Regular case discussion with line manager (informal)

- Having a notional case timeframe but allowing flexibility according to need

- Trying to ensure that families also take-up the universal support available through other school staff - supported in this by a clear statement of what parents could expect of school and school staff and of school's expectations of parents' responsibilities

- Accepting the reality that some families are 'always in crisis' by building in to workload management the concept of a 'sub-caseload' of such families who can be kept on track with 'a modest input' (quotes from LA55/LM17 but other line managers made similar points)

- Clear case closure arrangements with families, including a phase of reduced support, 'weaning off', and a clear offer of post-'closure' support that leaves an open door to regain PSA support in future

- PSA skills in encouraging parents to take responsibility

- Time planned in to deliver, or access for parents to, group support e.g. parenting groups and / or adult and/or family learning so that those who have had one-to-one support can move on to a supportive group

Source: Semi-structured interviews with 59 line managers from 12 case study LAs

Reflecting on the line managers' views and experiences around workload management highlights the need for PSAs to have regular line management support and supervision and for there to be an appropriate range of services locally available to which PSAs can signpost or refer families.

3.6.6 PSAs' perspectives on managing their workload

Workload might have been overwhelming at the start of the pilot, settling down to a manageable level, or might have built up after a slow start. While some PSAs felt that they were working to full capacity from the outset, others that they could handle more one to one or group work. It was often difficult for PSAs to generalise about level of workload, there were busy days and fairly quiet ones. The number of times they would see parents and the intensity of one to one work varied from a single ten minute conversation to regular meetings over several weeks.

Across LAs, most PSAs reported that they had no notional number of families with whom they should be doing one to one or group work, but a number referred to their job description specifying between 20 and 40 cases (but see also the line managers' perspectives, Table 7). However, this seemed to assume that PSAs would be working at the preventative level as

anticipated for the pilot. Where families involved were at crisis level, perhaps requiring one or more visits weekly, this number of cases was not tenable. Long travelling distances, particularly in rural areas, also detracted from the number of cases that a single PSA could take on. School based PSAs in particular, whether Model 1, 2 or 3 typically dealt with cases as they arose, viewing a fixed number of cases as too rigid an approach.

Good organisational skills were essential to managing heavy workloads effectively, and learning how to prioritise and allocate time took precedence over reducing the number of cases. Other strategies for managing workload included running groups to support more families, developing a (flexible) framework for visits, having a spreadsheet to monitor active / closed cases, and signposting to other agencies. There were, nonetheless, ongoing factors that singly and in combination had a strong bearing on the way workload impacted upon individual PSAs:

- Referral routes (whether cases were self referred or school driven or mixed)

- Gate keeping by line manager

- Level of need

- Focus of role (includes clarity of role, default roles, signposting opportunities)

- Range of work

In LAs where PSAs took referrals directly from the schools the exact process was slightly different between schools and individual PSAs. Some PSAs reported fairly free rein in generating/accepting referrals for one to one work, as well as in choosing workshops and activities for working with groups. Others received more guidance from their school based line manager. At one end of the guidance spectrum the PSA would be asked to submit each referral for a decision as to its suitability and the nature of work to be done, at the other end of the spectrum the guidance would be much more in the form of joint discussion.

A high level of control can protect the PSA against case overload, but it raises the issue of maintaining PSA / parent confidentiality and immediacy of contact, both important elements of this relationship. Close control might in some schools also be used to channel the PSA into duties outside the parent support role, a risk perhaps more easily avoided where line management is with a locality team. (In defence of school line managers it must be acknowledged that close monitoring may not reflect intent to subvert the PSA role, but be chosen, for example, in the light of a PSA's over enthusiastic approach to engaging parents).

Most PSAs saw effective referral processes and good line management support as the keys to successfully keeping the PSA focus on *parents*, reinforced in LA59 by a directive that PSAs were not to work directly with children, as primary clients. In this LA none of the PSAs had an agreed range of types of work: this would be incompatible with that LA's Parent Partnership's emphasis on parent self-referral.

Where a system of parental self referral was in operation, adequate publicity was essential to promote take-up; the experience of several PSAs, at least in the early days of the pilot, working in schools where the self-referral rule was being strictly applied was that take-up fell some way short of capacity. Other schools, concerned that the PSA role might not reach those parents most in need, interpreted the self-referral ideal more liberally, e.g.:

'If there is a parent highlighted to the PSA that does need some help there are ways of sort of getting round the non-referral bit. They don't go chasing after the parents, but they can make inroads into building a relationship with that parent and encouraging them to come and see them and get some help.' (LA59/PSA17).

In the process of introducing a new role in schools all staff (including the PSAs) needed to come to an understanding about how the functions of a PSA's work could legitimately be adapted to suit individual schools' contexts and ways of working within the framework of the Models.

In some schools this was clearly working well: whether caseloads and range of work were supervised closely or more informally by a head teacher (or other member of the senior management team) there was no sense in which the PSA was being 'used' simply as an extra pair of hands or for tasks that would more correctly fall under the remit of other roles. In such schools PSAs reported a high degree of autonomy both in the number of cases they dealt with and the range of their work, and ideally the skills brought by the individual PSA complemented the needs of the school and its way of working, expressed by a Model 2 PSA as follows:

'PSAs take different roles in different schools. It depends on how they are integrated into the working practice of the school and on the skills and experience they have brought to the role'. (LA50/PSA14) and
'I don't think maybe we've had a lot of direction from the head teacher. It's been kind of "just get on with it", you know, "and do your job". And they haven't told us what to do or anything. And I've just used my initiative from my previous work experience to know what families will need. It has developed as the job's developed. Whatever the need has been, I've picked up on it, you know? ….' (LA61/PSA5)

Clearly, job and person specification (and the whole process of candidate selection for the role) require careful attention to ensure optimum match of PSA with school(s).

However autonomous, PSAs were usually not taking decisions on 'what parents need' in isolation, but were having discussions with school staff, outside agencies or the parents themselves. Supervision sessions provided the opportunity to discuss the range of cases and a close network of PSAs meeting fairly regularly offered an additional source of professional support enabling school initiatives, problems and solutions to be shared. Both forms of professional support played an important part across LAs, Models and contexts in helping PSAs to work confidently and effectively.

Overall, individual PSAs had differing conceptions of the types of work that they should be engaged in. In LA58 only one of the PSAs said that this was agreed: her cluster had documentation outlining the scope of the type of early intervention work PSAs should undertake. By contrast, the other PSAs in this LA were not able to refer to written documentation, and gave accounts characterized by shifting perceptions, by both PSAs and other professionals, of appropriate PSA work.

3.6.7 Clarity of role

There were examples of a lack of clarity in the PSA role, and this was, perhaps understandably, more likely to happen where PSAs had previous experience in related roles (sometimes working in the same school). In LA 52, for example, most PSAs had previously worked as teaching assistants and this made for confusion of role, with the result that many were involved during the pilot in work that was not included in the PSA remit In LA51, too, some PSAs were concerned about cases where a school driven agenda superseded the intended focus of their role. Non-PSA roles included dealing with extended leave and

paperwork, translation for SENCO, home visits for attendance, first day calling, dealing with all late children at the beginning and end of the day, being in the administration office answering the telephone, running groups for children, dealing with behaviour issues in school.

In LA59 the PSA Information Support Workers' (PSAISW's) work helped to clarify the role, particularly in the early stages of implementation, a function undertaken elsewhere solely by project co-ordinator(s). The two PSAISWs worked both with school based PSAs and head teachers to understand the new role and how it fitted into the schools particularly in the light of the LA's emphasis on offering a non-referral, universal, impartial and confidential service. As well as working to clear up confusion (and some resistance to this new concept for schools), the PSAISWs were involved in explaining responsibilities in the context of shared governance between the schools and the local Parent Partnership.

Although PSAs across the LAs recognised early intervention as the ideal focus of their work, they were frequently the first (and sometimes in practical terms the only) person available to deal with a parent/family in a crisis, because of the immediacy of the parent's distress, waiting lists elsewhere or sometimes the high entrance criteria for support from other services. At times the PSA's intervention amounted to obscuring failure of provision elsewhere in the system denoting a lack of 'seamless support' for parents.

3.6.8   Empowering parents to move on

Overall, PSAs were aware of the potential for some parents to become dependent upon their support and about half sometimes perceived challenges in this area. At the same time there was understanding of the need to recognise in parents the point at which they were ready and capable of moving on:

> *'People do know how to sort things out, but they haven't at that stage got the skills amongst themselves or the confidence or they're just too trampled by what's going on to be able to do it themselves and all we're doing is supporting them until they feel stronger and feel able to do it for themselves. I don't like doing stuff for people because I think that just makes people dependent, so wherever possible I point them in the right direction rather than doing it for them.'* (LA51.PSA6)

PSAs described *'remaining professional at all times',' keeping a professional distance', 'solution focused work', 'working out an action plan'* and '*giving parents the tools and skills to manage'* as strategies for managing these tensions, at the same time accepting that some families have a longer term need of support, perhaps with a tiered approach. Moreover, there were some parents who would not avail themselves of opportunities whatever the choices and information offered.

PSAs felt that parents could be empowered by:

* Working in a way that kept ownership with the parent, coaching them rather than 'spoon-feeding' them to take the necessary steps themselves.

* Giving gentle prior warning that the PSA would be reducing contact - e.g. LA55/PSA5 called this a *'weaning off'*, gradually seeing parents less and less and forewarning them that her current regular support was coming to an end.

* Encouraging progression from 1:1 to a workshop or parenting group.

* Continuing to check back with parents from time to time.

* Ensuring families knew they could renew contact for same or different issues.

* Signposting to another agency at an appropriate time.

3.7   Working with fathers and male carers

3.7.1   Lack of focus

TDA had input from Fathers Direct (now called the Fatherhood Institute) in the preparation of initial training materials. All PSAs were offered copies of Fathers Direct publication "Working with Fathers" and one developed specifically for PSAs entitled "Engaging Fathers in their Children's Learning". Overall, however, PSAs' work with, and plans for future work specifically with fathers/male carers was particularly patchy. A small number of PSAs, and clusters, appeared to have undertaken work with fathers/male carers, while the majority had done little. Similarly, planning for future work with fathers/male carers was limited and fragmented. Overall, the picture was of a low level of engagement with fathers and male carers across LAs and PSA models. Some PSAs regarded this as an issue, others were more resigned to accepting this as a longstanding and widespread phenomenon.

For example, in LAs 54, 56, 58, 62, 63, 60, and 61 specific provision aimed at fathers/male carers was on an ad hoc basis, and there was little in the way of anything approaching a coherent or planned approach to the issue of engaging fathers/male carers. In a minority of cases, for example, LAs 66, 67, and 69, there was no provision specifically aimed at fathers/male carers at all. The most that the PSA co-ordinator could report for LA67 was that '*we're looking at it at the moment*' (LA67/C). This co-ordinator went on to comment that '*I think they* [fathers/male carers] *need a different sort of service*' (LA67/C), but was unable to say why, or what, that might be. There was a heavy reliance on the initiative of individual PSAs. In the case of LA58, a male PSA provided martial arts based courses for fathers/male carers and children; this course was repeatedly referred to by interviewees from that LA, the co-ordinator included. Similarly, in LA65, one male PSA had been appointed with specific experience of work with fathers/male carers. This PSA was then used as a resource by other PSAs interested in work with fathers/male carers. In LA51, the LA had arranged training with Fathers Direct, and those PSAs who were interested in this were able to attend. This training provision appeared to be unique to LA51.

A few PSA co-ordinators were able to provide clearer evidence of more effective PSA provision for fathers/male carers. Three LAs stood out in this respect - LAs 64, 57, and 68, and in LA61 the co-ordinator referred to specific fathers' groups running in a number of schools either as one-off events throughout the term or on a regular basis. For example, the co-ordinator for LA57 noted the LA's PSAs had offered:

- A Dads and Lads Club with support from Family Learning.

- A Family Financial Literacy course, called 'Making the Most of Your Money', that was aimed at dads. The theme was linked to the TV programme, 'Don't get done, Get Dom'. *'Because it's a bit macho, of course we got tons of dads turning up for that'* LA57/C.

Line managers reported a spectrum of PSA work with fathers and male carers. A small minority of the line managers reported work with fathers not having been addressed and made no mention of fathers being involved. It was much more common for line managers to report the involvement of a small number of fathers or male carers *despite* a lack of specific focus on engaging men:

> '*We haven't done anything special for fathers, as we're trying to get our hard-to-reach parents more generally but dads come to the gardening project, three or four parents.*' (LA51/LM3)

Even when reported as a 'success' in engaging fathers, objective numbers were small. Four line managers reported cases where one or more fathers who had taken on the main caring role had engaged with PSA support and another recognised support for this group as 'a huge gap':

> 'We have got quite a few single dads here, so we said we'd try to get them together as there's a huge gap and it's not easy for men, particularly if they've got daughters. It's something we've got to develop a lot more.' (LA56/LM1).

Seven of the 59 line managers interviewed gave examples of father-specific work by PSAs. These included:

- A male PSA who ran martial arts groups for fathers and children (that PSA had martial arts skills himself).

- A female PSA who had spoken to fathers she met and, at their request, started a Fathers Cookery Course.

- A female Senior PSA had begun to engage fathers informally through use of a Wii where young lads engaged fathers to play with it with their child. This informal engagement was seen as 'a start', a way in to engaging fathers in other ways.

- A group of PSAs had worked together to put on a successful 5-a-side football competition involving fathers and children.

- In one LA, a number of PSAs had put on activities specifically for fathers, such as 'Active Dads' which encouraged fathers to interact and play with their children.

One line manager noted, however, that while activities such as football engaged fathers to some extent, this did not always follow-through to their engagement in their children's learning:

> 'Fathers will come in for football, but when it comes to hearing their kid read, they are obvious by their absence'. (LA50/LM11)

There were also a few examples of PSAs signposting to, or fitting in with, existing fathers' groups and activities. In one instance, this was part of an LA-funded drive to involve fathers and male carers supported by focused funding.

A few line managers also reported that their PSAs routinely invited both mother and father to activities and meetings, even when the parents lived separately. However, even this level of routine but specific work could not be taken for granted as, one line manager in LA60 emphasised the importance of not making fathers feel 'singled out' or 'picked on' and implied that fathers were not addressed specifically in correspondence.

Unfortunately, the two male PSAs in one LA, both deemed very successful, were leaving for personal reasons - the LA 'will work hard to recruit more men', LA57/C. The co-ordinator for LA57 went on to explain the LA's general approach to the issue of PSA engagement with fathers and male carers:

> 'We tried to do it right from the start. Wherever we've been dealing with a mum where there's been an issue with school, we've always tried to deal with the dad as well. It was a decision that we took as a group, that we'd do that. Sometimes you can engage them and sometimes not. […] So it is a focus anyway and it's actually a focus for the local authority. It's one of our local authority targets so we're just following them, really.' LA57/C

This LA-wide approach contrasted well with the 'hands-off' approach of LA54, which had little in the way of specific provision for fathers/male carers and the co-ordinator said, any provision was simply up to individual PSAs and schools:

> 'We haven't done it [planned provision for fathers/male carers] as a local authority, if you like. It's been done at a school level so where the school sees that as an issue they will have dealt with that.' LA54/C

There was some appreciation of the difficulties of engaging fathers / male carers that arose from the typical work patterns of men, or cultural attitudes towards child care on the part of LAs, schools, communities, and some men, also the prevalence of single parent families headed by mothers. The co-ordinator for LA50 noted that LA50 had only recruited three or four male PSAs, as opposed to 50 female PSAs. This, the co-ordinator felt, '*testified to the way genders were perceived in relation to supporting young people through learning*' (LA50/C). However, there was little sense that co-ordinators or PSAs as a whole were developing strategies to address the issues. One interesting point made in this context, by LA68/C, was that home visits became vitally important if there was an intention to engage fathers/male carers more effectively.

3.7.2 Attitudes towards engaging men

Among the 59 line managers, there was recognition that the generally low levels of engagement with fathers and male carers was an issue, but levels of concern, and therefore of activity around addressing this issue, differed. Some acknowledged it was an area that needed to be addressed proactively:

> 'This is an area we need to develop further. We don't do enough to proactively involve fathers.' (LA51/LM2)

Others were willing to express a lack of concern and a belief that, in doing nothing to ensure the engagement of fathers and male carers was a routine part of PSA work, they were being even-handed:

> 'I suppose, if I was to be honest, the answer is, I don't particularly differentiate. Parents are all engaged the same.' LA58/LM1

This degree of gender-blindness was widespread and must be of concern in a national context where the involvement of fathers and male carers in children's education and upbringing has been recognised as crucial.

Male PSAs were perceived as helpful in engaging fathers but, as male PSAs were a minority, there were also concerns about expectations in some (but not all) LAs that had male PSAs that they ought to do all the work with men. This was highlighted by LA58/LM2, a line manager and male PSA:

> 'I think that it has helped with fathers [being a male PSA], I think that it does provide some difficulties though, in that with there just being myself and [name of another PSA] as blokes in the team, if it is envisaged that a fellow will work purely because they are fellows, then it does push cases towards me and [that PSA]. Two outcomes really-— either you end up with not having the best worker purely and simply because it has to be a man purely and simply because there's only me and [PSA] and we get stacked out; or parents not getting the right service […] I don't want to bog it down that it's presupposing that blokes need blokes. I guess what I'd say is that no matter what the sex of the case that we are working with, if it's envisaged that a fellow will work better with it, then it comes down to the fact that there are only two of us out of ten'. (LA58/LM2)

3.7.3 Barriers to engaging fathers and male carers

The following range of barriers to engagement of fathers was identified by line managers and PSAs :

- PSAs not given the support and guidance to focus on fathers.
- The few fathers who did turn up to groups and activities were often put off by the predominance of females.
- The number of fathers absent from families.
- Fathers' working hours compared to PSAs' working hours.
- All or most staff in the school/locality/team were female.
- Societal or community attitudes that mothers deal with children.
- The significant male in the family may not be a positive figure (e.g. domestic violence).
- Some mothers did not want the fathers to be involved.
- The prevalence of single parent families headed by mothers.
- Fathers' time schedule and mindset dominated by work.
- Cultural traditions that assign children's issues exclusively to mothers.
- Need for babysitter if both parents attend a course/programme/session.
- Possible exacerbation of traditional barriers in families where fathers do not speak English well.

Arguably, these fell in to two categories: those that PSA action could overcome with focused, father-specific action and those that were endemic in societal mores and therefore harder to break down. For example, four line managers recognised that one barrier was their not having given their PSA support and guidance to focus on fathers. This support and encouragement could easily be provided. Line managers from ten of the 12 case study authorities identified fathers' working hours, compared to PSAs' working hours, as a barrier but, if this were acknowledged as an issue to address, PSAs' hours could be adjusted to enable early evening working or occasional weekend work. In summary, the overall lack of support for fathers and male carers suggests that a greater focus on fathers ought to be a priority, post-pilot.

Approaches used (and planned) for engaging with more fathers were:

- Home visits at a time when fathers are available.

- Addressing letters, newsletters and other communications to both parents and in cases where fathers live apart from their children, explicitly to fathers.

- Offering activities that are likely to appeal to male parents, e.g. football.

- Specifically targeting activities that will involve fathers and their children, e.g. 'Dads and Kids' events.

- Deploying male PSAs to work with fathers.

Overall the success of these approaches was rather mixed. While there were examples of success, both on a one to one and on a group basis, actual numbers were usually quite small. In LA56, for example all the PSAs had fairly regular contact with some fathers, varying between 2 and 8, though nothing was offered specifically for them. One PSA attracting three fathers out of a group of eight families described this as *'a huge success'.* As regards group working, male focused activities rather than arts and crafts seemed on the whole to be more successful, though again numbers were fairly small:

> *'What you put on is important, and it's a matter of consulting with them to find out what they want. It's no good just thinking of an idea and then just expecting them to come in. If you put something on that's a kind of like a hook, then they'll come in. If you put something on that dads would never dream of doing, then they'll not come in.'*
> (LA61/PSA4)

For some, but by no means all activities, and football is an obvious example, it seems likely that a male PSA would be at an advantage in recruiting a team, or accompanying 'Dads and Kids' on a football-focused outing. In one to one work, however, it would not necessarily benefit parents for fathers automatically to be assigned to male PSAs, for this would override the expertise of individual PSAs (male and female) that equips them particularly well to deal with individual cases.

In general, PSAs supported the view that *'it's how you approach fathers'* that helps or hinders success:

> *'You do have to do the drip-drip approach because a lot of fathers will say initially, "I leave her to deal with all that type of thing"'.* (LA55/PSA5)

This approach could also tap into male carers' fears that their role as a parent is secondary because they are not listened to, as suggested by a PSA in LA55:

> *'…I always try to reinforce the message with mum that dad is important in this place, and he needs to be a part of it. ….very, very often you can sift through those that are going to give you a bit of input, if you bump them up and are going to say how important their role is within the family and how they can affect the changes that we've all been discussing, a good majority will partake…'* (LA58/PSA1)

Two issues arise. First, at present fathers' needs are not being met and this should be addressed. The second concerns strategy. Regard for parents' autonomy as well as a sense of realism calls for acceptance that some fathers simply do not wish to become involved. Nevertheless, there is a responsibility to attempt to engage and support fathers and male carers. Targeting is one possible strategy. Self referral appears not to be a successful approach to engage fathers and so will need to be rethought, for example in LA58 which places a firm emphasis on self referral, and a more proactive approach implemented.

3.8   Budget-holding PSAs

Nineteen of the 20 LAs received funding for budget-holding PSAs; one refused as the authority did not want some of their schools funded in a different way from the others. The majority of co-ordinators interviewed believed that budget-holding had been a success, allowing PSAs to respond imaginatively to the individual needs of parents. There was a range of budget sizes from, for example, £200 a term in LA52, to £3,000 an academic year in LA51, but the positive response of the co-ordinators to budget use was similar. However, three co-ordinators expressed reservations - LA56/C2, who noted that budgets '*were not used as well as [they] could have been, [and I have been] urging them to spend it'* (LA56/C2), the co-ordinator for LA53 made the same point, while LA63/C argued that:

> *'the problem was stopping them using the money on inappropriate things, like, for example, a PSA wanting to buy a bed for a child whose mum had died, and he'd gone into care, and there was a problem with social services'.* LA63/C

Interestingly, a similar case in LA54 was deemed to be an entirely appropriate expenditure by a PSA. And, in contrast to the co-ordinators for LAs 53, 56, and 63, the other co-ordinators were much more positive in their assessment of PSA budget-holding. There was general agreement that PSAs had particular knowledge of individual family situations that enabled them to target funds effectively. Examples ranged from the topping up of Oyster Cards in London to enable parents to use public transport to get to job interviews, or children to hospital appointments, to the buying in of parenting courses, via single item purchases, and 'bonding days' out for whole families. One co-ordinator highlighted the rapidity of response available to PSAs holding budgets:

> '*Some of the uses [of the budget] did make an incredible difference to some individual families and groups of parents, the way PSAs were able to act quite quickly to respond to crisis situations.*' LA59/C2

PSAs were also seen to be better able to help facilitate group work with parents by responding to parental ideas, for example:

> '*They [PSAs] approached the groups of parents they had worked with and asked them, "what can we do to help you parent your children?" So in the groups they've been out to, whether it's parent surgeries or special days for parents, they've started to set up things that weren't there before to engage parents. Things like crèche facilities, resources to give parents.*' LA55/C

The examples provided by the co-ordinator for LA57 provide a good indication of the range of spend:

- Paying for a houseclean for a parent who had had a mental breakdown and wasn't cleaning the house so that, once it was clean, the mother could be supported to keep it that way.

- Buying a child some very cheap bedroom furniture as a reward for the mother keeping the house clean and to try to engage that parent on the Incredible Years parenting course and ensure the child had had breakfast through Breakfast Club.

- Funding lots of activities for Y7 parents to help them engage with the life of the high school so that such engagement becomes the norm.

- Buying resource kits for the Share courses.

- Buying kits for holiday activities.

- Provided a Christmas crisis drop-in between Christmas and New Year for families across six schools in one socially disadvantaged area to provide free sandwiches and activities for parents (mainly single mothers) and their children to do together and so reduce the pressure at home. (LA57/C).

There was little sense that having budget-holding PSAs had had any impact on the local commissioning of services. However, the co-ordinator in LA61 stated that budget-holding PSAs had been enabled to match services specifically to parents' needs:

> '*I think they've been able to commission more tailored services; so where they've consulted with parents and they've been able to use some funding to get very specific courses that maybe are outside of the local authority remit, using local colleges and voluntary organizations.*' (LA61/C)

Another interviewee suggested that in a small way budget-holding had helped the Education Welfare Service because parents disadvantaged by poverty had been assisted through the budget to buy school uniform, this in turn helping to increase attendance. CAMHS had also been supported in that missed appointments had been reduced by the facility to fund some parents with transport arrangements. However, the budget-holding PSAs did give many examples of ways in which they had used their budgets to support parents in accessing additional services and activities. Examples included: coffee mornings (very popular), arts and crafts sessions, behaviour, IT, literacy and numeracy courses, transport for parents, and trips during school holidays that included children:

> *'We've been able to plan trips for parents knowing that we could rely on the school to give us the money. It's been much easier, knowing that we didn't have to scrimp and save or apply for funding anywhere. The money's been there, it's been accessible at any time for us to go out and get what we think is appropriate'.* (LA61/PSA3)

The budget might also be used to buy household equipment or clothing in a crisis situation, e.g. a washing machine for two child carers looking after a dying parent.

The PSAISW in LA59 explained that seven schools had budgets, and it was envisaged that the budget-holding PSAs would have a major control over how the money was spent. However, many schools had not accepted this and some PSAs were left unaware of how much money remained to be spent. In a number of LAs some PSAs were unsure (certainly during the earlier phases of the evaluation) whether or not they were official budget holders and what this status entailed, and even during Phase 3 a small number of budget holders reported that they had no idea how much money remained unspent. Greater transparency would greatly aid PSAs in spending the budget efficiently, even where monitoring its use is felt desirable.

Budget-holding PSAs were able to put the funding to very many good uses, and most non-budget holders would have liked a budget at their disposal. However, there were comments from both groups to the effect that the budget level need not be high to be effective. Many were skilled at finding funding to supplement a small core budget, but this task proved onerous with nothing as a basis for their efforts.

3.9   Working with the Third Sector[16]

Collecting data from PSA co-ordinators about the involvement of PSAs with the third sector came as an additional request from the DCSF after the Phase 3 interviews were well underway and so too late for inclusion in most interviews reported here. Nevertheless, although the evidence base is relatively small, there was still evidence of third sector involvement of different types. For example, in LAs 51, 52, 55, 56, 61 and 67, a variety of voluntary sector bodies had been involved with PSA work, including counselling services, churches, a sexual abuse agency, Barnardos, Parentline Plus, and Homestart. In addition, it was known that a third sector agency was responsible for the delivery of PSA services in a small cluster in LA54, and that the management of PSA services had involved a third sector agency in LA58.

In LA61 the co-ordinator indicated that budget-holding PSAs had used some funding to commission specific courses that lay outside the remit of the LA, from local colleges and voluntary organizations. The latter included some work with fathers commissioned with a locally based children's charity whose 'Fathers Plus' project aimed to ensure the inclusion of men in caring roles in all approaches to work with families.

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[16] In addition, one LA's PSA service was operated through the 3rd sector.

Six line managers (three each in LAs 53 and 55) said their PSA knew about relevant voluntary sector organisations and worked with them to ensure families obtained the support on offer. For example, in LA53, PSAs were linking families in to a voluntary sector organisation that works with girls involved in or at risk of prostitution; one that supports children living in vulnerable accommodation; and projects supported by local Children's Fund work. In LA55, examples of such linking in with 'a plethora of agencies' including working closely with Home Start in specific cases, with Family Mediation, bereavement support and Citizens Advice Bureau. One line manager made the point that PSAs wouldn't have had to find out about so many voluntary sector agencies if they had literally stuck to 'early intervention' issues -'*our PSAs have become experts at signposting appropriately.*' (LA55/LM17).

In LA55 PSAs had delivered the *Incredible Years* parenting course jointly with the Ormiston Trust and also were supporting the Trust with organising and delivering its Fun Day for Families. Another LA55 line manger described PSA support and funding for voluntary sector activity / work with migrant families:

> *'We've got a group for parents who are migrant workers or non-English speakers […]. This was an approach from somebody from one of the local free churches who approached us to say she was aware of a similar project elsewhere. As a team, we have helped support the funding for them to have a venue - it will be moving to our new Children's Centre - and this lady from this church is running this group and our PSAs have taken parents along there. Parents who didn't know anyone and who felt strange about being in a place which is really largely White and English-speaking. […] That has been very successful and, where appropriate, the PSAs have accompanied parents to go to there, to reassure them and help them join in.'* (LA55/LM8)

Two line managers had a more strategic-level arrangement with the voluntary sector. One stated:

> *'Another thing I've done in my locality is that I've developed a partnership arrangement with the Family Welfare Association, which is a national voluntary sector organisation, because they've had some resources available for home-school liaison we're working on, we've tied that in together so they are actually funding a bit of work but they're looking to me to provide a bit of work for these people to do. We've set up a partnership relationship and developed a body of expertise around support to parents and home-school liaison.'* (LA55/LM8)

Thus, even with a limited data set, there were examples of the PSA project interfacing with the third / voluntary sector at a number of different levels:

- Strategic-level partnerships

- Line management and supervision of PSAs by third sector

- Clinical supervision for PSAs bought in from third sector organisation

- Signposting and linking families in to third sector/voluntary sector organizations and vice versa

Mutual support was also being offered for advertising and recruiting parents for courses, delivering the course and supplying a venue. There was evidence too that:

- Voluntary sector organisations provided money, goods or services to support PSA work

PSAs listed a range of voluntary sector organisations used frequently for the practical support some of their families needed. These included a local advice centre, a group supporting young people who are vulnerable to prostitution and grooming, groups to support those in vulnerable housing, services for refugees and asylum seekers, Home Start, organisations supporting families with children with additional needs, and various trusts providing money for families in crisis.

In LA59 information would be disseminated to PSAs through the Information Support Workers. It was not possible to generalise about uptake of the information, however, as even within clusters of schools demand (in the context of parent-led provision) varied on an individual school and parent population basis. Some of the PSAs, for example, took up the offer of sessions on anger management and ran this with groups of parents, whereas others found no demand for this. PSAs in other cluster areas / individual schools found varying need for training around drugs misuse, teenage pregnancy or domestic violence. Parentline Plus, for example was mentioned by three PSAs in LA56, but did not receive this degree of emphasis elsewhere and there were similar variations across LAs.

- The PSA budget-holder provided money or other support to third sector organisations to support their work with parents

- The PSA jointly delivered parenting support, fun days, holiday activities etc with voluntary sector groups

Such links brought the benefit that fun/activity days were planned across a number of agencies (in some cases the whole locality team) so as not to compete or overlap with other groups being offered to parents in the locality area. Finally, in two LAs a PSA was on the Board of a voluntary sector organisation.

3.10   Training

Training has been addressed systematically throughout the pilot. Initial training of PSAs was provided by the TDA, with additional elements added locally by LAs to meet local needs. This is described in detail in the 1st Interim Report Section 3.2[17] and is summarized in Section 2 of this report. At that time, there were many positive comments about this initial training, both its context and style of delivery. However, it was necessarily relatively brief but also intensive. In essence, a new professional group was being set up in a matter of days.

An analysis of the initial training is summarized in Section 2.2.1. Building upon this brief initial training, the TDA developed a qualification at Level 3, as part of the Support Work in Schools (SWiS) suite of qualifications, which became available in January 2008. Three qualification awarding bodies are currently offering the SWiS (Parent Support) qualification - CACHE, Edexcel and OCR.

The TDA has completed a map of the functions of PSAs, as established through the pilot and will use this map as a basis for discussions with national partners such as Children's Workforce Development Council, National Academy for Parenting Practitioners and Lifelong Learning UK to consider the development of broader or higher level qualifications based on National Occupational Standards and linked into the Integrated Qualifications Framework.

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[17] Lindsay et al (2007) *Parent support adviser pilot: First Interim report from the evaluation. Research Report DCSF-RWO2O.* http://www.dfes.gov.uk/research/data/uploadfiles/DCSF-RW020.pdf Section 3.2

3.10.1 Reflections on Initial Training

During the Phase 3 interviews we explored the views of PSA co-ordinators, PSAs and line managers about training as a whole including their reflections at that time of the initial training, and the subsequent development.

All the PSA co-ordinators praised the initial TDA training package - there was a high degree of uniformity in their very positive responses to the training. Typical comments on the package were:

> *'I attended several of the sessions and was absolutely delighted with the programme; it's obviously been written by a team of people who know what they're about at a practise level but also a sort of legal and strategic level and we're going to use it again, which I think speaks for itself.'* LA62/C

> *'The initial training package was absolutely fantastic, very thorough'.* LA65/C

> '*The initial training was very thorough […] connecting theory and practice*' . LA55/C

> *'As a baseline and a way to start we found it very useful. The PSAs evaluated it very highly. A great opportunity to get us all together and get to know each other'.* LA66/C1

LAs had, nonetheless, added additional elements to the basic TDA package, bringing in material that was felt to be important given local conditions, or filling perceived gaps in the initial package. For example, one of the co-ordinators for LA66 explained the LA's Common Assessment Framework (CAF) co-ordinator was brought in to cover the CAF element, while the LA's health and safety rules formed the basis of the element about health and safety and the LA's Child Protection Officer also made a contribution. The Safeguarding Children in Education training, run as part of the Education Welfare Service training course, was also included, so that PSAs received the same training on this topic as other members of school staff in this LA, rather than that provided by the TDA. PSAs were also given an overview of the parenting support material provided in the LA, and how to refer for parenting groups. Other LAs bought in training packages to enhance the TDA's programme. For example LA63 had particular concerns about safety training for their PSAs, and, in consequence, provided personal safety training from an in-house expert, in addition to buying in home visiting training from the Suzy Lamplugh Trust. Similarly, LA67 provided additional safeguarding training, and all the LA's PSAs were also trained in a basic parenting course, as well as receiving additional training on domestic abuse and bereavement.

The majority of line managers interviewed were also positive about the PSAs' initial training. The following issues raised by line managers must, therefore, be considered in that context. Some PSAs had prior, relevant experience and/or qualifications above the level assumed in the TDA initial training and consequently line managers thought the appropriateness of the training varied according to the PSAs' backgrounds, suggesting that post-pilot training should take this variety more into account. Five line managers (LA54 and LA52) thought the initial training had been too much all at once and had left some PSAs feeling overloaded. Others made the point that, on top of the TDA training, each school had to induct the PSA into that school's way of working. In one LA that had Area PSAs who only delivered groups, the line managers thought the initial training had not been as relevant for Area PSAs as for PSAs. However, this was later addressed locally. Line managers from four LAs queried the timing of training, suggesting that it might have been scheduled to happen in school holidays or before the PSA started in post rather than taking PSAs out of school.

Line managers in two LAs (LA51 and 56) identified gaps in initial training, as it was delivered in their LAs. In LA51, this was around Child Protection, in particular how PSAs could contribute to Child Protection conference meetings conferences and in, LA56, the gaps identified were around parenting, risk assessment, and home visit protocols. Line managers in both these LAs also suggested that it would have been helpful if line managers had had briefing about the training; this had happened in other LAs.

Hence the line managers had some concerns, but were generally positive about initial training. A more significant concern was a sense of disappointment in some LAs that the investment by the TDA and schools in training the PSA pilot workforce was to be 'wasted' because there was insufficient funding to provide jobs for all the PSAs post-pilot or because school-based PSAs were changing to cluster-based PSAs post pilot. One also noted that even if schools employed PSAs themselves, they would not have the knowledge and expertise to provide the breadth of training the PSAs require:

> *'It's been a well-organized pilot but they've now developed this highly trained workforce and a lot of the PSAs aren't going to have jobs. It's a shame because they are now skilled in this area. [Even if the schools employ a PSA], we don't have the expertise on the staff to train somebody in these areas. "What do you do when you go round to somebody's house?" We don't go round and make home visits to families. You need somebody outside to come and offer all these ideas and who have the expertise to do it.'* (LA52/LM2)

3.10.2 CPD and the SWiS (Parent Support) qualification

It was unusual for PSAs to undertake additional, Continuing Professional Development (CPD) that was not specifically designed for PSAs after their completion of the TDA initial training package, even where this was offered. In part this was because, in some LAs, the TDA package was delivered over a period of time, while other co-ordinators were very aware that school-based PSAs in particular faced a problem in being out of school; as one co-ordinator put it:

> *'If they're only half time in school and we pull them out too often we get some backwash from the schools who say "They're never in school, they're always training!" It's not quite right but if they're working an 18 hour week they could lose half of that just by coming to a training day and travel.'* LA62/C

Despite this complaint also being made by head teachers in LA69, the LA developed a flexible CPD package for their PSAs whereby PSAs identified their own preferences for training and booked themselves onto courses, which might include post holders other than PSAs. Further, the co-ordinator for LA69 organized termly networking meetings, for which PSAs were taken on an away day, the morning devoted to a training session, for example, anger management, the afternoon to a speaker on, for instance, child protection issues. The networking meetings provided an opportunity too for PSAs to bring in materials for others to look at and consider using. The co-ordinator planned to continue with these meetings after the pilot. Other PSA co-ordinators, for LAs 55, 57, and 65, expressed satisfaction with their LA's CPD programmes that were available to the PSAs.

Line managers' and PSA co-ordinators' perspectives

Most of the line managers interviewed were positive about the opportunities for, and relevance and quality of, continuing professional development available to the PSAs. A minority raised some issues. In LA50, three of the four thought the high volume of training had taken PSAs out of school too much although they also acknowledged that the training was equipping PSAs with additional skills for the future, even if they might need to find

employment in different roles. One line manager in LA59 was wary about the value of very short courses, arguing that they gave enough information 'to be dangerous', this linked to his view that PSAs were dealing too much with crisis support. In LA61, LM11 noted that the PSA was so busy it was hard to ensure time for CPD, while another in that LA thought the 'best' CPD was the PSAs themselves meeting and talking over issues and problems.

An integral part of the pilot was the development of a nationally accredited qualification to support PSAs' professional development. The qualification was also intended to support the development of people working with parents in schools outside the pilot. In developing the qualification, the TDA cited a number of key challenges that were addressed:

1   Completing the development and accreditation process for the qualification within the timescales of the pilot.

2   Getting staff started on the qualification during the pilot, if not completing it.

3   Supporting the continuing professional development of staff supporting parents.

4   Providing progression routes for staff following the pilot, should the PSA pilot role not continue.

5   Recognising the occupational competence of staff supporting parents, when the role was still emerging and being interpreted locally in different ways.

A PSA Development and Advisory Group (DAG) was formed to steer the development of the qualification; the group comprised TDA, LA and PSA representatives as well as those relevant qualifications expertise. The DAG concluded that the most pragmatic course of action to offer PSAs an appropriate qualification within project timescales was to extend the scope of the Level 3 vocational qualification for Support Work in Schools (SWiS VQ) by adding units from the N/SVQ for Learning Development and Support Services (LDSS) and the national occupational standards (NOS) for Work with Parents (WWP). The resulting qualification was titled Support Work in Schools (Parent Support) to reflect this new 'endorsed' pathway.

The SWiS (Parent Support) qualification received a mixed reception from co-ordinators and line managers. The qualification was criticised for being too low level a qualification and too focused on school work and insufficiently on parents. In addition, there was some commentary from co-ordinators concerning the content of SWiS (Parent Support) and topics that were absent. Nonetheless, the fact that the new role had access to a qualification was viewed positively.

A minority of co-ordinators were very positive about the SWiS (Parent Support) qualification for PSAs, for example, one of the co-ordinators for LA69 commented that the qualification was:

> *'Very valuable. It quantifies what the PSAs are doing, highlights their diversity, makes them feel they are valued. There has been a lot of interest from learning mentors who would like to do the qualification too. So other people in the LA are recognising its value.'* LA69/C1

This strong endorsement of the value of the qualification was also made by the co-ordinator in LA65, who was '*selling it wholeheartedly*' because she believed that it would become necessary to have a professional qualification to work with parents. Positive views from line managers about the value of PSAs having that qualification included that it was useful for PSAs who did not have formal qualifications; that it validated and gave credence to the role;

that it helped to define the role; that it encouraged children and parents to see professionals such as PSAs continuing to learn; and that it contributed to PSAs' professional development and future employability.

More typically, co-ordinators expressed reservations about the level of the qualification, with the co-ordinators from 10 LAs all expressing this concern. The co-ordinator for LA50 expressed a common view, disappointment that the qualification had turned out to be level 3, rather than level 4 as some PSAs were already qualified at level 3. However, the co-ordinator for LA60 reported that the LA had incorporated SWiS (Parent Support) into additional training in order to boost its value:

> *'SWiS is not a full Level 3, and for that reason we've decided to offer LDSS, [Learning Development and Support Services] which does bring it up to a full Level 3. They've done their accreditation for the 5 days' generic, then there's the SWIS, then there's the LDSS, so it's all linking in, there's been cross-over in terms of feeding back and using the work based activities they've done for the generic training and using that to support their LDSS work as well.'* LA60/C

Despite these concerns, the demand for the SWiS (Parent Support) qualification from PSAs was high - 649 in total, or over 90% of PSAs. However, there were variations. At one extreme, none of LA58's PSAs was undertaking SWiS (Parent Support) as they were all qualified above level 3, while in LA56 there was a 75% take up among PSAs, and in LAs 54 and 66 all the PSAs were undertaking SWiS (Parent Support) having been strongly encouraged to do so by the co-ordinators.

Three key points emerged concerning the process of working towards the SWiS (Parent Support) qualification: timescale, the nature of evidence and contracting out. Six co-ordinators raised the issue of what they felt was an unrealistic timescale for PSAs to complete the qualification within the lifespan of the pilot.

> *'It has been difficult for PSAs to do the work in the timescale, not as easy as people thought it was going to be. It is a new qualification and people have been unsure what is required.'* LA69/C1

In a similar vein, the co-ordinator for LA61 noted that working for SWiS (Parent Support) had been '*very challenging for the PSAs in the timescale*' (LA61/C). It appears that one factor was a mismatch between the guidance on timescales provided by some LAs compared with TDA guidance. The latter stated that *"Learners will progress at different rates through the qualification depending on their previous skills and knowledge"* and that "We are confident that learners who begin the qualification in September 2007 will be able to complete by July 2008". Also the TDA provided guidance that stated "As long as PSAs begin the qualification before the end of the pilot, they will be able to access pilot funding for the qualification - even if they complete after the lifetime of the pilot." Furthermore, despite the delay in training centres offering the qualification, all learners could still complete by September 2008 that is within 9 months. According to the TDA, many learners met the assessment criteria in a much shorter period of time.

A few co-ordinators also commented on the content and nature of evidence needed for the SWiS (Parent Support) qualification. There were deemed to be problems with the 'expert witness' element of the qualification. The co-ordinator for LA61 argued that while gathering evidence in the form needed for the qualification was viewed as relatively straightforward, the expert witness statements needed some commitment from schools to provide them for the PSA. The difficulty, in the light of SWiS (Parent Support) being a new qualification, was that no-one could be regarded as 'expert' in this role at this stage. The co-ordinator noted, however, that a possibility for the future would be for PSAs to become 'expert witnesses'

themselves and put themselves forward as such as new cohorts of candidates take up work towards the qualification. A further concern about the evidence required, was also raised by the co-ordinator for LA65:

> *'It's not so much the content of the qualification, because you can map the original TDA modules quite clearly across to the SWiS qualification, it's just the expectation of the evidence that's required and I think [the PSAs] just felt it was a little bit of additional pressure. And because they're now all so busy, because they did that training in that first term and because they felt, "well, we've collected all this information, give us the qualification for it"….They're now working 24/7, they now think it's more and we've had to work quite hard with a couple of them to actually get them to engage with it.'* LA65/C

There were some complaints that, because of delays in the qualification going live, PSAs had been put under pressure to produce the work and evidence required in a short time-span. However, in two LAs this had been addressed by giving PSAs work time to do it (LA55; LA57). It is also important to note that the qualification was voluntary, not compulsory. There were also some complaints that doing the qualification took time away from work with parents. On a more positive note, others mentioned that working towards the SWiS (Parent Support) qualification fitted in with processes for accreditation of other staff and supportive assessors were also mentioned.

It is apparent from these interviews that there were misunderstandings among Co-ordinators about the TDA's intentions regarding the SWiS (Parent Support) qualification and that a number of views were at odds with the TDA's guidance. Consequently, a number of negative comments reflected more on these misunderstandings than the qualification itself.

PSAs' perspectives

Most of the PSAs interviewed had decided to take the SWiS (Parent Support) qualification, though this was not the case in every individual LA. In one LA the pilot co-ordinator had advised that the qualification would influence decisions regarding their employment as PSAs after the pilot. Elsewhere some PSAs were unsure whether or not the qualification was compulsory. Some PSAs decided against taking the qualification because they already had higher level qualifications - this applied to all the PSAs in LA58, working for the most part in area-based clusters, who were all qualified above level 3 and who also felt that the qualification applied only to those based in schools. In LA55, no decision had yet been made at LA level to support SWiS (Parent Support) as it was felt that other qualifications would be more relevant and valuable.

PSAs who held positive views on the qualification's value felt that: the qualification reflected recognition of the value of their work; the qualification would be accepted by others (including parents) as evidence of professional competence in the performance of a new role; and practice could be improved through reviewing work done, and learning things related to day to day work in school:

> *'This is something to take away with me. It's a good starting point and relevant for those in support work. I believe it will stand me in good stead, together with the learning mentor qualification that I have already done'* (LA50/PSA8).

> *'….it gives you ideas to read a bit more on a topic, it is quite thought-provoking. And ideas for reviewing practice and also to question whether an approach you are using with a parent is a good one or not…'* (LA61/PSA12)

Criticisms of the value of the qualification (from those who decided against taking it as well as those engaged with it) centred on:

- Dissatisfaction with the level of the qualification – seen as at a level that does not adequately reflect the responsibilities of the PSA role;

- Uncertainties about the qualification's requirements/boundaries;

- Perception of too much concern with children's, rather than parents' issues (though some interviewees thought the balance was good);

- Lack of learning opportunities, the prime concern being with gathering evidence for work already completed.

- The fact that the qualification was a VQ rather than a full competence based NVQ award.

For example:

> *'Originally we were told we would be doing a qualification for PSAs, but it seems we are actually doing a qualification designed for support people generally, picking out the modules that are relevant to us. So it is not as specific to the job role as I thought it was going to be. I think it should have been a Level 4 qualification. Level 4 would reflect more appropriately the responsibilities of the PSA role'* (LA60/PSA6)

> *'I have dropped out. I found that all I was doing was going over everything I do on a day to day basis. I felt I was learning nothing…'* (LA59/PSA7)

PSAs were recruited from many and varied educational and other employment backgrounds with substantial variation in their qualifications and experience. It is not surprising, therefore, that a wide range of views should be expressed regarding SWiS (Parent Support). However, individual preference for a particular learning style was also significant. The evidence-based, VQ style of assessment was unfamiliar territory to a good number of the PSAs. It is also pertinent to note that a PSA who found the process, *'quite a breeze, it's not been the drag I expected it to be'* (LA61/PSA3) described her learning style as compatible with that of the assessor, while this was not the case with two others in the same LA whose experience was less positive.

PSAs reported that the process of working towards the qualification was aided by:

- Good support from an assessor, and regular meetings to discuss issues arising from the PSA work.

- Keeping learning logs or systematic records of work as completed, commended by, for example, PSAs in LA55; collecting evidence along the way meant that '*a lot of the work we've already done'.*

Good support will be particularly important for PSAs who are new to this style of assessment and can be an important factor in minimising the extent to which working towards the qualification takes time away from PSAs' focus on their caseload.

Those PSAs who experienced lack of support from the assessor felt this hindered their progress, but the most widespread criticisms regarding the process of working towards the qualification were: the amount of time needed to focus on the qualification, which some PSAs felt impinged to an unacceptable degree on the time available for their work; and the speed at which awarding bodies and training providers were able to make the qualification available. The view that engagement with the qualification should have been introduced much earlier during the pilot was widespread across LAs. In addition, several PSAs recorded their difficulty in finding expert witnesses and mentors in school, taking this as a sign that the school trivialised their work.

3.10.3 Training - conclusions

The setting up of a new professional group over a matter of months, ready to go into operation almost immediately, is a considerable challenge. The fact that this occurred at all, with a new, dedicated training programme undertaken by over 700 PSAs across the country is a major achievement. Furthermore, the TDA provided further support for PSAs over the period of the pilot. A series of conferences were organized across the country so that PSAs had relatively easy access. These provided opportunities for updating, sharing good practice and problem-solving. In addition, a new qualification process has been implemented and a functional mapping of the PSA role has been completed, informed by representatives from the LAs.

It is not surprising that there have been some disappointments and criticisms, presented in the 1st Interim Report and here. Nevertheless, these are relatively minor compared with the many positive comments from interviewees. Also, the survey findings (Section 4) indicate that line managers gave widespread positive regard for training (see Table 12).

Looking to the future, the challenges will include how to fund and organize initial training for new PSAs beyond the 20 pilot LAs as new LAs develop their provision, as well as a programme of training within the 20 LAs to fill gaps created by turnover of staff.

3.11   Evidence for impact

The results of the systematic collection of quantitative data by CEDAR will be reported in Section 6. The present section reports the views of the three groups of interviewees which, in some cases, refer to quantitative data collected as part of the present evaluation or by local initiatives. In addition, the survey of all schools provided systematic evidence of line managers' views of effectiveness (Section 4).

3.11.1 Co-ordinators' perspectives

The evaluation interviews with co-ordinators sought to establish whether evidence of impact had been gathered by co-ordinators or LAs in the form of case studies, general perceptions or hard data. A minority of co-ordinators (LAs 58, 53, 50, 69) were able to refer to quantitative data with most of these claiming these data supported their view that the PSA role had a noticeable positive impact. However, in the case of LA53 (which had, by April 2008, gathered data on over 2000 cases) the data had yet to be formally analysed. The hard data that had been collected and analysed showed positive impacts of the PSA role. For example, the co-ordinator for LA69 was able to provide quantitative evidence from a 60% return from head teachers of evaluation sheets. The evidence was positive with, for example, 30% of head teachers reporting attendance had improved 'a lot' and 45% reporting 'some'. Parental involvement was seen as a particular success with 42% reporting 'a lot' of improvement.

The co-ordinator for LA58 also referred to data that had been gathered LA wide. He explained:

'I did this evaluation at the end of January [2008] […] specifically we tried to measure a range of things; first thing to say is we couldn't, in terms of Social Care, we couldn't link any reduction in acute cases to them, which was what I'd hoped but it is early days and we didn't identify any data route. However, we identified in the vast majority of primary schools there were very marked reductions in fixed term exclusions. Overall in [the LA] last year primaries reduced their fixed term exclusions by 14% but within the PSA schools the average is much, much higher and several hundred percent in a few cases. One school went from 8 kids down to 0…… Referrals to Education Welfare in those schools went down by about 15%.' LA58/C

While all the other PSA co-ordinators were confident that the PSA role had a positive impact on parents, families and children, there was more typically a heavy reliance on case study and/or anecdotal evidence. As the co-ordinator for LA65 commented:

'For me personally, rightly or wrongly, most of the measurement of impact for us is very much about the case studies that the PSAs have produced, case studies of good practice, the feedback that we've had from parents, from colleagues, from stakeholders, from other partnership agencies. In terms of the attendance, exclusion stuff, I think that's probably the data but, I think for the majority of it, for me it's very much about that term used 'very anecdotal' but we've got files and files of case studies and examples of good work and the PSAs themselves have got letters from individual parents about the work they've done, the impact that they've had etc.' LA65/C

This was a typical response with, for instance, the co-ordinator for LA55 noting that '*the qualitative data for impact is not an issue, but […] the concrete measures are hardest to evidence'* (LA55/C). In common with the majority of co-ordinators, LA55/C thought that another academic year needed to be past before reasonable quantitative data would be available. In LA61 a CDRom documented positive feedback and evidence of good practice from head teachers and line managers and agencies involved with CAF referrals.

Overall, co-ordinators found it difficult to be precise about the impact of the PSA role on the three PSA key roles identified by the TDA: (i) improving parenting support and information, (ii) improving parental engagement with their children's learning, and (iii) improving school attendance and exclusion. Co-ordinators largely gave anecdotal evidence relating to the key roles. For example, the co-ordinator for LA52 made general points about parental contact with schools:

'Parents are very happy they have more dialogue with the schools. They can come into school and talk in confidence, the hard to reach families we are reaching them. I'm thinking of Somali families. Parents saying they're doing things they never would have done like take their children to the coast, and now they say, "I can do it.". The PSAs are having a tremendous impact, the kind of impact you can't measure but it makes such a difference, because the parents are happier, they are coming into school, they're going to be more confident, there's someone there they can go to they can talk to.' LA52/C

Similarly, the co-ordinator for LA68 could only talk in general terms about impact and the PSA key roles:

'I think what you've got now is a group of people [PSAs] who, through various strategies, have become a part of the school community. [Some of the success…..] it's the parent who now picks up the phone, it's the parent who thinks before they shout at the head teacher, it's the parent who actually sees support not as a threat. And when

we had [name] how many parents said, "I would never have asked for this help but now I do because I trust her - I didn't at first, mind". So I think we have definitely got about improving parent support and information because even if the PSA isn't the person who gives them the support it's about how they can signpost them and take them on the journey.' LA68/C

There was a consistent insistence on the part of the co-ordinators that the PSAs were having a positive impact on the other areas that the role focused on. Again, this strongly held view was backed by anecdote and individual cases. For example, the co-ordinator for LA57 gave an example relating to improving the situation for children 'at risk' because of their own and/or their parents' behaviour:

> *'I can give you a concrete example. [Name of secondary head teacher] has had to make almost no Social Services referrals [….] because [the PSA] has dealt with a lot of the issues. He's had to make them where there's been clear evidence of safeguarding issues but where a family has started to implode, if you like, then [the PSA] has gone in and really worked hard with them and actually things have improved. So the child has had a dip but then has got back on the rails. [That PSA has left now and the head teacher] said he honestly felt like crying when he found out she was going because he said it had made such a difference to the families of his Key Stage 3 children.'* LA57/C

Individual, supporting cases like that given by LA57/C were frequently used to justify the co-ordinators' strong positive assessments of the impact of the PSA role.

3.11.2 Line managers' perspectives

Line managers strongly asserted that PSAs, in general, had been effective. Again, this was largely anecdotal but covered the main areas of intended PSA work. The following is a summary of the types of evidence provided by line managers. These are responses to an open question and so reflect line managers' spontaneous answers. As such, the numbers noted in each case do not represent the total number of line managers who had that opinion but rather represent those who expressed a view at interview. The first three sections map onto areas of focus for the PSA role. We also consider perspectives regarding the improvement of the overall system of local services supporting factors and other evidence.

Improving parenting support and information

- Six line managers provided case-level examples to illustrate impact. These example also indicate the breadth of the role PSAs had developed and which the line managers had supported:

> *'If you are talking about impact, I've actually got a letter sitting on my desk. It is from one of the parents saying how supportive [the PSA was]. She got an assessment done and the child was diagnosed as dyslexic. So, you know, I have quite a few letters that I have put in my file for OFSTED. Two kids have <u>really</u> lost loads of weight - one child, whose packed lunch was half a Swiss roll and a packet of biscuits, [she] is now eating really healthily. I've got children coming in to school regularly… [The PSA] can do those things that I don't have time to do. She checks up on the attendance, she keeps an eye on things, she goes round and does the home visits, and I think she is breaking down those barriers - people don't relate to me. It is nothing to do with me as a person, it is just a role. They come in, and they are terrified of speaking with me, and [the PSA] can be that bridge between me and the parent. When we went to staff, everybody on staff said that they couldn't imagine not having her. Parents and staff have said, "Please keep the PSA role"'.* LA54/LM1

- Twenty-seven line managers provided their own perception of positive impact at school / cluster / locality level, for example:

  'Improving parenting support and information - the PSA role has been crucial for that. I think that the fact that it is preventative work and the majority of the cases that [name of PSA] deals with are cases that could well have got a lot worse without her intervention. That is key to it really; that is the purpose, isn't it? With that, it's the home visits that [name of PSA] carries out, financial support just with getting parents out of the house, enrolling them in leisure activities, taking them to the hairdressers - just boosting their self-esteem - has been really good. Also, the fact that she has been able to, by working with those families, look at what other support they need. Some parents we've had to refer to Adult Mental Health or ADHD team or - without [name of PSA] being involved, sometimes those things don't happen so she's been able to signpost those on to other agencies that provide additional support that she can't provide.' (LA55/LM25)

- Four line managers referred to increased numbers of parents coming in to school and attending school events, for example:

  'Increased attendance of parents at coffee morning, at family arts and crafts courses, more parents coming in who wouldn't have before. [The PSAs] are in touch with those vulnerable parents. Through engaging the children at Breakfast Club about transition, they have also engaged the parents.' (LA51/LM2)

- Two line managers in LA50 referred to increased numbers attending parenting groups and other courses.

  In LA50, one interviewee mentioned rolling parenting programmes, with eight families at a time going through them, as giving potential for impact on parents learning with their children as well as information to parents. In another school too, a range of parenting programmes and other workshops and courses under Family Learning had been attended by groups of parents and PSAs noted that these had led to further educational engagement.

  'Some of our parents have actually now enrolled in college as a result of doing some of these courses and having been boosted in self esteem and confidence. These are parents who probably came from this school who were told they would be useless, back in the dark days, told they were thick, wouldn't do anything worthwhile, whereas they are starting now, like their children, achieving.' (LA50/LM11)

- The importance of actively planning the PSA's interventions became more recognized as the pilot proceeded - initially line managers were typically willing to have a more open approach as the PSA developed the role. An example of this, concerns the line manager and PSA using formal planning and recording scaled outcome data for casework - with a positive picture overall :

  'We've introduced formal action plans, specifically aimed at attainment, achievement and bullying. And if those action plans don't aim, directly, at addressing one or more of those issues, then we don't do it. That started in January [2008]. […] now it is very much, "we will be involved with this case, and we will identify a <u>specific</u> piece of work that we are going to do which meets one or more of those criteria. And we will be in, this is the piece of work that we are going to do, and when we have done it, we have finished." Rather than, "right, ok, we'll just sort of roll along with it for a while, and see what comes up". So our interventions now tend to be more focused, targeted, measurable. […] We have a closing evaluation form which all cases fill in. So we know, from the parent's point of view, on a one to five scale, in different areas, exactly what we've met, what they felt were their needs.' LA58/LM2

Improving parental engagement with their child's learning

- Line managers from three LAs provided case-level examples to illustrate positive impact, for example:

  'We've had some quite spectacular successes where we've had some fairly non-communicative parents who didn't appear to give their child any support at home and the penny's dropped and they've given the child better support, but equally they've actually started coming into school and we've had a couple of examples of where parents have had their Police clearance and have come in and are working in classes, so their self-esteem's gone sky high. They have come in and done this work in class and are doing a better job with their child at home and we've got some evidence to show that.' (LA60/LM18)

- Twenty-seven line managers provided their own perception of positive impact at school / cluster / locality level, for example:

  'I think I'd add to that list, actually empowering parents. They actually feel now, "Yes, I have got a voice, and I can go into a school if I'm not sure about something, and I can go in and have a conversation with a teacher". I think that's really important. Because I think that hinders a lot of parents from getting involved in school life, and also in the child's learning because they haven't got the confidence or don't feel they are able to have a conversation with the teacher. We've also broken down the jargon, and, actually, if you haven't been educated to a certain level, but even in some cases if you have, it's a barrier.' LA54/LM5

  'The work [the PSA] has done with both parents and with the children has had a big impact on the students. They have been more inclined to maintain their engagement with the school - it's had an impact at an individual level.' (LA61/PA13)

- Line managers also referred to increased numbers attending Family Learning, for example:

  '[Our PSA] actively went out and set up things that she knew would be comfortable for some of our mothers. The first thing she set up was a group called 'gappshapp'. It was very informal and everyone brought food and they were able to bring their kids. They met in the staffroom and they had a bit of a chat and then she started brokering - introducing the health visitor as a guest or taking them off to the library to have a little look round. So it was public information by stealth. […] I saw the numbers in that group growing and I've also seen some of the mothers who we saw in that first gappshapp now move on to do other things which may or may not be facilitated by [the PSA]. For instance, we linked up with an organisation, WEA, who were running a developmental training for parents volunteering in schools at a range of NVQ levels. And I can see some of her original gappshappers going on to that. And some of the other ones are doing Steps training. […] [Our PSA's] Steps work has been very successful.' LA53/LM18

Improving school attendance and reducing exclusion

- Eight line mangers provided case-level examples to illustrate positive impact

For instance, one gave the example of a Y11 boy at risk of permanent exclusion who, with PSA support to the family throughout, was moved to an alternative curriculum provider, attended well, achieved a qualification and obtained a place at a post-16 FE college.

- Seven line managers provided their own perception of positive impact at school / cluster / locality level, for example:

    'Our attendance has improved. Particularly over this year, it has improved significantly.' (LA51/LM2)

- Fifteen line mangers had school or locality-level data on improved attendance and / or exclusions and another knew that data were collected but was waiting for the year end to carry out analyses, for example:

    'There has been a huge improvement in attendance. We were up with national averages last summer which is amazing considering [this LA] is one of the lowest authorities [for attendance] and we were at the bottom of them all. The PSA is like a dog with a bone, actually.' (LA56/LM4)

    'Our figures are up from last year's 91.8% to 92.3% and I have evidence to suggest that several Y11 pupils would not have completed the current year without the PSA's involvement as they had been at risk of permanent exclusion.' (LA60/LM2)

- Line managers in one LA referred to positive evidence in LA-level data on attendance and exclusions

It is also important to note the caveats expressed by a small number of line managers. Three line managers reported their PSA had had little involvement with this aim (this work was done by others). One line manger reported an initial improvement in attendance in families with whom the PSA had worked but the effect had not lasted and three line managers reported little impact in achieving this aim. Line managers who saw little impact on attendance and exclusions put this into the context of the reality of the challenges faced:

    'I think the PSA has helped support parents to get their children into school but I don't think she can have an impact on the root causes in the home that are stopping them coming in to school. She has supported our attendance strategies and got children to come into 'Breakfast Bar' rather than staying at home and being late to school' (LA51/LM1)

LA56/LM5 gave as evidence that, '*the school has a better relationship with parents [of pupils at risk of exclusion] if they work with the PSA'* and that this had led to, '*improvement, but not huge*' in the number of exclusions.

Another line manager was less positive and did not attribute improvements in attendance to the PSA:

    'She has been involved with some parents about absenteeism and there has been a little improvement in the attendance figures but that may not be down to the PSA because they tend to take her for a ride, really. She has chased them around and in the end they don't answer the phone and they take advantage and it still doesn't make a difference.' (LA56/LM3)

Furthermore, five line managers reported that improvements in attendance and exclusions were a result of the joint effort of a number of people working together, not the PSA alone.[18]

Improving the overall system of local services supporting families and other evidence

This section reports on other evidence, not specifically linked to the foci of the PSA job, in particular the impact on the overall system of local services supporting families.

- Four line managers provided case-level example of impact:

  'We've got a family now who their children have both got hearing problems but the mum is having huge trouble getting them to the place where she has to go for the appointment. She speaks no English at all and she was heavily pregnant and she just wasn't taking them and the Hearing Service had given up - they refused to give her another appointment because she wasn't taking her children. The SENCO and I just thought, "This can't just happen. We can't just leave two children with hearing problems". So we persuaded the Hearing [Service] people to come back in and we paid for a translator and we've now set up two new appointments and we will make sure that this parent gets there and it'll probably be [the PSA] that takes her but we will make sure this time that the children get their appointment and that will probably fall back on [the PSA].' LA54/LM1

- About 14 line managers provided their own perception of positive impact at school / cluster / locality level

  '[The locality headteachers] are <u>absolutely passionate</u> about wanting to keep [PSAs]. I don't have to encourage heads to write letters to people. They offer to do it. [They say that the PSA support] is actually something that they've never had before that they can offer. It really is that good. They say, "This is what we've been wanting all these years". I like to see it as a continuum of support. Schools do what they do in a universal way; they do the best they can to do what they do in an <u>additional</u> way when there is greater need and they do very well. But we've been able to put in, through the PSAs and the links with the Inclusion Workers, we've been able to put two more levels of support and expertise and <u>time</u>, which is the things that the schools are often the shortest of. So the cases that wouldn't meet the criteria for referral to Social Care, the cases that you don't necessarily want the EWO to prosecute them and take them to court but there hasn't been anything else and suddenly, this is the something else.' (LA55/LM8)

  - Two line managers from the same LA reported that their PSA was not involved with this aim.

Other evidence of the impact of PSAs' work

Other examples included having a positive impact to increase parents' self esteem; identifying issues previously 'hidden' because school staff lacked time to do the necessary work with parents; and setting up various innovative projects such as an email reporting system for bullying and sexual abuse that the PSA would monitor. Also, although work with fathers was infrequent, examples of positive engagement were also reported. PSAs also supported good practice in schools and pupil referral units. For example, LA53/LM16 reported that because the PSA's room was opposite the Time Out room, the workers were aware of his presence and so were *'perhaps more careful to do everything properly'*; his *'subtle but persistent work and perseverance'* had opened the eyes of staff to the children's

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[18] See also Sections 5.53 and 6.3.3 for more information on attendance using the parent level database and National Pupil Database respectively.

lives out of school. A Muslim PSA in a Roman Catholic school was valued as *'a powerful role model to have a Muslim woman working with Catholic parents'*. (LA53/LM18). Furthermore, as a result of PSA involvement, transition was much smoother for many pupils. The availability of PSAs diverted work from hard-pressed head teachers.

> *'[The PSA's] role has, in some respects, taken pressure off my role as a head in that she has taken on aspects with parents that previously I was having to pick up, like, "Can you help me with this housing application?" "How do I go about doing this appeal for my child for school?". [The PSA] has been able to absorb those sorts of enquiries and parents then have felt very valued to have somebody dedicated to them. I have an open-door policy but I can't just drop everything that instant - whereas the parents have started to redirect themselves towards [the PSA], which I think is a mark of the success of the role.'* (LA53/LM11)

> *'Families she's supported, we can see the impact on children's attainment.'*
> LA51/LM3

Line managers also presented evidence, typically anecdotal, about where things *hadn't* worked well and why. The details and contexts were varied but the key issue was if the PSA - school-based line manager relationship did not work well. In two cases, the line managers interviewed reported that this was because their respective headteacher colleague in another school in their respective PSA clusters was too busy dealing with other issues to devote time to building a relationship with the PSA. Another line manager reported that the school had had unsuccessful experiences with two PSAs before finally taking on a PSA where the work had prospered. She said that it was only because of the importance the school placed on supporting parents that the management had persevered with the role. The first PSA had not had the skills needed to deliver the groups for parents that the school wanted to offer and was reluctant to develop the role in that direction. She was moved to another PSA role in a different school. The second PSA appointed had to retire on grounds of ill-health. The third PSA appointed settled well but had, in turn, been moved from a previous school where she had, reportedly, felt her ability to support the parents was limited by the school management's reluctance to engage parents. A different line manager in the same LA named four secondary schools where, in his view, the role hadn't worked because it had not been sufficiently negotiated to match school culture and needs. The LA's strategic and operational leads on the PSA pilot argued that such schools would benefit from having their relationship with parents developed through the PSA role.

3.11.3 PSAs' perspectives

Overall, PSAs gave very positive views about the impact of their work, evidenced by four main sources.

Individual case studies

Most felt that case studies provided the most reliable *qualitative evidence* for the impact of their work generally, and across the main aims of the pilot, having documented work done with many individual parents both on a one to one basis and in a group context. Such evidence was typically supported by parents' verbal feedback, word of mouth recommendation frequently generating further self referrals.

Quantitative data

As regards *quantitative evidence*, some PSAs referred to data that included evaluation forms completed by parents, as well as improved attendance / exclusion figures in support of their claims for positive impact, though causality was recognised as tentative. The relatively short

timescale of the pilot was one factor perceived to limit evidence for impact, particularly in the light of the many other initiatives ongoing in schools that make for difficulties in linking improvements unequivocally with specific interventions. One PSA expressed this caution as follows:

> *'Well from the data that we've been collecting there is* [evidence for impact] *but whether or not that's accurate, because who can say what's causing that to happen? It could be a combination of things and it probably is. Personally I think yes, I think the cases that I've worked with I think we've had an impact.'* (LA58/PSA3)

In LA54, the third sector cluster PSA cited data collected across her cluster in this respect. Other PSAs pointed to numerical evidence of the number of parents attending parenting / other courses and attending homework clubs, attracted to do so through PSAs' intervention.

Where schools perceived the need to use the PSA role to support Ofsted targets directly, individual PSAs frequently found themselves steered towards a direct focus on attendance. Elsewhere they were encouraged to support school outcomes more indirectly through a more holistic focus on families' needs. Here behaviour, rather than attendance was more likely to be emphasized. The argument from one Model 1 PSA in a secondary school for relative impact was echoed across LAs: that her casework success should not be measured against a standard of 100% attendance and no exclusions. Rather, success was to have made a positive change in the life of the family. Improvements could be small and gradual and take a long time because the underlying problems in family situations were so complex.

Parental progression

Many PSAs cited *parental progression* from one to one engagement on to parenting programmes and other learning opportunities that they would otherwise not have accessed as evidence of their work's impact. Parents' progression from Family Learning to other learning / employment opportunities bore further witness to the positive impact of the PSA's engagement, and there was some evidence (largely anecdotal) that this was in turn having some impact on children's learning:

> '*I think my 'Learn Along with Me' with the Family Learning has gone really well. It's helped the parents to think about what their children will be learning when they start school and made them feel confident in themselves that they will be able to understand what the children will be bringing home. Also, some of these parents have gone on to do their maths GCSE now…that's good, because I think if the parents continue to learn, so will the children.'* (LA61/PSA5).

Information

PSAs across LAs also reported parents being provided with better information. This includes making parents aware of external activities and how to access these and knowledge of other services and agencies that might be of help to them. They referred to newsletter publications, website information, notice boards and displays, and had been able to provide information to parents who were previously reluctant to come into school. Home visits were felt to increase positive relationships between the home and school, enabling PSAs to share information about the school and the child's learning with parents / carers.
The following was a typical comment:

> *'I offer a lot of information to parents if they come to me - on parenting classes, which if they attend, this will hopefully give them a better quality of family life. I network a lot and promote other agencies to parents, give them information according to their needs'* (LA59/PSA10).

Across LAs, PSAs were tremendously enthusiastic about the 'massive success' of the pilot and keen to emphasize the need nationally for the PSA role, with many comments to the effect that every school should have access to a PSA.

3.12   Reality v expectations

3.12.1 Co-ordinators' perspectives

All the co-ordinator interviewees were asked to provide responses using a five point scale to the question, 'how has the reality of having PSAs in your LA compared to your initial expectations about: (i) benefits for parents, (ii) benefits for pupils, (iii) value for money. The results (Table 7), for parents are highly positive with 20/24 co-ordinators reporting benefits for parents above their expectations, and 19/24 reporting value for money also above expectations. Even benefits for pupils (not the direct focus of PSA work) was judged by almost two thirds of co-ordinators as exceeding expectations.

Table 7 - Co-ordinators' views of the reality of having a PSA compared to their initial expectations

	Above expectations	Matched my expectations	Different from my expectations - positively	Different from my expectations - negatively	Below my expectations
Benefits for parents	20	2	2	0	0
Benefits for pupils	15	8	1	0	0
Value for money	19	5	0	0	0

N = 24

3.12.2 Line managers' perspectives

Most, but not all, of the line managers interviewed in Phase 3 of the evaluation had also been interviewed in Phase 1. The 'initial expectations' they were asked to compare the reality with were, therefore, those they had at the beginning of the pilot. As Table 8 shows, the majority had had their expectations exceeded and all but an isolated one or two had positive views of the reality of having a PSA in post in their school, locality or team. The results from the survey of all line managers are reported in Section 4 (see Table 15) and provide a similarly positive picture across these three dimensions.

Table 8 - Line managers' views of the reality of having a PSA compared to their initial expectations

Reality compared to expectations of:	Above expectations	Matched my expectations	Different from my expectations - positively	Different from my expectations - negatively	Below my expectations
- benefits for	34	18	2	1	0

parents?					
- benefits for pupils?	31	19	4	1	0
- value for money?**	29	11	2	1	1*

N = 56 (Missing information from 3.)
** Two gave no answer to 'value for money' as their schools had not paid any money towards the PSA role.

Typical comments included the following:

i)   Benefits for parents
'It does feel that there would be a real gap if the PSA role wasn't there. I really don't know what some of the parents would do. I think things would just get worse and worse and then obviously they'd turn into Social Care issues so that is one of the major benefits, that parents have got somewhere – obviously, we can only help those that want to engage but, you know, once they've spoken to [name of PSA] normally the majority of them will engage. So I think the benefits to the parents of the support [name of PSA] provides is excellent.' (LA55/LM25)

ii)   Benefits for pupils
In LA57, LM7 & 8 said 'benefits for pupils' had exceeded their expectations because the PSA had succeeded in engaging particularly difficult families, helped by the fact that it was perceived as a non-threatening role – unlike a headteacher role – and because of the personality and training of the PSA. LM8 said that, in individual cases, the role had had a, 'massive impact on breaking down barriers to learning', but that it was important that the role didn't, 'sidestep into trying to sort all family problems'.

iii)   Value for money
'Value for money is always difficult because you can't measure – you can't count the benefits they have brought in terms of widgets, we haven't produced 'so many' things. But if you say that it has brought increasing contact between home and school and the children have benefited from it, then again, it's beyond my expectations.' (LA61/LM11)

iv)   Expectations in general
'All these were met and exceeded, plus there were additional benefits that I didn't expect. [The PSA] did what he said on the tin, plus there were these subtle effects [on other staff in the school] from his presence.' (LA53/LM16)

'It has been 'above expectations' and that's partly because we've had fantastic people and it's partly because of the good fortune of having a building where people can be co-located with colleagues from other disciplines. A lot of things have come together at the same time. And the good will of the schools in wanting to work together and being very enthusiastic so all of that has come together. I think the way the team works together is perhaps even more positive than I was expecting. (LA55/LM8)

'If this role was withdrawn, we'd have quite a hole to fill.' (LA53/LM13)

3.13   Concerns about PSAs' work

By Phase 3 of the evaluation (April - May 2008), over half the line managers interviewed had no remaining concerns about the role of PSA *per se,* although some of these had comments to make, and many expressed concerns about how the role would be sustained and developed post-pilot. Concerns for the future included clarity of line management, access to training and to supervision, and sustained funding.

Twenty-three of the line managers expressed concerns about the new role of PSA. The most serious and most frequently expressed concern (six line managers) was how the new role related to other professions, in particular to Social Care. The key issue here was that there were instances, especially in large, mainly rural authorities, of PSAs feeling pressured because families with whom they were working needed support from Social Care which was not forthcoming. For example, in LA58, one line manager expressed concern that there was, he felt, some tension with the Social Care department who would have liked to see the PSA clusters, 'doing more social work. *"We [Social Care] feel you should be taking some of our rejects"'* (LA58/LM1).There was also evidence that, in some cases, this issue had been brought into the open, discussed and resolved:

> *'In this area, I think we've got good relationships with Social Care and they are trying their damndest to not expect the locality workers [includes PSAs] to step in when they [i.e. Social Care] can't. There is not an expectation that we'll do that work, just because they haven't got the staff to do it, which I think is quite healthy. It still leaves nobody doing that work but there needs to be more Social Workers to fill that hole, but not Tier 2 workers who shouldn't be doing that. I think Social Care are keen that that doesn't happen either, to their credit.'* (LA55/LM28)

In the early phase of the pilot there were concerns about how the PSA role would develop vis à vis other professionals (e.g. Education Welfare Officers, learning mentors). Tensions had remained in some situations, included learning mentors, non-teaching year heads, teachers and educational welfare officers (EWOs). In more instances, however, line managers described how such initial tensions had been sensitively managed and resolved and the new role of PSA had become, in practice, complementary and not overlapping. One co-ordinator was particularly positive in this regard:

> *'Without exception I would say those issues have been resolved and people are working together with many families. You see where their clear roles lie.'* (LA61/C)

This co-ordinator felt that having a multi-agency steering group had been helpful in this respect, allowing line managers of those services to have input about how collaboration could work effectively.

A second, related, concern expressed by line mangers was the 'danger' of PSAs working beyond their remit. In part, this arose because of gaps in other services, such as Social Care, but it was also to do with the kind of people PSAs tended to be – concerned that vulnerable families received support even if that meant going above and beyond the role remit. Although line managers were, in general, confident that PSAs recognised the role boundaries, one said 'the practicalities' of the job and another the Social Care background of some PSAs, meant some would be put in positions that led them to go beyond their remit.

Other concerns about the role *per se* were mentioned by only one or two line managers each. These included concerns that, for the role to be effective, great care needed to be taken to recruit PSAs with the 'right' qualities and that it needed to be negotiated much more with schools, especially secondary schools.

3.14 Sustainability

There was a degree of uncertainty regarding the detail of post-pilot plans. Partly this was due to the timing of the final phase of the evaluation (with interviews taking place in April-May 2008), and partly this was a result of delayed decision making in terms of LA exit strategies for the PSA pilot. Of the 20 LAs, three (LAs 68, 52, and 54) were unable to give any information about the post-pilot future of the PSA role. Of the remaining 17, all expected that the PSA role would be continued beyond the pilot.

For school based PSAs, part funding was usually on offer from the LAs, with schools being expected to make up the funding gap. For example, LA66 intended to offer 66% funding for school based PSAs, with schools finding the remaining 34%; LA56 intended to provide 50% funding for 20 PSA posts on a one year contract, with schools matching this level of funding. LA funding was, for example, sourced from Standards Fund, Sure Start, or Extended Services money. Only one LA (LA55) was in a position to offer its PSAs permanent contracts. However, LA67 had used Extended Services funding to provide all existing PSAs and the PSA co-ordinator with a three year contract from the end of the pilot. More typically, LAs expected to offer PSAs contracts until the end of the 2008-2009 financial year, that is, March 2009 - this was the case, for example, in LAs 53, 66, and 65.

In two cases - LAs 68 and 50 - matters were very unclear, and the co-ordinators feared that many of the PSA posts would disappear after the pilot. In the case of LA68, the co-ordinator expressed serious concerns. He was 'really worried' about the post-pilot future. He argued that 'the DCSF have missed a big trick here' in not providing ring-fenced funding because, in his view, the PSAs 'could have been expanded into a service' because they filled a gap which supported school improvement and outcomes for children and young people. His view was that the DCSF was 'naïve to think that schools could take over the cost of these people'. In LA68, school funding levels were such that schools were laying off teachers and he queried whether schools, who see themselves as 'an education centre, a learning centre', would prioritise funding a PSA over funding a teacher. The LA was negotiating with schools about what schools could afford but he was concerned that 'there will be less when I think there should be more'. He also worried about a reduced service being 'diluted' and less able to respond to parents as and when parents required it:

> *'But the problem is, are they going to be Parent Support Advisors?, Some schools might say, "We're going to employ them but we're going to call them Home School Liaison Officers". We might lose the uniqueness. Family Liaison Workers. If I had a dream, if I had the money, I would keep a parent support service central, all working in the same conditions and linked into a team. But, like I say, schools may have a different view. I know [another LA] is calling them Parent Support Partners. So one school might say, "Because they're not Parent Support Advisors now I want you to be a Home School Liaison Officer because I'm paying for you". So we might lose the title.' (*LA68/C)

The co-ordinator for LA50 was similarly concerned about the future of the PSA role, noting, in the spring of 2008, that only seven out of 54 school-based PSAs had been given assurances concerning the continuation of their PSA post after the pilot. Further, most head teachers were delaying the decision on the continuation of the PSA role until the end of July 2008, hoping to find extra funding streams.

The fears of the co-ordinators for LAs 68 and 50 notwithstanding, the general picture of post-pilot plans for the PSA post was positive. LA62 had plans for the existing 41 pilot PSAs to be boosted by an additional 23 new PSAs, post-pilot, to be based in Children's Centres. In LA59, the 47 pilot PSAs were to be increased to a total of 100, post-pilot, PSAs. However, it

should be noted that, in this case, the PSAs were to be employed in term time only and only for 20 hours per week.

A partial dilution of the role was apparent in LA61, where the co-ordinator believed that '*potentially all PSAs employed during the pilot would be kept on, though their work would be diluted'* (LA61/C). In LA66, it was intended to increase the numbers of PSAs from 22 pilot PSAs to a total of 55 post-pilot PSAs.

In terms of the organisation of PSAs post pilot, and the place of the PSA role within LA structures, there were concerns expressed by co-ordinators about future line management, supervision, and co-ordination of PSAs. Most LAs intended to continue the role of co-ordinator, seeing it as a vital function that ensured the professional integrity of the PSA role, and provided supervision and back-up support. However, a minority of LAs intended to abolish the PSA co-ordinator post. This, in the opinion of the co-ordinators had potentially negative implications for the PSA role. The co-ordinator for LA63 argued that abolishing the co-ordinator role would be a retrograde step:

> *'I think that it [abolition of the co-ordinator post] is a loss of identity for them [the PSAs], actually. I feel that […] you're the one that they come to with all their problems, but at the same time you don't have the power to really make things better, other than to broker the service with the head teacher. But you are still there for them to talk to, other than the supervisor. You're there to call the meetings, you're there to pull together all the information they need and send it out to them, and to keep them in contact with what is happening. I think that without that centre point they are going to struggle. I think that if there were seamless local area working that would be brilliant because it would be more effective. But until that comes online, and that might not be for another 18 months or so, there is every danger that, you know, this role will be absorbed, and there won't be parent support advisors. […] I suspect that what the [head] teachers will do is chop the holidays [of the PSAs] and put them on learning mentor contracts, pro rata. I'd eat my hat if it doesn't, because they want to cut costs.' (*LA63/C)

The co-ordinator for LA50 held similar views, fearing that the school-based PSA role would be eroded by head teachers, unfettered by co-ordinators:

> *'Some [school-based PSAs] will be[come] learning mentors, classroom assistants, admin workers, activity supervisors, family support officers. But in the main their PSA role will be diminished to just a few hours a week'.* (LA50/C)

The fear that school-based PSAs would encounter increasing difficulties in their role, especially if devoid of LA co-ordinator support, was also expressed by the co-ordinators from LAs 56, 67, 64, 63. For example, the issue of supervision for school-based PSAs was raised by the co-ordinator for LA56 (an LA which intended to abolish the co-ordinator post):

> *'Education don't understand supervision, they don't get it at all and I hadn't realized that and it was quite interesting that people who came into the PSA role from an education background thought I was going to, I don't know, tell them off, monitor them? I'm not sure what they were expecting but it wasn't the sort of supervision I had in mind. I think it's essential […] I think some schools will go for their own PSAs so I worry about that because I don't think enough emphasis is put on supervision by the schools or by the PSAs.' (*LA56/C1)

Changes in the place of the PSA role within LA structures anticipated by the co-ordinators tended to reflect the funding decisions that had been made. So, for example, LA62 having made the decision to use Sure Start funding to create 23 new Children's Centre-based

PSAs, the line management and supervision of those PSAs would, post-pilot, be by the Children's Centre managers. Existing, school-based, PSAs, created by the PSA pilot project, would continue to be managed by school head teachers and the PSA project team. This contrasted with the expected situation, post-pilot, in LA63, where the PSA co-ordinator post was being abolished, and all PSAs would be line managed and supervised by schools.

The picture for the future fit of PSA provision within the overall system of local support for parents and parenting was mixed. In some LAs, PSA provision had been written into the LA's Parenting Strategy; this was the case in LA56 and LA59. In other LAs, for example, LA61, there was an awareness that PSA provision had been left out of the LA's Parenting Strategy, and this omission was to be addressed in the future. In contrast, LAs 53 and 68 had yet to finalise how the PSA service fitted within their overall strategy. In those LAs that had not incorporated PSA provision into their parenting strategies, there were a variety of ways in which PSA services were to be integrated into parent support. For example, in LA65 the PSA co-ordinator role was to be expanded, post-pilot, and the role was to bring together PSA co-ordination with parenting, family learning, and children. A less formal situation was to be established in LA64, where the co-ordinator reported that PSAs were 'to help with' particular projects as they arose, for example, with a drug and alcohol project. In a similar fashion, the two co-ordinators for LA66 said that they ensured that PSAs were an integral part of parenting support:

> 'We make sure that they [the PSAs] are involved and invited and written into anything that is happening with regard to parenting. I would say that PSAs deliver probably 60% of our parenting support'. (LA66/C1)

This picture of PSA provision as a key part of much LA parent support was reflected in the accounts given by other co-ordinators, for example, those from LAs 50, 67, 55, and 57. The co-ordinator for LA50 noted, for instance, that the numbers of other LA services that PSAs had become involved with had increased dramatically, and to some extent countered historical difficulties in talking to partner agencies such as Education Welfare and Social Care. Indeed, the LA50 co-ordinator went on to report that relationships with the Education Welfare Service had improved to the extent that PSAs were working closely with them. It should be noted, however, that this was on an individual, PSA-led, ad hoc, basis, and not co-ordinator led.

3.15   Conclusions

This section has presented an overview of PSAs' work towards the end of the pilot. It is worth reiterating that this represented a period of maturation and development of only about four terms as PSAs generally got underway in early 2007. Consequently, this is a relatively early stage in the development of this new professional group. This really represents the end of the beginning.

The general impression is of that PSAs had now started to achieve a degree of maturity in their role. The early enthusiasm and creativity have continued but have now been matched by the need to operate in a realistic and practical manner. Dealing with demands which almost inevitably outstrip supply requires careful reflection on practice and support from line managers. Issues of organization have also started to shake down. The original models were useful but have to some extent been superceded as more flexible systems have been developed. However, the importance of *parental* focus has remained, supported by line managers as well as PSAs themselves.

Line management systems have started to mature but the distinction between line management and supervision, as a person-centred approach to support the PSA, remains unclear in many cases. Managing workloads is one thing but practising successfully in a role

such as that of the PSA requires not only skills and knowledge but emotional sensitivity and resilience.

Work with fathers and male carers remains infrequent and this is a concern. Mothers have received support and this has clearly been valued to a great extent but currently PSAs in the main are not reaching fathers. This may reflect the gender profile of PSAs themselves (overwhelmingly female) and also the relative lack of informal contact between PSAs and parents who visit school to accompany their child, for example – a role predominantly carried out by mothers and female carers. One implication is that waiting for parents to self refer, while admirable in the sense of optimizing motivation, may effectively preclude support for fathers. This must be a priority area for attention in the future.

Finally, it is important to stress here the strong sense of perceived effectiveness of PSAs. This section has reported qualitative data which provides a large measure of support for PSAs and with detailed discussions of why this is the case. In the following three sections we examine the quantitative evidence as provided by line managers (Section 4) before moving on to examine the database of work with parents (Section 5) and the analysis of national statistics (Section 6).

4.   SURVEY OF PSAs' LINE MANAGERS

In this section we report the results of a survey of PSAs' line managers across the whole pilot. A total of 1165 schools were surveyed and 603 responded, a response rate of 51.8% - see Section 2, Methodology. The respondent schools were drawn from all 20 LAs (range 13 - 5 schools). These proportions align closely with the proportion in each LA among all PSA schools, and are representative of the total population of PSA schools.

The vast majority of schools were primary or middle deemed primary schools (76%). Table 9 below gives a breakdown by school type. Compared to all PSA schools, those responding contained a slightly higher proportion of primary schools (76% vs 73%) and slightly fewer secondary schools (19% vs 23%), but these differences were small.

Table 9   Frequency of responses by school stage

	Frequency	%
Nursery	2	0.3
Primary	457	75.8
Middle deemed Primary	1	0.2
Middle deemed Secondary	10	1.7
Secondary	107	17.7
Not specified	26	4.3

N = 603

Most schools were community schools (76%), 115 schools (19%) were Church schools and 22 (3.6%) had Foundation status. A small number of schools (23) were special schools. Again the breakdown was similar to that for all PSA schools (Table 10).

Table 10.   Frequency of response by school type

	Frequency	%
Community	438	72.6
Community Special	23	3.8
Foundation	22	3.6
LEA Nursery School	2	0.3
Pupil Referral Unit	3	0.5
Voluntary aided	54	9.0
Voluntary controlled	61	10.1

N = 603

Of those returning the questionnaire, 489 (81.1%) indicated they were the headteacher, 100 (16.6%) indicated they were fulfilling another role and 14 (2.3%) did not answer the question. Of the 100 respondents who indicated they fulfilled a role other than headteacher, 95 specified their role. The vast majority of these (67%) identified themselves as Deputy Headteacher or Assistant Headteacher, others included Special Educational Needs Co-ordinator and Inclusion Manager. In total therefore 91% of respondents were headteachers or Assistant/Deputy heads.

Table 11   Models of PSA practice

	Frequency	%
Working in one school	201	35.4
Working in a cluster of schools	320	56.4
Working in one school with a focus on pupils excluded or at risk of exclusion	13	2.3
Local Model	33	5.8

N = 567

The majority of head teachers reported that their PSA worked in a cluster of schools (Table 11). The number of PSAs working in one school with a focus on pupils excluded or at risk of exclusion was very low (2.3%). It is also of interest that 5.8% of PSAs were working to a local model.

Unsurprisingly secondary schools were more likely than primary schools to report that their PSA worked in one school (56% vs. 35%) while primary schools were more likely than

secondary schools to report the PSA worked in a cluster of schools (65% vs. 44%) – see Table 12.

Table 12 - Cross tabulation of line managers by phase and by organization: single school vs cluster

			One school	Cluster	Total
Phase	primary	Count	144	268	412
		% within phase	35.0%	65.0%	100.0%
	Secondary	Count	50	40	90
		% within phase	55.6%	44.4%	100.0%
	Total	Count	194	308	502
		% within phase	38.6%	61.4%	100.0%

Note: This table necessarily excludes the 26 schools where school phase was not indicated and the 69 schools where cluster arrangements were not reported or the school indicated that they followed a 'local model'.

Table 13 indicates the range of different activities with which PSAs were engaged. Taking first the overall pattern (see All schools – Total column in Table 13) the most common activity was providing one-to-one support, reported as provided 'often' or 'frequently' by three quarters of respondents (75%). Also very common were early intervention with parents (68%), providing preventative support for parents (67%) and making links with other agencies (63%). Over half of respondents (55%) reported their PSA was often available in the playground or for drop-ins.

Other activities were less common but still reported frequently. For example, 39% of respondents reported that their PSA supported transition between key stages and a similar proportion (41%) provided parenting classes. Given that the focus of the PSA role is on *parents* it is of interest also to note that (43%) reported that their PSA provided preventative support for children.

The relatively low number of respondents reporting that their PSA worked 'often' or 'very frequently' with fathers or male carers (18%) stands out whereas about a third (31%) of respondents reported that their PSA 'often' or 'very frequently' provided focused support for pupils who are excluded or at risk of exclusion.

Table 13 also presents data to allow a comparison between the practice of PSAs working in a single school compared with those working in a cluster and, within each of those categories, a comparison of PSAs working in primary compared with secondary schools. The final column of Table 13 presents the level of statistical significance by cluster and phase separately and also the cluster phase interaction.

Table 13   Engagement by phase and cluster: Proportion of line managers rating their PSA engaged 'often' or 'very frequently' in each activity

Engagement	One PSA per school			PSA shared by schools			All schools			Statistical Significance		
	Primary	Second-ary	*Total*	Primary	Second-ary	*Total*	Primary	Second-ary	*Total*	Cluster	Phase	Cluster * Phase
Early intervention with parents	85	68	80	59	60	59	68	64	68	***		
Early intervention with pupils	53	66	57	37	45	38	43	57	45	***		
Providing preventative support to parents	81	72	78	57	73	59	66	72	67	***		
Providing preventative support to children	50	68	55	34	53	36	40	61	43	***	**	
Supporting transition between key stages	48	44	47	32	45	34	38	44	39	**		
Being available e.g. in playground, drop-ins	82	56	75	43	35	42	56	47	55	***	**	
Providing parenting classes	58	38	53	34	38	34	42	38	41	***		
Supporting engagement with adult learning groups/classes	62	24	53	35	30	35	45	27	42	***	***	***
Providing one-to-one parenting support	83	92	85	66	78	67	72	86	74	***	*	
Focused support for pupils who are excluded/risk of exclusion	33	60	40	21	60	26	25	60	31	*	***	
Working with fathers/male carers	24	34	27	11	20	12	16	28	18	***	*	
Supporting parents	53	40	49	26	20	25	35	31	34	***		
Making links with other agencies e.g. the 3rd Sector	76	76	76	52	70	55	61	73	63	***		*

*Notes. *=p<.05; **<p<.01; *** p<.001. Statistical calculations were completed by entering cluster, phase and the interaction in a binary logistic regression for each question.*

There was a significantly greater number of line managers of PSAs working in single schools compared with clusters reporting any activity ($p < .001$ in all cases except focused support for pupils who are excluded or at risk of exclusion, $p < .05$). There was a difference by phase for almost half (6/13) of the phase differences but the level of statistical difference was more variable. The highest levels of significance were found for supporting engagement with adult learning groups / classes ($p < .001$) where more line managers of *primary* school PSAs reported activity, and focused support for pupils who are excluded or at risk of exclusion ($p < .001$) where line managers of *secondary* school PSAs were more likely to report this activity.

Table 14   Line managers' views on the training of their PSA(s) (%)

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't know
The initial training was of appropriate quality	1.9	7.6	54.7	16.6%	19.2%
Our PSA has had reasonable opportunities for Continuing Professional Development	1.2	2.8	44.6	31.4%	20.0%
The SWiS (Parent Support) qualification is appropriate for PSA work	.3	3.3	36.4	10.3%	49.7%

N = 603

Substantial minorities of line managers were unable to give an opinion on initial training, continuing professional development (CPD) or the SWiS (Parent Support) qualification. Indeed this amounted to almost half (49.7%) in the latter case. Those respondents that did offer an opinion were largely positive (Table 14). In addition, respondents who gave an opinion overwhelmingly considered the PSA had reasonable opportunities for CPD

Table 15   Line managers' judgment of the impact of PSAs (%)

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
Improved parents' engagement with their child's learning	2.1	9.2	58.4	28.6	1.7
Improved pupil attendance.	3.0	10.8	53.4	24.2	8.7
Improved relationships between parents and the school	1.7	7.8	48.8	39.4	2.3
Improved the situation for pupils 'at risk' because of their own and/or their parents' behaviour/attitudes.	2.3	8.5	48.2	34.8	6.3
Improved exclusion rates.	4.1	16.7	30.3	9.8	39.2
Made effective referrals to specialist services as appropriate.	2.1	8.2	47.0	36.6	6.1

Table 15 indicates that respondents generally had a very positive perception of their PSA's impact. This is an important finding given that the respondents were the PSA's line manager. The exception was improved exclusion rates where 39.2% of respondents reported this was not as an appropriate measure. However, even here those who did give a judgment were 2:1 positive (40.1% : 20.8%). In all other cases over four out of five line managers made positive judgments. For example, 87% agreed or strongly agreed that parents' engagement with their child's learning had been improved compared with 11.3% who disagreed. Ratios of positive to negative impact were 77.6% : 13.8% improved pupil attendance; 88.2% : 9.5% improved relationships between parents and the school; and 83.0% : 10.8% improved situation for pupils 'at risk' because of their own and/or their parents' behaviour/attitudes. Furthermore, referral practices were also judged to be overwhelmingly effective (83.6% : 10.3%).

In order to examine the relationship between impact and both phase (primary and secondary) and school type (single v cluster) an overall measure of perceived impact of the PSA was generated by summing across all six questions related to impact. The resulting scale was highly reliable (Cronbach's alpha = 0.92). A two-way ANOVA (primary vs. secondary phase and PSA works in one school vs across a cluster of schools) was completed. There was no main effect of either phase or mode of working, and no significant interaction between the two factors, in terms of perceived impact. That is, there was no significant difference for PSA impact in terms of either school phase or type of PSA work (single school v cluster).

Table 16   Line managers' comparisons of the reality of having a PSA compared with initial expectations (%)

	Well below expectations	Below expectations	Matched expectations	Above expectations	Well above expectations
Benefits for parents	4.6	9.8	33.7	33.7	18.2
Benefits for pupils	5.5	10.0	44.7	24.8	15.0
Value for money	6.2	10.0	36.1	28.0	19.7

Note: S = higher frequency of single school PSAs than cluster PSAs.

Benefits for parents were judged by about half of respondents to be above or well above their initial expectations (51.9%) with only 9.8% judging benefits for parents below expectation (Table 16). The results for benefits for children were lower (39.8%) but still substantial, with just 15.5% reporting benefits below or well below expectations. Also noteworthy is the positive opinion on PSAs' value for money (47.7% above expectation).

Table 17   Line managers' views on the benefits of having a budget-holding PSA (%)

Having a budget has:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't know
Improved access to other services to support children and families	3.2	7.0	44.9	27.2	17.7
Improved availability of other services to support children and families	3.1	8.1	39.4	30.6	18.8
Enhanced the impact of the PSA	3.1	4.4	41.9	35.6	15.0

N = 160

One hundred and sixty of the 603 respondents (26.5%) indicated they had a budget-holding PSA (Table 17). These were more common in secondary schools (35.0%) than primary schools (24.4%). Respondents' views of the benefits of the PSA having a budget were positive (Table 17). Over two thirds (72.1%) considered this improved access and 70% considered this improved availability of other services to support children and families. Furthermore, 77.5% considered that having a budget enhanced the impact of their PSA. There was no significant difference by cluster or phase.

Table 18   Retention of the PSA post after the pilot?

		Frequency	%
Valid	No	57	9.9

Yes, at a reduced level	133	23.1
Yes, at present level	206	35.8
Yes, at enhanced level	22	3.8
Don't know	157	27.3

N = 575

At the time of the survey (May-June 2008) LAs were in the process of planning for 2008-09 and were at different stages in this process. As shown by Table 18, 9.9% of schools did not intend to retain their PSA and 27.3% did not know at that time. However, 62.7% reported that they did intend to retain their PSA, with 35.8% retaining at the same level of resources and 3.8% at an enhanced level. Of the 418 line managers who gave a response (excluding 'don't know') there was no significant difference by cluster or phase.

Table 19   Recommendation to other schools not in the pilot that they should fund a PSA

		Frequency	%
Valid	1 Strongly Disagree	30	5.6
	2 Disagree	26	4.9
	3 Agree	193	36.3
	4 Strongly Agree	241	45.4
	5 Don't know	41	7.7

N = 531

Finally, as indicated in Table 19, 81.7% of the 531 who responded to the questions, would recommend that other schools not in the pilot should fund a PSA, with 45.4% stating this strongly. This indicates a high level of support for the PSA role, especially as the question specifically refers to *funding* the PSA. Excluding those replying 'don't know', there was no significant difference by phase or cluster.

Two thirds of the respondents provided additional comments. An extended list of exemplars arranged thematically is presented in Appendix B. It is, however, important here to stress how positive these additional comments were. Indeed, 190 of the 337 respondents made such comments, a selection of which gives the flavour of the line managers' judgements of their PSAs:

> *'It has been the best initiative in over 10 years in the primary sector as a head teacher.'*

> *'Invaluable. Excellent support breaking down barriers to learning and addressing equal opportunities.'*

> *'Our PSA has been fantastic, she has made a huge difference to parents & students in school.'*
> *'Our PSA is worth her weight in gold. We have enough work to keep her employed here full time.'*

'An invaluable service - which must be continued!'

'I don't know what we did without our PSA - she is a marvel!'

'We have been particularly well served by an excellent (and new permanent) appointment for the school.'

'I strongly believe that all schools/clusters should be able to access PSA provision + that it should become a 'mainstream service.'

'Our PSA was initially across 3 schools - but now we fund her full time, made up by the school budget. As this is such an essential role that must be maintained.'

The main concerns expressed were about sustainability with particular reference to findings. Further examples of positive comments together with comments expressing concerns about sustainability and other issues are presented in Appendix B.

5. ANALYSIS OF LAs' PARENT DATABASE

5.1 Background

All LAs were provided with a standard EXCEL spreadsheet and asked to make termly returns of data to CEDAR. The spreadsheet was designed to capture key data on the pupils and parents with whom the PSAs were involved. The purposes were to collect data on:

- Demographic characteristics of the parents with whom the PSAs were involved and each parent's target child (e.g., family composition, gender, ethnicity, entitlement to FSM, SEN etc).

- The route by which parents were referred to the PSA.

- The main concerns that the parents had about their child.

- The mode of working with the parents

- Data on pupil outcomes such as attendance and exclusions and the PSAs' own evaluation of the effectiveness of their work.

All 20 LAs made data returns at some stage of the evaluation. However not all LAs used the spreadsheet designed for the study[19]. Some LAs developed quite sophisticated tools for recording and reporting on the work of their PSAs. LA50 devised their own system, but were also able to export a file in the format required by CEDAR. LA51 devised an ACCESS database which allowed useful management information to be collated. However it did not support export of data in the format required by CEDAR to amalgamate with other LAs.

The summary reports data from the spreadsheet returns completed in June 2008. It should be noted that the data are of variable quality. For some variables there is a large amount of missing data and inferences are sometimes less secure because of this. Most tables in the report therefore present both the total proportion of cases including missing values (percent) and also the proportion of cases where values are known (valid percent).

In addition, it is important to stress that the database was not intended to capture all PSA work. The database was intended to capture details of significant work with individual parents. It was accepted from the start that some PSA work is more fleeting or concerns large groups for various purposes where it would be impractical, and often inappropriate, to seek to capture the level of detail necessary for a database of work with individual parents. Consequently, the database provides important data on the majority of work with parents that was focused on individual parents and was either or both intensive and over time but it does not reflect the full range of practice. Hence these data do not adequately reflect *all* work with parents and in particular do not reflect the numbers of parents with whom PSAs worked. On the contrary, the nature of the work *not* recorded in the database was typically with small groups, less intensive and of shortened duration. Discussions with PSAs and Co-ordinators confirmed that substantially greater numbers of parents were supported with these approaches than were recorded in the database. It is not possible to make a valid estimate of total numbers of parents supported but it is clear that it must be several times greater than the 20,000 plus formally recorded. The following results, therefore, concern *only* those parents formally recorded on the bespoke CEDAR database.

5.1.1 Local Authority

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[19] LAs are referred to by their randomly allocated code.

Data were available from the 18 Local Authorities (LA) in Table 20 overleaf. Two LAs (LA59 and LA51) are not included in this analysis. LA59's return was a database of involvement with parents/carers with one record for each session with a parent. While this was clearly valuable management information for the LA there were no pupil context data. LA51 LA also made a return but this was aggregated by school/term rather than for individual parents', so again could not be included here.

Table 20 Number and percentage of parents and number of PSA schools by LA.

Name	N of parents	% parents	N of PSA schools[a]
LA60	2231	10.8	71
LA61	737	3.6	42
LA50	705	3.4	65
LA66	427	2.1	22
LA69	1418	6.8	51
LA56	452	2.2	29
LA52	985	4.8	26
LA67	1384	6.7	28
LA64	309	1.5	93
LA57	1608	7.8	70
LA53	2488	12	78
LA55	1059	5.1	54
LA68	1889	9.1	58
LA65	282	1.4	37
LA58	386	1.9	43
LA54	2183	10.5	36
LA63	1347	6.5	82
LA62	834	4	111
Total	**20724**	**100**	**996**

Note: [a]As supplied separately by the DCSF.

The average number of parents recorded formally in the CEDAR database per LA was around 1,000 (Table 20). However there was wide variation between LAs in the number of parents recorded as involved with a PSA (Table 20 and Figure 3). For example there were five LAs with fewer than 500 parents recorded and five that reported data from more than 1,500 parents. The three LAs with the smallest numbers are more dispersed rural communities (LA65, LA64 & LA58) which may impact on the number of parents seen, but this is not true of LA66 or LA56 which are urban centres.

Figure 3 Number of parents working with PSAs by LA
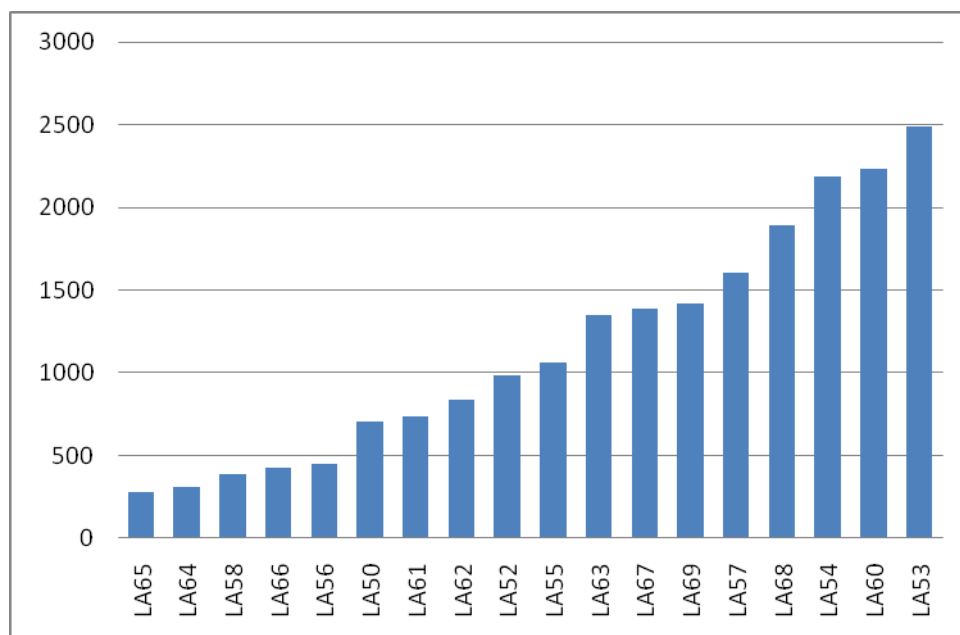
The parent numbers correlate positively (r = 0.39) with the number of schools with PSAs within LAs, as shown in Figure 4. The number of parents involved with PSAs does seem somewhat lower than expected for LA62 and LA64 given the number of PSA schools in these LAs (111 and 93 schools respectively). However schools differ in terms of pupil roll or the extent of pupil problems and schools in rural LAs tend to be smaller, so we would not expect a perfect correlation. Broadly speaking the numbers do not suggest any glaring gaps in the data supplied. However, these data also reflect the differential use by PSAs of more informal methods of working which did not result in parents being recorded, e.g. groupwork, drop-ins.

Figure 4 Number of PSA schools in each LA by number of parents recorded
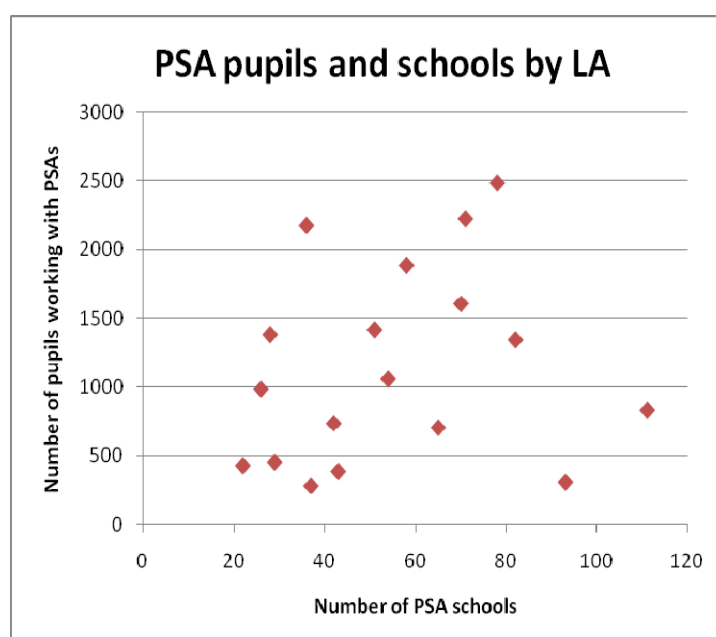
5.2 Models of working

It will be remembered that there were nominally three models of working for PSA schools, as shown in Table 21. A model where a PSA was shared across a cluster of schools was the most frequently applied: 50% of parents for whom data were reported worked with PSAs who were based in schools employing model 2 (Table 21).   Caution is necessary in interpreting these data for the reason discussed below, following Table 21.

Table 21 Number (%) of parents supported by each model

			primary	secondary	Total
Model	Single PSA per school	*n*	4615	1614	6229
		%	42.4%	25.8%	36.4%
	PSA shared across schools	*n*	6053	2465	8518
		%	55.6%	39.5%	49.7%
	Single PSA focussed on exclusion	*n*	209	2168	2377
		%	1.9%	34.7%	13.9%
	Total	*N*	10877	6247	17124
		%	100.0%	100.0%	100.0%

Note: The table excludes approximately 3,000 cases where model was not specified or the year group of the target pupil was not provided.

There are differences in models by phase. Thus a shared PSA across schools was the predominant model for primary schools accounting for 56% of parents, but only accounted for 40% of parents in secondary school. This finding was also reported in the head teachers survey.

Table 22 presents the crosstabulations of numbers of parents supported in each LA type of model. There was a variety of approaches employed by schools within LAs: not all schools in an LA adopted the same model. The results concerning numbers of parents supported do not appear to reflect overall a particular model of working: the larger numbers in some LAs are not related to patterns of cluster versus single schools.

Table 22 Crosstabulation of model for PSA working by LA

LA	1 (Single school)	2 (cluster)	3 (Single - exclusions)	Total
LA60	843	1026	334	2203
LA61	76	589	72	737
LA50	410	80	1	491
LA66	253	0	9	262
LA69	951	387	21	1359
LA56	227	2	223	452
LA52	138	665	89	892
LA67	135	935	70	1140
LA64	0	309	0	309
LA57	419	975	109	1503
LA53	865	1150	473	2488
LA55	146	249	53	448
LA68	66	733	123	922
LA65	147	134	0	281
LA58	58	322	1	381
LA54	1382	331	465	2178
LA63	274	656	305	1235
LA62	150	525	158	833
Total	6540	9068	2506	18114

As noted above, caution is necessary in considering these results. It became clear early in the pilot that PSAs were moving away from adherence to executing a role identified as one of the three models, although typically appointed to one model role. Practice became more generic and varied as PSAs developed their work and schools appreciated the work they were carrying out, as shown in Section 2.3, for example.

5.3   Parent characteristics and referral route

5.3.1 Parent gender

In over eight of every ten cases (86%) PSAs were working with mothers, as opposed to fathers or with both parents (Table 23).

Table 23 Gender of parents with whom the PSAs worked

Parent gender		Frequency	%	Valid %
Valid	Male	2072	10.0	11.3
	Female	15783	76.2	86.1
	Both	480	2.3	2.6
	Total	18335	88.5	100.0
Missing		2389	11.5	
Total		20724	100.0	

5.3.2 Family composition

This measure was designed to capture the status of the family, particularly whether it was a two-parent or one-parent household. Some LAs recorded the relation of the parent to the child (e.g. 'father', 'mother') and these have been classed as missing for the purpose of the analysis below.

Table 24 Parents' family status

Family composition		Frequency	%	Valid %
Valid	Married/partnered	9488	45.8	54.6
	One parent household	7343	35.4	42.3
	Grandparent	343	1.7	2.0
	Carer	135	.7	.8
	Corporate carer (LA)	69	.3	.4
	Total Valid	17378	83.9	100.0
Missing		3346	16.1	
Total		20724	100.0	

A very high proportion of pupils (42%) were from one parent households (Table 24), relative to a national average of approximately 24% among secondary school pupils in 2004 (source LSYPE, 2007).

5.3.3 Referral Route

Most referrals to PSAs came via the school (68%) – see Table 25. The next most frequent route was direct self-referral by parents or pupils themselves (22%). Referrals from the Education Welfare Service (EWS) or other education, health or social agencies together accounted for less than 6% of all referrals.

Table 25 Referral route

Referral route	Frequency	%	Valid %
School	13302	64.2	68.0
Self	4371	21.1	22.4
Education Welfare Service (EWS)	442	2.1	2.3
Other education agency	233	1.1	1.2
Social services	237	1.1	1.2
Health agency	223	1.1	1.1
Voluntary/community agency	73	.4	.4
Other	669	3.2	3.4
Total	19550	94.3	100.0
Missing	1174	5.7	
Total	20724	100.0	

5.4   Pupil characteristics

5.4.1 Pupil gender

All parents were asked to specify a target child causing concern. Boys were in the majority (56%) – see Table 26. This is a statistically significant difference indicating boys were over-represented relative to girls

Table 26 Gender of the target child

Pupil gender	Frequency	%	Valid %
Male	11362	54.8	56.0
Female	8911	43.0	44.0
Valid	20273	97.8	100.0
Missing	451	2.2	
Total	20724	100.0	

5.4.2 Year group

The children of parents working with PSAs covered the full school age range from Nursery (age 3+) through to Year 13 (age 17+). Sixty four per cent of pupils were from primary schools and 36% from secondary schools. The data are reported in Table 27 and in Figure 5.

Table 27 Age of target children

Year group	Frequency	%	Valid %	Cumulative %
Nursery	64	.3	.3	.3
Reception	1898	9.2	10.2	10.5
Y1	1420	6.9	7.6	18.1
Y2	1360	6.6	7.3	25.4
Y3	1609	7.8	8.6	34.1
Y4	1642	7.9	8.8	42.9
Y5	1824	8.8	9.8	52.7
Y6	2054	9.9	11.0	63.7
Y7	1472	7.1	7.9	71.6
Y8	1372	6.6	7.4	78.9
Y9	1333	6.4	7.2	86.1
Y10	1419	6.8	7.6	93.7
Y11	1041	5.0	5.6	99.3
Y12	130	.6	.7	100.0
Y13	3	.0	.0	100.0
Total	18641	89.9	100.0	
missing	2083	10.1		
Total	20724	100.0		

Figure 5 Pupils by year group
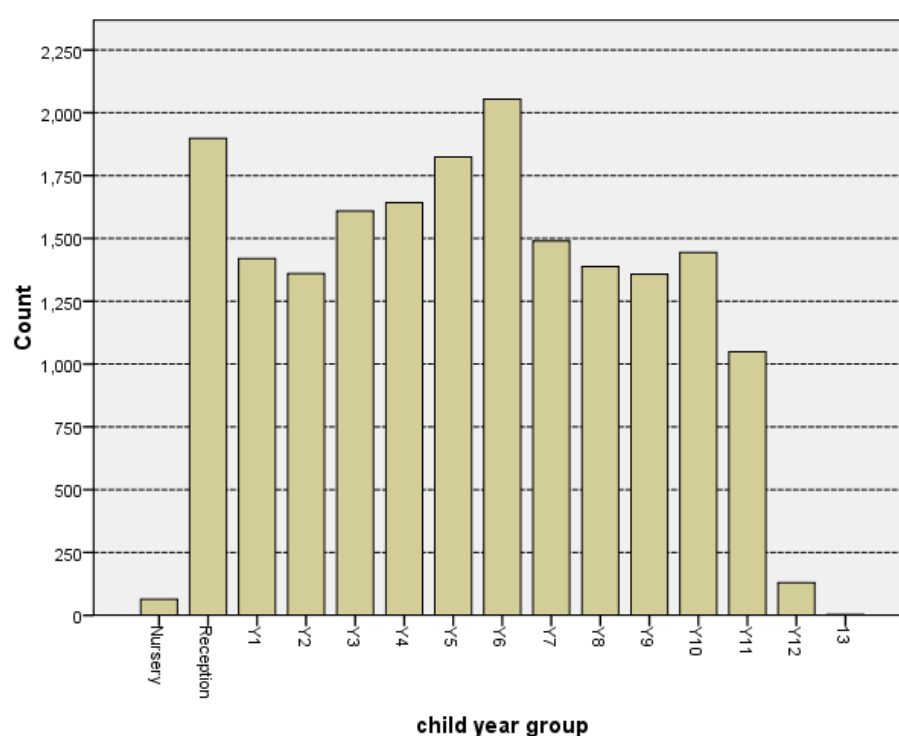
5.4.3 Entitled to a Free School Meal (FSM)

More than half (55%) the pupils whose parents were involved with PSAs were entitled to a free school meal (FSM: Table 28). This is over three times the national average for primary and secondary pupils combined, which is just 17%.

Table 28 Pupils' free school meal entitlement

Entitlement to FSM		Frequency	%	Valid %
Valid	Not entitled FSM	10121	48.8	55.2
	Entitled to FSM	8207	39.6	44.8
	Total	18328	88.4	100.0
Missing		2396	11.6	
Total		20724	100.0	

5.4.4 Ethnic group

The vast majority (79%) of pupils were from the White British majority group, almost identical to the national proportion (80%) – Table 29.

Table 29 Pupils' ethnicity

Ethnic Group	Frequency	%	Valid %
1 White British	15546	75.0	79.2
2 White Irish	60	.3	.3
3 White other groups	649	3.1	3.3
4 Mixed White & Asian	178	.9	.9
5 Mixed White & Black African	132	.6	.7
6 Mixed White & Black Caribbean	240	1.2	1.2
7 Mixed other groups	243	1.2	1.2
8 Bangladeshi	175	.8	.9
9 Indian	220	1.1	1.1
10 Pakistani	506	2.4	2.6
11 Any other Asian group	165	.8	.8
12 Black African	418	2.0	2.1
13 Black Caribbean	344	1.7	1.8
14 Black other groups	130	.6	.7
15 Chinese	14	.1	.1
16 Any other group	366	1.8	1.9
17 Not supplied	245	1.2	1.2
Total	19631	94.7	100.0
Missing	1093	5.3	
Total	20724	100.0	

5.4.5   Special Educational Needs (SEN) stage

A high proportion of pupils had identified special educational needs (SEN), of whom 8.7% had statements or were in the process of statutory assessment, three times more than the national average of 2.8%. A total of 25% were at school action plus or above, involving an agency external to the school, compared to around 8% of pupils nationally (Table 30). Forty eight per cent were identified at school action or above, again well above the national average of 20%.

Table 30 Percentage of pupils with special educational needs

SEN Stage		Frequency	%	Valid %
Valid	None	9136	44.1	53.9
	School Action	3505	16.9	20.7
	School Action Plus	2837	13.7	16.7
	Statemented	1466	7.1	8.7
	Total valid	16944	81.8	100.0
Missing		3780	18.2	
Total		20724	100.0	

Note: National averages are for 2008 taken from SFR 15/2008 'Special Educational Needs in England, January 2008', DCSF.

5.4.6   *SEN Type*

Among those with an identified SEN, the most frequent need was Behavioural, Emotional and Social Difficulties (BESD) accounting for 45% of pupils where the primary need was identified (Table 31). This is higher than the relevant national average of around 23%.The next most frequent need was Moderate Learning Difficulties (MLD), with BESD and MLD together accounting for two-thirds of all pupils where the primary need was identified. The next most frequent categories were Speech, Language and Communication Needs (SLCN) and Specific Learning Difficulties (SpLD).

Table 31 Primary special educational need

SEN type	Frequency	%	% where SEN type identified
Behavioural, Emotional and social difficulties	2880	13.9	44.6
Moderate Learning Difficulties	1636	7.9	25.3
Speech, Language and Communication Needs	489	2.4	7.6
Specific Learning Difficulties	474	2.3	7.3
Severe Learning Difficulties	299	1.4	4.6
Autistic Spectrum Disorder	239	1.2	3.7
Other	177	0.9	2.7
Physical difficulties	144	0.7	2.2
Profound and Multiple Learning Difficulties	54	0.3	0.8
Hearing Impairment	35	0.2	0.5
Visual Impairment	22	0.1	0.3
Multi-sensory Impairment	7	0.0	0.1
Total valid	6456	31.2	100.0
Missing	5153	24.9	
No SEN	9115	44.0	
Total	20724	100.0	

5.4.7 Main area of concern regarding child at referral

The most frequent area of parental concern about their child at the time of referral of the parent was behaviour difficulties (27%), closely followed by attendance/punctuality (26%) - seeTable 32. Friendship/ social /self-esteem issues account for a further 12%, well being (either health or drugs) 7%, achievement 5%, and child protection 4%.

Table 32 Main parental concern about their child at referral

Main area of concern		Frequency	%	Valid %
Valid	Behaviour difficulties	5288	25.5	27.2
	Attendance/punctuality	5006	24.2	25.8
	Friendships/social/self esteem	2333	11.3	12.0
	Well-being(health/drugs)	1253	6.0	6.5
	Achievement	885	4.3	4.6
	Child protection	766	3.7	3.9
	Other	3889	18.8	20.0
Total valid responses		19420	93.7	100.0
Missing		1304	6.3	
Total		20724	100.0	

A fifth of responses (20%) were coded as 'other reason'. In 93% of these cases no further description of the concern was provided. However where a further elaboration was given examples included review meeting (28); transition/moving schools (22); separation/family breakup (12); SEN (7) and housing issues (6).

Table 33 crosstabulates main concern by referral route. The main concern differed somewhat depending on the referral route. Schools were more likely than parents to identify attendance/punctuality as the main concern (30% vs. 11%) while parents were more likely to identify 'Other' (unspecified) issues as the main concern (35% vs. 16%) – highlighted in Table 33. In terms of the main concerns by each agency and parent (bold in Table 33) the most common concerns were for the child's behaviour (school (29%), other education agency (25%), health agency (33%), voluntary/community agency (21%), and other referral routes (25%); as well as self referrals by parents (24%). In the case of the EWS the main concern was attendance (74%) with 29% of school referrals to PSAs also stating this as the main concern, and for social services it was child protection (53%), as would be expected. Friendship/social/self esteem issues represented the main concern for 22% of those referring from a voluntary/community agency.

Table 33 Main concerns about the pupil by referral route

Main Concern		Self	School	EWS	Other educ-ation agency	Health agency	Social services	voluntary/ comm.-unity agency	other	Total
Attendance/ punctuality	n	442	3879	321	43	19	31	5	52	4792
	%	11.2%	30.0%	74.3%	19.5%	8.7%	13.2%	6.9%	9.1%	25.7%
Achievement	n	203	582	2	31	14	3	2	15	852
	%	5.1%	4.5%	.5%	14.1%	6.4%	1.3%	2.8%	2.6%	4.6%
Behaviour difficulties	n	939	3758	40	54	73	31	15	145	5055
	%	23.8%	29.1%	9.3%	24.5%	33.3%	13.2%	20.8%	25.4%	27.1%
Child protection	n	84	456	8	10	6	123	7	25	719
	%	2.1%	3.5%	1.9%	4.5%	2.7%	52.6%	9.7%	4.4%	3.9%
Friendship/social/ self esteem	n	682	1357	27	24	26	18	16	99	2249
	%	17.3%	10.5%	6.2%	10.9%	11.9%	7.7%	22.2%	17.3%	12.1%
Well-being (health/drugs)	n	239	852	12	16	48	12	8	32	1219
	%	6.0%	6.6%	2.8%	7.3%	21.9%	5.1%	11.1%	5.6%	6.5%
Other	n	1364	2051	22	42	33	16	19	203	3750
	%	34.5%	15.9%	5.1%	19.1%	15.1%	6.8%	26.4%	35.6%	20.1%
Total	n	3953	12935	432	220	219	234	72	571	18636
	%	100%	100%	100%	100%	100%	100%	100%	100%	100%

5.4.8 Exclusion immediately prior to PSA involvement

A small number of pupils (129 or 0.8%) had been permanently excluded prior to PSA involvement (Table 34). A higher proportion (1,159 or 7%) had received a fixed term exclusion prior to PSA involvement.

Table 34 Percentage of pupils with a permanent or fixed term exclusion prior to PSA involvement

Exclusion type		Frequency	%	Valid %
Permanent	No	15730	75.9	99.2
	Yes	129	.6	.8
	Total valid	15859	76.5	100.0
	Missing	4865	23.5	
Fixed-term	No	14717	71.0	92.7
	Yes	1159	5.6	7.3
	Total valid	15876	76.6	100.0
	Missing	4848	23.4	

5.4.9 Exclusions during PSA involvement

One hundred and seventy one pupils (1.1%) were permanently excluded during the course of their involvement with the PSA. A further 1,246 pupils (7.9%) received at least one fixed term exclusion during their period of PSA involvement (Table 35).

Table 35 Percentage of pupils who received a permanent or at least one fixed term exclusion during the course of PSA involvement

Exclusion type		Frequency	%	Valid %
Permanent	No	15511	74.8	98.9
	Yes	171	.8	1.1
	Total valid	15682	75.7	100.0
	Missing	5042	24.3	
Fixed-term	No	14436	69.7	92.1
	Yes	1246	6.0	7.9
	Total valid	15682	75.7	100.0
	Missing	5042	24.3	

LAs were asked to indicate the total number of days of fixed term exclusion(s) during or after PSA involvement for the current year. The 1,159 pupils who were excluded were on average excluded for 6.4 days (*SD* = 5.9). Perhaps unsurprisingly, the group with the largest number

of days exclusion were those who had been excluded both immediately prior to their involvement with the PSA and during their involvement (8.2 days) – see Table 36.

Table 36 Mean total number of days of fixed term exclusion

	Fixed term exclusion during PSA involvement	
Fixed term exclusion immediately prior to PSA involvement	No	Yes
No	0 (13,756)	3.0 (684)
Yes	3.7 (556)	8.2 (551)

5.5 PSAs' practice and its impact

5.5.1 PSA work with parents

Most of the PSAs' work was with parents. In 85% of cases PSAs provided data indicating the nature of their work with parents. Almost half (49%) of all PSA work with parents was undertaken on a 1:1 basis. A small proportion (11%) was with both the parent and the child, while a similar proportion (11%) was with the family as a whole. Signposting (directing the parent to other appropriate services) accounted for 7%, formal parent training programmes 4%, informal parent groups 3% and drop-ins/surgeries 2% (Table 37). However a large proportion of responses (14%) did not fit the coding system. The largest single 'other' response was 'telephone calls'.

Table 37 Pattern of PSAs work with parents

	Frequency	%	Valid %
1:1 with parent	8616	41.6	48.8
parent & child	1939	9.4	11.0
family work	1904	9.2	10.8
signposting	1185	5.7	6.7
informal parent group	566	2.7	3.2
parent training programme	726	3.5	4.1
drop in/surgeries	260	1.3	1.5
other/uncodeable	2471	12.0	13.7
Total valid	17667	85.2	100.0
Missing	3057	14.8	

5.5.2 PSA work with child

A response to this question was missing for around 52% of cases, so we might conclude that relatively little of the PSA work was directly with the child. Where the PSA did work with the child, this was most frequently on a 1:1 basis work with the child (73%), followed by groupwork (21%) and combined parent/child/family work at 5% (Table 38).

Table 38 Pattern of PSA work with child

		Frequency	%	Valid %
Valid	1:1 with child	7176	34.6	72.8
	Groupwork	2022	9.8	20.5
	Child & parent/family	514	2.5	5.2
	Other	149	.7	1.5
	Total	9861	47.6	100.0
Missing		10863	52.4	
Total		20724	100.0	

5.5.3 Attendance[20]

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[20] See also Section 6 for analysis using the National Pupil Database

PSAs were asked to record the termly attendance of each pupil who was the main focus in their work with the parent. These data proved difficult for most PSAs to capture. Looking at the total data available each term the highest return was for autumn 2007 where attendance data were provided for about half the sample (Table 39).

Table 39 Pupil attendance autumn 2006 to summer 2007

Termly attendance	N	Minimum %	Maximum %	Mean %	SD (%)
Attendance autumn 2006	8241	1	100	87.3	14.2
Attendance spring 2007	8924	3	100	84.8	16.2
Attendance summer 2007	9137	1	100	85.1	16.9
Attendance autumn 2007	10114	1	100	85.2	16.1
Attendance spring 2008	9313	2	100	85.1	16.9
Attendance summer 2008	2864	2	100	86.7	16.7
Valid N (listwise)	1365				

Note: *SD*: standard deviation

Some of the autumn term 2007 data may represent new cases opened in that term and other data might refer to students who had been a focus of previous work with the PSA and parents. To gauge possible changes in the pattern of attendance over time, cases were selected only where autumn 2007 attendance data were collected *and* data were also provided for each of the preceding three terms, giving a continuous series over four terms. This identified a sample of just under 6,500 pupils. The results are presented in Table 40.

Table 40 Changes in attendance autumn 2006 to autumn 2007

Termly attendance	N	Minimum %	Maximum %	Mean %	*SD* (%)
Attendance autumn 2006	6449	3	100	87.9	13.3
Attendance spring 2007	6449	4	100	85.5	15.3
Attendance summer 2007	6449	2	100	85.6	16.2
Attendance autumn 2007	6449	1	100	85.6	15.7
Valid N (listwise)	6449				

There is no evidence that attendance of this sample of pupils improved over the course of the four terms. Attendance rates were somewhat higher in the autumn term 2006 (average 88%) and were somewhat lower but consistently around 85%-86% in each of the subsequent three terms.

Separate analyses were completed to determine whether this trend varied across LAs or whether it differed depending on the model of PSA involvement. There was a slight positive trend of improving attendance across the last three terms for schools following model 1 (Single PSA per school) that was not observed where the PSA was shared across schools, as shown in Table 41. However the trend was not statistically significant in a repeated measures general linear model. Overall attendance tended to be higher where PSAs worked across more than one school.

Table 41 Pupil attendance by PSA Model.

Model		attendance			
		Autumn 2006	Spring 2007	Summer 2007	Autumn 2007
1 Single PSA per school	Mean %	87.1	84.2	84.4	85.0
	N	2054	2054	2054	2054
	SD	13.5	15.9	16.4	16.2
2 PSA shared across schools	Mean %	90.0	88.1	88.3	88.0
	N	2952	2952	2952	2952
	SD	11.1	12.8	13.3	13.2
3 Single PSA focussed on exclusion	Mean %	81.0	78.1	76.7	77.3
	N	844	844	844	844
	SD	17.6	19.1	20.1	19.9
Total	Mean %	87.7	85.3	85.3	85.4
	N	5850	5850	5850	5850
	SD	13.4	15.3	16.1	15.8

While there was a tendency for attendance to improve slightly between spring 2007 and autumn 2007 in LA63, LA54 and LA62 LAs there were no statistically significant differences between Local Authorities in the extent of change over the three terms (Table 42).

Table 42 Mean change in percentage attendance by PSA

LA	number pupils	Mean % change spring 2007 - autumn 2007
LA58	144	-2.95
LA69	237	-2.89
LA65	21	-2.57
LA61	128	-2.52
LA52	64	-2.06
LA55	599	-1.26
LA67	1110	0.16
LA60	1839	0.38
LA53	1321	0.38
LA68	130	0.81
LA63	65	1.34
LA54	539	1.87
LA62	244	2.18
Total	6449	0.10

N = 13 LAs

A separate analysis was completed just for those pupils where the main concern was attendance/punctuality. Again the results were filtered to include only those with attendance data from all four terms between autumn 2006 and autumn 2007 (Table 43). The pattern for these pupils did not differ substantially from the results for all pupils, regardless of the main concern, as previously shown in Table 38.

Table 43 Mean percentage attendance of pupils for whom attendance was the main concern

	N	Minimum %	Maximum %	Mean %	SD
attendance autumn 2006	1773	3	100	81.3	15.8
attendance spring 2007	1773	4	100	77.6	17.7
attendance summer 2007	1773	2	100	78.9	18.4
attendance autumn 2007	1773	1	100	78.4	18.5
Valid N (listwise)	1773				

5.5.4 Were the aims of the PSA met?

PSAs reported that their aims were completely met in 40% of cases, mostly met or better in 63% of cases and partly met or better in 87% of cases (Table 44). There aims were not at all met in only 12% of cases. These data include cases where the parent transferred, moved or withdrew from the work, but exclude cases that were ongoing at the time of the last data collection. It is notable however that nearly one third of PSAs did not complete the question. This group will include those still working with the parents and so unable to make a judgement as the standard database did not have an 'on-going' field.

Table 44 PSAs' judgment of the degree to which their aims were met

Were aims met		Frequency	%	Valid %
Valid	transferred/moved/withdrew	259	1.2	2.0
	not at all	1516	7.3	11.6
	Partly	3116	15.0	23.9
	mostly	2987	14.4	22.9
	completely	5160	24.9	39.6
	Total	13038	62.9	100.0
Missing		7686	37.1	
Total		20724	100.0	

5.6 Conclusions

The data provide important demographic detail on the population of parents and the pupils that were the main focus of PSAs' concentrated casework with parents. These data do not, however, capture most of the less intensive or prolonged work with parents.   The parents were predominantly mothers, including a disproportionate number of single parent

households. The sample of pupils was ethnically diverse and largely reflected the national distribution by ethnicity. The main concerns about the pupils were with behaviour difficulties (27%) and attendance/punctuality issues (26%), although friendship/social and self esteem issues also figured in a significant number of cases (12%). Almost half the pupils 45%) were entitled to FSM compared to 17% nationally. There was a slightly higher proportion of boys (56%) but not substantially so. A higher proportion of pupils had SEN, around three times the national average. Where an SEN was identified, a higher proportion of these related to BESD than is the case nationally.

There were no obvious differences related to the model of PSA involvement but this is likely to reflect moves away from these discrete models by LAs and PSAs.

These results from the LA database are similar to the results of the survey of line managers (Section 4). For example, the proportion of PSAs working in a single school (Model 1) was reported as 36% of the line managers and 35% from the database; for working in a cluster of schools the figures are 56% and 50% respectively. This provides supportive evidence for the two methods providing comparable results. This allows us to compare the PSAs' views on whether their aims had been met (Table 44) with line managers' views on the impact of their PSA (Table 14). Direct comparisons are not possible because different questions and scales were used. However, for example, 24-39% of line managers strongly agreed with five impact assessments and 40% of PSAs who gave an opinion judged their aims had been met completely.

6. ANALYSIS USING THE NATIONAL PUPIL DATABASE

6.1 Introduction

This section draws on pupil attendance and SEN data with particular respect to behavioural, emotional and social difficulties (BESD) from the National Pupil Database to compare change over time in schools involved in the PSA pilot against all other schools nationally. PSA schools may differ in several respects from non-PSA schools, and there are indications that PSA schools serve more socially and economically disadvantaged populations than other schools in the pilot Local Authorities (LA) and nationally. For example the TDA report that 21% of pupils were entitled to Free School Meals (FSM) in PSA schools, compared to 17% in the Pilot LAs overall and just 14% nationally. We therefore decided to access national data on *all* schools in England to evaluate how PSA schools have improved in terms of attendance outcomes and compare this to improvement rates in all schools nationally.

6.2 Methodology

School identification
The DCSF/TDA supplied the school unique reference number (URN) of the PSA schools so that these could be identified among all schools in the Register of Educational Establishments. This allowed the comparison of changes in attendance over the three academic years 2005/06, 2006/07 and 2007/08 separately for PSA and non-PSA schools.

Data sources
The DCSF supplied pupil level datasets for the attendance of secondary pupils in 2005/06 and all primary and secondary pupils in 2006/07 and 2007/08. Pupil level data were not available for 2005/06, so data were supplied at school aggregate level from the previous DCSF annual 'Absence in Schools Survey'. Also the 2007/08 attendance data cover the autumn and spring terms only, since summer term 2007/08 data were collected retrospectively in the subsequent January return. The final dataset from DCSF was received in early February 2009.

The following specific measures were derived:

Context measures
- Total roll (statutory school age)
- % of boys
- % statutory age roll entitled to Free School Meal (FSM)
- Income Deprivation Affecting Children Index (IDACI) (the proportion of pupils residing in the 25% most deprived neighbourhoods)
- % statutory age roll with Special Educational Need (SEN), and for behavioural, emotional and social difficulties (BESD) in particular, specifically at School Action Plus (SAP) or above
- % statutory age roll of White British ethnicity
- % statutory age roll with English as Additional Language (EAL).

Outcome measures
- % of half days missed due to authorised and unauthorised absence combined (overall absence). The DCSF consider the overall absence measure is more reliable than separate rates of unauthorised/authorised absence, because "the decision to authorise an absence is a local decision leading to unmeasured variation both between and within schools… using overall absence rates and the rate of persistent absentees removes variation and gives more suitable data for performance reporting" (DCSF, 2007, p5).

140

- % of pupil enrolments that are persistent absentees. These are defined as pupils absent for more than 20% of all possible sessions (DCSF, 2007, p5)

- % of pupils at school action plus (SAP) or above with a statement for Behavioural, Emotional and Social Difficulties (BESD). Only those pupils at SAP, undergoing formal assessment or with a statement are included since schools are not required to indicate the type of SEN need for pupils at School Action (SA).

6.3   Results

6.3.1 Numbers of schools and pupils

All measures were aggregated up from pupil level data. Thus around 6.5 million pupils were examined in each academic year. The number of schools and pupils varied slightly across years and outcome measures, but values based upon January School Census records are given in Table 45.

Table 45   Numbers (%) of pupils on roll in PSA and non-PSA schools

Phase	PSA status	2005/06		2006/07		2007/08	
		Schools	Pupils	Schools	Pupils	Schools	Pupils
Primary	Not PSA	16649	3,177,778	16542	3,285,049	16381	3,209,967
	PSA	842	169,719	841	175,814	821	167,708
	Total	17491	3,347,497	17383	3,460,863	17202	3,377,675
Secondary	Not PSA	3138	2,814,787	3149	2,791,858	3114	2,737,046
	PSA	265	249,381	266	245,714	265	237,623
	Total	3403	3,064,168	3415	3,037,572	3379	2,974,669
All Schools	Not PSA	20813	6,062,034	20709	6,153,697	19495	5,947,013
(including nursery	PSA	1142	421,934	1144	424,690	1086	405,331
& special)	Total	21955	6,483,968	21853	6,578,387	20581	6,352,344

Note. Total number of PSA schools is lower for 2007/08 because the total does not include

37 special schools/PRUs and three nursery schools.

Around three-quarters of PSA schools were primary schools, 842 primary compared to 265 secondary. However, a higher number of pupils attended secondary PSA schools than attend primary PSA schools, approx. 250,000 in secondary PSA schools compared to around 175,000 in Primary PSA schools.

6.3.2 Contextual measures

Social disadvantage - Entitlement to a FSM
Table 46 shows the average entitlement to FSM over the last three academic years by school phase and PSA status. Results are presented separately for primary and secondary schools. The small number of nursery ($n = 3$) and special schools / PRUs ($n = 37$) are not shown separately but are included in the grand total.

Table 46   Percentage of pupils entitled to a free school meal

Phase	PSA status	% Entitled to a Free School Meal			
		2005/06	2006/07	2007/08	Change
Primary schools	Not PSA	16.8	16.9	16.6	-0.1
	PSA	22.5	22.7	22.2	-0.3
	Total	17.0	17.2	16.9	-0.2
	Difference (% points)	5.7	5.8	5.6	
Secondary schools	Not PSA	14.7	14.4	14.2	-0.5
	PSA	16.2	15.8	15.7	-0.5
	Total	14.8	14.5	14.3	-0.5
	Difference (% points)	1.4	1.4	1.5	
All Schools	Not PSA	16.0	16.0	15.5	-0.5
	PSA	18.9	18.8	18.4	-0.5
	Total	16.2	16.1	15.7	-0.5
	Difference (% points)	2.8	2.8	2.9	

The results reveal that PSA schools on average serve more disadvantage pupil populations among primary schools. In 2007/08 22.2% of pupils in PSA primary schools were entitled to FSM against 16.6% in all other primary schools, a highly significant difference (z = 4.15, p < .001). There was a much smaller difference among secondary schools. For example in 2007/08 15.7% of pupils in PSA schools were entitled to FSM against 14.2% in other secondary schools, which was not statistically significant. Both sets of figures were consistent over the three academic years.

Social disadvantage - IDACI
A similar pattern is revealed by the Income Deprivation Affecting Children Index (IDACI). The 25% most deprived neighbourhoods were identified from the national index and the proportion of each school's pupils residing in bottom quartile neighbourhoods was calculated. The results are shown in Table 47.

Table 47   **Percentage of pupils in high deprivation neighbourhoods**

Phase	PSA status	% high deprivation neighbourhoods			
		2005/06	2006/07	2007/08	change
Primary schools	Not PSA	25.6	25.9	26.1	0.6
	PSA	34.2	34.2	36.5	2.3
	Total	26.0	26.3	26.6	0.6
	Difference (% points)	8.7	8.3	10.4	
Secondary schools	Not PSA	24.4	24.2	24.1	-0.3
	PSA	25.3	25.1	26.6	1.3
	Total	24.4	24.2	24.3	-0.1
	Difference (% points)	0.9	0.9	2.5	
All Schools	Not PSA	25.1	25.3	25.2	0.1
	PSA	29.0	29.0	30.7	1.7
	Total	25.4	25.5	25.5	0.2
	Difference (% points)	3.8	3.7	5.5	

Again the results indicate a highly significant difference between PSA and other schools in the primary phase ($z = 6.58$, $p < .001$) but a much smaller and not statistically significant difference between PSA and non-PSA secondary schools.

Ethnic composition
PSA schools had a higher proportion of White British pupils than non-PSA schools, particularly among secondary schools, and this difference was statistically significant when evaluated across all schools ($z = 2.47$, $p < .025$) see Table 48. A general demographic trend for an increase in the proportion of ethnic minority pupils over the three years is apparent, particularly in primary schools where the proportion of White British pupils reduces from about 78% in 2005/06 to 74% in 2007/08.

Table 48   **Percentage of White British pupils**

Phase	PSA status	% White British			
		2005/06	2006/07	2007/08	Change
Primary schools	Not PSA	77.9	74.6	73.8	-4.1
	PSA	80.8	76.6	75.2	-5.6
	Total	78.1	74.7	73.9	-4.2
	Difference (% points)	2.8	2.0	1.3	
Secondary schools	Not PSA	79.3	78.7	77.8	-1.6
	PSA	83.1	82.4	81.5	-1.6
	Total	79.6	79.0	78.1	-1.6
	Difference (% points)	3.7	3.7	3.7	
All Schools	Not PSA	78.6	76.5	75.6	-3.0
	PSA	82.2	80.0	78.9	-3.3
	Total	78.8	76.7	75.8	-3.0

Percentage pupils with English as an Additional Language
PSA schools, particularly secondary schools, tended to have a lower proportion of pupils with EAL than non-PSA schools, although this difference was not statistically significant (Table 49). The percentage of pupils with EAL increased more in primary schools as a whole (from 12.5% to 14.7%) than in secondary schools (from 9.5% to 10.7%), and from a higher base, but the trends were similar for PSA and non-PSA schools.

Table 49 Percentage of children with English as an additional language

Phase	PSA status	% English Additional Language			
		2005/06	2006/07	2007/08	Change
Primary schools	Not PSA	12.6	13.9	14.7	2.1
	PSA	12.1	13.5	15.0	2.9
	Total	12.5	13.8	14.7	2.2
	Difference (% points)	-0.5	-0.4	0.3	
Secondary schools	Not PSA	9.7	10.1	10.8	1.2
	PSA	8.1	8.7	9.6	1.5
	Total	9.5	10.0	10.7	1.2
	Difference (% points)	-1.6	-1.4	-1.3	
All Schools	Not PSA	11.2	12.1	12.9	1.7
	PSA	9.7	10.7	11.8	2.1
	Total	11.1	12.0	12.8	1.8
	Difference (% points)	-1.5	-1.4	-1.1	

6.3.3   Percentage of pupils with SEN (School Action Plus or statemented)

PSA schools tended to have a slightly higher proportion of pupils with SEN, although this difference was very small and not statistically significant Table 50.

Table 50   Percentage of pupils at School Action Plus or with a statement of special educational needs

Phase	PSA status	% SEN (SAP or statemented)			
		2005/06	2006/07	2007/08	change
Primary schools	Not PSA	8.1	8.4	8.7	0.4
	PSA	8.7	9.0	9.2	0.1
	Total	8.2	8.4	8.8	0.4
	Difference (% points)	0.6	0.7	0.4	
Secondary schools	Not PSA	7.6	8.0	8.6	1.0
	PSA	7.8	8.2	8.9	1.1
	Total	7.6	8.0	8.6	1.0
	Difference (% points)	0.3	0.3	0.4	
All Schools	Not PSA	8.9	9.3	8.7	-0.3
	PSA	8.8	9.2	9.0	0.2
	Total	8.9	9.3	8.7	-0.2
	Difference (% points)	-0.1	-0.1	0.4	

6.3.4 Outcome measures

The contextual differences discussed above are important in terms of comparing PSA and non-PSA schools. The results show that PSA schools in the pilot, particularly primary schools, served a more disadvantaged population (as was intended), had a lower proportion of White British pupils and a slightly higher proportion of pupils with SEN. These factors have been shown in other studies to have a statistical association with outcomes such as attendance. For example absence tends to be higher for pupils entitled to FSM, for White British pupils compared to ethnic minority pupils, and for those on School Action Plus (SAP) or above compared to those without identified SEN (DCSF, 2009). These factors confound any direct comparison of PSA and non-PSA schools.

The analytic approach adopted was therefore to compare PSA schools over time against their own earlier performance as a baseline. The key questions then are twofold:
- Is there any trend for improvement in outcomes over the three years 2005/06 to 2007/08 for the PSA schools?
- Is any observed trend greater than the trend observed for non-PSA schools?

The results are presented in Table 51.

Overall absence
Overall absence decreased from 6.4% in 2005/06 to 6.2% in 2007/08 in PSA primary schools, but a similar drop was also notable in non-PSA primary schools (from 5.9% to 5.6%). In PSA secondary schools there was a larger drop in overall absence, from 9.3% in 2005/06 to 8.3% in 2007/08. However again the same drop was observed in non-PSA secondary schools (from 8.5% to 7.5%).

Persistent absence
In primary schools the proportion of persistent absentees was not available for 2005/06 since individual pupil data on attendance were not collected until 2006/07. There appears to be no difference in the proportion of persistent absentees in 2006/07 and 2007/08.

For secondary PSA schools, the proportion of persistent absentees decreased from 8.5% in 2005/06 to 6.6% in 2007/08, a drop of 1.9 percentage points. Given the low base this is substantial, equivalent to a reduction of almost one-quarter (22.3%) in the proportion of persistent absentees. Over the same period the drop in persistent absentees in non-PSA secondary schools was from 7.1% to 5.15%, a drop of 1.6 percentage points. This drop is smaller, though proportionately of a similar size (23%). However the absolute drop is larger in the PSA secondary schools and closes the absolute size of the gap between PSA and non-PSA schools from 1.5 percentage points to 1.24 percentage points.

Behavioural, emotional and social difficulties (BESD)
There was no change in the proportion of pupils with BESD in PSA primary schools. In secondary schools the proportion in fact rose from 2.6% in 2005/06 to 3.1% in 2007/08. However there was a similar rise in non-PSA schools (from 2.2% to 2.6%).

Table 51   Overall absence, persistence absentees and Behavioural, Emotional and Social Difficulties (BESD) by PSA status and academic year

		Overall absence						
Phase	PSA status	2005/06		2006/07		2007/08		Change
		Mean	SD	Mean	SD	Mean	SD	(% points)
Primary schools	Not PSA	5.86%		5.43%	1.62	5.58%	1.59	-0.28%
	PSA	6.44%		6.02%	1.60	6.19%	1.69	-0.25%
	Total	5.89%		5.46%	1.62	5.61%	1.60	-0.28%
	Difference (% points)	0.58%		0.59%		0.62%		
Secondary schools	Not PSA	8.52%	2.37	8.19%	2.21	7.54%	1.97	-0.98%
	PSA	9.33%	2.30	8.96%	2.14	8.28%	2.02	-1.05%
	Total	8.59%	2.37	8.25%	2.21	7.60%	1.98	-0.99%
	Difference (% points)	0.81%		0.77%		0.74%		

		% pupils persistent absence						
Phase	PSA status	2005/06		2006/07		2007/08		Change
		Mean	SD	Mean	SD	Mean	SD	(% points)
Primary schools	Not PSA	-	-	1.73%	1.91	1.83%	1.79	0.10%
	PSA	-	-	2.26%	2.29	2.36%	2.09	0.10%
	Total	-	-	1.76%	1.94	1.86%	1.81	0.10%
	Difference (% points)	-	-	0.53%		0.53%		
Secondary schools	Not PSA	6.96%	4.42	6.52%	3.71	5.35%	3.10	-1.61%
	PSA	8.49%	4.36	8.05%	3.88	6.59%	3.27	-1.90%
	Total	7.09%	4.43	6.64%	3.75	5.45%	3.13	-1.63%
	Difference (% points)	1.52%		1.53%		1.24%		

		% SAP/Statemented for BESD						
Phase	PSA status	2005/06		2006/07		2007/08		Change
		Mean	SD	Mean	SD	Mean	SD	(% points)
Primary schools	Not PSA	1.52%	1.74	1.50%	1.62	1.61%	1.72	0.09%
	PSA	1.95%	2.01	1.93%	1.96	1.95%	1.97	-0.01%
	Total	1.54%	1.75	1.52%	1.64	1.63%	1.73	0.08%
	Difference (% points)	0.43%		0.43%		0.34%		
Secondary schools	Not PSA	2.17%	2.09	2.32%	2.16	2.59%	2.44	0.41%
	PSA	2.61%	2.17	2.79%	2.71	3.10%	2.83	0.50%
	Total	2.21%	2.10	2.35%	2.22	2.63%	2.48	0.42%
	Difference (% points)	0.44%		0.48%		0.52%		

Note: All figures are weighted by the number of enrolments.

Analysis by Model

An additional breakdown that separated the PSA schools by phase and by model type was also completed. Schools with their own PSA (models 1 and 3) were contrasted with schools where the PSA worked across a cluster of schools (model 2). Eight schools that indicated they operated a mixed model were excluded from the analysis.

The only significant outcome was that the reduction in persistent absentees in PSA secondary schools was particularly associated with schools with their own PSA. The drop in persistent absentees from 9.2% to 7.0% (2.2%) was higher than for either non-PSA or schools with a shared PSA. The data are shown in Table 52 below. Apart from this one outcome there was no difference between schools with a single or shared PSA.

Table 52   Comparison of percentage of persistent absentees by PSA model

		Persistent Absentees (%)			
		2005/06	2006/07	2007/08	change
Primary	Not PSA	-	1.7	1.8	0.1
	PSA (one school)	-	2.4	2.6	0.1
	PSA (shared)	-	2.2	2.3	0.1
	Total	-	1.8	1.9	0.1
Secondary	Not PSA	7.1	6.5	5.5	-1.6
	PSA (one school)	9.2	8.5	7.0	-2.2
	PSA (shared)	7.6	7.4	6.0	-1.5
	Total	7.1	6.6	5.5	-1.6

Conclusions

There is no evidence of a significant impact of PSA status in reducing overall absence or the proportion of pupils with BESD: attendance rates improved but this also occurred in non-PSA schools. There is, however, some tentative evidence that the proportion of persistent absentees has reduced substantially in PSA secondary schools, and that this reduction is greater than seen for non-PSA schools.

It is early days for the PSA intervention, and changes in quantitative data such as those presented here may take a longer period to show an effect. This evaluation needs to be read alongside the very positive results reported by head teachers, parents and the Parent Support Advisers themselves as documented in previous Sections.

7.   CONCLUSIONS

In this section we draw conclusions from the evaluation of the Parent Support Adviser Pilot.

The PSA pilot lasted from 1st September 2006 until 31st July 2008. It provided financial support of £40 million to 20 local authorities (LAs) to set up and implement a PSA service. The pilot involved the recruitment and initial training of 717 PSAs supporting parents of pupils in 1167 schools, setting up the necessary infrastructure supporting the development of PSAs over the period and the development and implementation of their practice. It is important to note at the outset that this was essentially a new professional role although it had its precursor in a number of similar roles developed by different LAs e.g. family liaison officers and home-school liaison officers.

The evaluation comprised a combined methods design. Information was collected throughout the study to explore both quantitative aspects comprising analysis of large numerical datasets and by questionnaires, and to examine process issues, largely undertaken by interviews with key players including PSAs and parents. In this section we draw upon the full range of data. We also discuss the findings in the context of wider issues concerning the development of parent support.

Interview data are available primarily from 12 case study LAs although interviews were carried out with all 20 strategic leads towards the beginning and all 24 operational leads at the end of the study. Line managers' perspectives towards the end of the pilot were available from across the 20 LAs ($n = 603$, 51.8% response rate). Data on individual parents were available from 20,724 parents with whom PSAs worked formally in 18 of the 20 LAs. We have also compared data for pupils in PSA and non-PSA schools on attendance and behavioural, emotional and social difficulties and examined changes over the period of the pilot using the National Pupil Database. Together these data sources provide substantial and complementary information to support our conclusions.

Our evaluation has demonstrated many positive features of the PSA pilot. It represents a successful collaboration between DCSF and TDA to develop a new role and nurture a new group of practitioners over a period of two years. This period represents a time when both organizational structure and processes as well as knowledge and skills development by PSAs themselves were being developed. This careful, planned and coordinated approach may be compared with other initiatives, for example Special Educational Needs Co-ordinators in schools, where the necessary training and support lagged behind implementation, which was itself initially, uncoordinated and dependent on local initiatives.

In the early stages PSAs had to create a useful role within the rubric of the model to which they had been appointed that complemented but did not conflict with practice of other, existing members of the workforce. Although the focus on working with parents rather than pupils provided a degree of separation, there was ample scope for problems arising including inefficiencies and demarcation conflicts. In fact this early phase was negotiated well and PSAs gained the trust of parents and their line managers, as evidenced by our interview and survey data. PSAs developed a range of methods of supporting parents and also developed collaborative practice with other relevant professionals and organizations, including the third sector. Evidence in our reports and the TDA Resource Kits shows the range of practice and that it was valued.

The successful development of the PSA pilot was identified in our two earlier interim reports and has now generally been confirmed for the overall pilot in this final report. The evidence presented here is generally consistent at the level of individuals – parents, PSAs, line managers and co-ordinators in particular. The systematic collection of large scale data through surveys and the PSA parent level database support a positive judgment of the pilot: about nine out of ten line managers who responded considered that their PSA had had a positive effect (Table15) and a similar proportion of PSAs considered their aims had been met at least partly (Table 44). There was also a substantial reduction in persistent absentees in secondary schools with a PSA compared with non-PSA secondary schools nationally, from 8.5% to 6.6%, a reduction of almost a quarter. An improvement in overall attendance, however, is not supported by the PSA database or our analysis of the National Pupil Database (NPD) although there are important caveats, discussed below. Whereas individuals in our study, and those reported in the TDA's Resource Pack 2, have claimed evidencefor improvements in indicators such as attendance and exclusions our NPD analysis failed to find support for this occurring for the sample as a whole.

This discrepancy may be accounted for largely by the different bases of the judgments. First, local practitioners referred to improvements in specific pupils only, whereas our fuller

analysis using the NPD has compared trends across the pilot LAs/schools as a whole *and* compared these trends with those for schools nationally without PSAs. Hence, while we also found important improvements in PSA schools regarding attendance, we note that similar improvements were occurring in other, non-PSA schools. Second, the schools with PSAs were, as planned, characterized by higher levels of deprivation and other factors known to be associated with greater absenteeism. Our analysis comparing schools with their own baseline is appropriate to address this issue but may, arguably, have under-estimated a positive effect: the fact that the PSA schools improved from a higher base level of absence is relevant here. Finally, it is worth reiterating that the reduction in the proportion of persistent absentees in PSA schools was greater than in non-PSA schools.

Third, it is also important to note that our analysis is at the level of attendance in the pilot schools as a whole rather than an analysis of those specific pupils for whom pupil attendance was the reason for which a PSA was supporting the parent. This reduces the possibility of identifying an effect on attendance attributable to PSAs working with parents of pupils for whom attendance was the concern.

The pilot allowed the evaluation of a new role within the workforce, the parent support adviser. The study examined the support offered by PSAs who had a remit to support parents in an around school settings. The interim findings from the study were reported to the DCSF and the project steering group over the period of the study and the interim reports were published by DCSF[21,22]. The DCSF made reference to developments based on this pilot of Parent Support Advisers in its review of progress for the Children's Plan[23]. In this review the DCSF (2008, para 1.18) drew attention to interim evidence and stated:

> 'By April 2009, we expect most local authorities to have parenting experts in place, including parent support advisers in schools. Parent support advisers work with parents to tackle the issues that can get in the way of learning, including supporting parents to improve their child's behaviour and school attendance. We have built on the successful pilot of this approach and provided funding to all local authorities for parent support advisers working in and across schools. Early findings show this is having a positive impact.'

The decision to support a national roll out of parent support by funding all LAs was informed by these findings. However, the funding allocated, substantial though it is at £102.5 million for 2008-11, cannot fund a PSA in every school: but that was not the original intention. Beverley Hughes, Minister of State for Children, Young People and Families acknowledged in her foreword to The TDA Resource Kit 2 (TDA, 2008) acknowledged concern that the funding could be spread too thinly but challenged LAs to ensure how to maximize benefits from the additional funding.

Targeting, therefore, arises: PSAs working with the parents in greatest need, an approach advocated by Steer (2005, 2008). However, this raises the question of how targeting should occur. A simple approach is by school, for example schools with the highest proportions of pupils suffering socioeconomic disadvantage, as shown by free school meal entitlement

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[21] Lindsay et al (2007) *Parent support adviser pilot: First Interim report from the evaluation. Research Report DCSF-RWO2O.* http://www.dfes.gov.uk/research/data/uploadfiles/DCSF-RW020.pdf

[22] Lindsay et al (2008b) *Parent support adviser pilot: Second Interim report from the evaluation. Research Report DCSF-RWO37.* http://www.dfes.gov.uk/research/data/uploadfiles/DCSF-RR037.pdf

[23] DCSF (2008) *The children's plan one year on: A progress report.* Nottingham*: DCSF.* http://publications.dcsf.gov.uk/eOrderingDownload/01049-2008DOM-EN.pdf

(fsme). However, as demonstrated clearly in the past with Educational Priority Areas, this approach will miss many very disadvantaged families whose children attend schools where the average fsme level is low. The cluster approach, the original model 2 in the pilot, is therefore an important option for schools with lower levels of need.

The future?
The development of the parent support adviser role reflected the government's commitment to support parents (see also *Parents* Matter, DCSF, 2007) but with a focus also on improving parental support for their children. Furthermore, the support was characterized as related to schools, and often PSAs were line managed by head teachers, emphasizing the importance of this link. Since the end of the pilot, and following on from the progress report of the *Children's Plan One Year On* (DCSF, 2008) government policy has also developed to stress the role of the family: *Think Family* (DCSF, 2009). Central to this policy framework is the importance of implementing support for children and parents within a more comprehensive and integrated framework. The DCSF acknowledge that too often support for children and adults is fragmented with relevant child and adult services acting independently. The PSA pilot may be seen as an important pilot not only for parent support but also for family support. In the early stages there were differences of views, and hence actions, depending on whether line managers saw the PSAs' work as aimed at parents or children. As the pilot progressed this tension reduced and recognition of the usefulness of the role as supporting children by supporting parents in the context of a family increased.

Think Family is a wide ranging policy framework that presents challenges for the whole system of child and adult services. The PSA pilot has provided one important example of how some of its aspirations can be addressed. The funding of a national roll out of PSAs will provide an opportunity to explore not only the development of the PSA role *per se* but how the *Think Family* agenda can be progressed.

7.1   Main findings

- The pilot represented a successful collaboration between the Department for Children, Schools and Families and the Training and Development Agency for Schools introducing a new professional, the Parent Support Adviser (PSA) into the workforce.
- The grant available to the 20 local authorities supported the recruitment and employment of 717 PSAs providing support to parents of children in 1167 schools.
- The PSAs developed a range of practices that provided support primarily to parents, with some support also directed at children.
- Budget holding was a successful arrangement allowing PSAs to provide small amounts of money to support parents.
- Impact was judged as positive by over eight out of ten line managers for a range of outcomes including the improvement of parents' engagement with their child's learning, improved relationships between parents and the school and improved pupil attendance.
- Over nine out of ten parents rated their PSAs highly in terms of different aspects of their support style – they felt respected, listened to and understood – and in helping them to feel more confident to tackle problems and feel better about themselves.
- The proportion of persistent absentees decreased by almost a quarter in secondary schools with a PSA.
- It is not possible to state how many parents were supported during the pilot because PSA practices varied and much work was either with groups of parents or not formally recorded, but the numbers are substantial – over 20,000 were formally recorded by 18 LAs and we estimate support was also provided to several times as many parents overall.

- These are early days in the development of the PSA, but the evidence from the pilot is very encouraging and supports a government policy of funding the PSA role across all LAs.

7.2 Detailed findings

7.2.1 General findings

- The PSA pilot was successful in delivering 717 PSAs to work in 1167 schools.
- 91% of PSAs were female; 91% were White British with the remaining tenth made up of parents from a wide range of minority ethnic groups; and 55% came from an educational background, with the proportion in any LA having previously worked in the same school varying from between 10-20% in some LAs up to about 90% in others.
- PSA practices varied both within and between LAs making it impossible to calculate the numbers of parents provided with support across the pilot.
- 'Casework' with individual parents involving systematic support that could be long-term and intensive was recorded for 20,721 parents across 18 LAs.
- *But* PSAs also carried out work with many more parents in less formal settings where parents' details could not practically be recorded. Examples of other parent interactions include coffee mornings, transition information sessions, and contact with parents when dropping off or collecting their children.
- The pattern of PSA work indicated by this crude distinction between casework and more informal/less intensive and sustained activities was considerable: from 282 to 2488 parents individually recorded by different LAs.
- The initial three models of service delivery were superseded with PSAs adopting greater variety of practice being evident by the end of the pilot.
- Overall, a high level of satisfaction with PSAs was indicated by their line managers.
- The PSA pilot was an example of effective collaboration between the DCSF and TDA in delivering a major policy initiative.

7.2.2 Training

- The initial training programme for PSAs was developed by the Training and Development Agency for Schools (TDA) and formed the basis for LAs' training. This comprised five generic modules utilising Children's Workforce Development Council (CWDC) materials developed for the national pilot of level 3/4 induction training for children's workforce practitioners, comprising the core which was delivered over four days plus two PSA role-specific modules covered in two days.
- The training was well structured, appropriate and, within the constraints of the time available, provided a good basis for the PSAs.
- In the period after its occurrence PSAs were generally positive about the initial training: of those interviewed 96% rated it useful including 45% who rated it very useful.
- Similarly, PSAs' reflections on their initial training towards the end of the pilot were also generally very positive; a perspective shared by their line managers.
- Professional training is typically a substantial process over a period of one to two years minimum and typically involves supervised practice as well as taught sessions. The PSA initial training therefore could only be a beginning and PSAs' development relied both on their prior experience and subsequent support.
- The TDA, working with PSAs and others, has addressed this by developing a qualification at level 3 as part of the Support Work in Schools (SWiS) suite of qualifications. This became available in January 2008. Three qualification bodies (CACHE, Edexcel and OCR) currently offer the SWiS (Parent Support) qualification.
- PSAs and line managers were generally positive about the opportunity for continuing professional development and the production of the SWiS (Parent Support) in

principle and demand for the SWiS (Parent Support) was high: over 90% of PSAs, especially at Diploma level.

- There was, however, evidence of some early confusion and misunderstandings among PSAs and co-ordinators concerning the TDA's intentions and expectations, including the level of qualification (level 3 rather than level 4).
- The TDA also organized a series of regional conferences for PSAs and co-ordinators which provided opportunities for sharing expertise over the course of the pilot. These were not part of the present evaluation but informal observations when members of the CEDAR team attended indicated these were well purposeful, informative and well regarded by participants.
- Over the summer of 2008 and beyond the period of the pilot the TDA also organized a Development and Advisory Group for functional mapping of the PSA role and the linking to occupational standards, involving representatives of TDA, PSAs and those with qualifications expertise. This worked very effectively and has produced recommendations for action that will take effect after the end of the pilot.

7.2.3 Organisation of PSAs

- The initial three models for PSAs' work were:
  - Model 1: Based in a single primary or secondary school, working solely with early intervention and preventative support for parents and pupils, including work on supporting parents at key transition points for their child.
  - Model 2: Operating across a cluster of primary and secondary schools, focusing on offering parenting support courses and classes and one-to-one support for parents across the cluster.
  - Model 3: Operating in one school (like Model 1) but also with a role supporting pupils who have been or are likely to be excluded.
- Support for parents, as recorded in the LA database, was provided mostly by PSAs designated Model 2:
  - Model 1: 36.4% parents
  - Model 2: 49.7% parents
  - Model 3: 13.9% parents
- PSAs developed practice that differed between LAs, and deviated from these three models in relation to four dimensions:
  - Structural - one school versus working across more than one school
  - Functional – the TDA-defined Models 1, 2 and 3
  - Line management - school-based versus non-school-based
  - Locational - school-based versus non-school-based PSAs
- Structural
  - Working across more than one school was valued as less costly, facilitating the sharing of good practice and more equitable.
  - Drawbacks included travel time, potential for conflicting demands from different schools, loss of immediacy of response to parents, and increasing the time needed to build up trust.
- Functional
  - The functions associated with each model were valued by schools but not their separation into distinct PSA roles, leading to a tendency to merge into a generic PSA role.
- Line management
  - Where line management was school-based, the managers (usually head teachers or a senior colleague) typically gave a strong steer to the role, influenced by the school's needs and priorities as well as those of parents. In this case, a major focus was the improvement of pupils' behaviour and attendance.

155

- - Line management external to the school tended to focus the PSA role clearly on supporting *parents* including increasing their capacity to support their children: a subtle but important distinction.
- Location
  - A major benefit of PSAs being based in a school was easy accessibility to parents. Conversely, this could lead to pressure to become engaged in other work within the school.
  - PSAs based in an area or locality office benefitted from access to and support from other professionals working with children and families but with reduced accessibility to parents.
- Overall, most PSAs were school-based and this system worked well especially once they had become established and valued.

7.2.4 Line managers' responsibilities

- The most common line management structure comprised the head teacher or other member of the school's senior management team.
- Other arrangements included line management by a third sector body; a locality manager; a third sector body in partnership with a named link person in the school; a senior PSA managing an area PSA team; and an LA's Parent Partnership Service sharing line management with school-based line managers.
- Time allocated to line management varied, influenced by factors such as the perceived competence and needs of the PSA.
- Discussion of role-related issues and concerns was common and valued where it occurred (e.g. confidentiality, risk assessment)
- Unlike health and social care, education does not have a tradition of *supervision.* In the early phase of the pilot, professional supervision, as opposed to line management was limited and the two were generally conflated. By Phase 2, 57% of PSAs interviewed reported the level of professional support they received was 'about the right amount' but 30% said they would appreciate more and 4% 'a lot more'.
- The provision of supervision and professional support continued to be patchy by the end of the pilot and remained an area of concern.

7.2.5 Parent and child characteristics

The following data are taken from the CEDAR database and represent 'casework' with parents. Substantial numbers of parents are known to have been supported through less formal, less intensive and briefer interventions as well as group work.

Parents
- PSAs worked mainly with mothers (86.1%).
- Over half of the parents (54.6%) were married or had a partner; 42.3% were in a single parent household. PSAs also worked with grandparents (2.0%), carers (0.8%) and corporate carers (0.4%).
- Most referrals came from the school (68%) but a fifth (22%) were self referrals by the parent with a variety of agencies making up the rest.

Children
- The majority of the target children of the parents supported were male but the percentages, 56%: 44%, indicated a relatively small gender difference.

- There was a wide child age range from nursery to 17+ but 99% were in the range reception to Year 11; 64% were attending primary schools and 36% were attending secondary schools.
- More than half (55%) of the pupils were eligible for a free school meal, over three times the national average of 17%.
- The majority of pupils were White British (79.3%) with children from a wide range of minority ethnic groups making up the other fifth.
- A high proportion of the pupils had special educational needs (SEN) of whom 8.7% had statements or were in the process of a statutory assessment, three times the national average of 2.8%. A total of 25% were at School Action Plus or above, involving an agency external to the school, compared with 8% nationally.
- Among those with an identified SEN, the most frequent was behavioural, emotional and social difficulties (45%) compared with the national average of about 23%. The next most common was moderate learning difficulties (25%).
- The most frequent area of parental concern about their child at the time of referral of the parent was behaviour difficulties (27%) followed by attendance/punctuality (26%). Friendship/social/self esteem issues accounted for a further 12%, well being (either health or drugs) 7%, and child protection 4%. Concerns about achievement accounted for only 5%.
- The main concern differed depending on the referral route.
  - Schools were more likely than parents to identify attendance/punctuality as their main concern (30% vs 11%).
- Comparing main concerns by referring agency:
  - Behavioural difficulties was the most common reason in almost all cases.
    - Attendance was the main concern for the education welfare service (74%).
    - Both parents (17%) and voluntary/community agencies (22%) also had relatively high levels of concern about referral for friendship/social/self esteem issues.
  - A small number of pupils (129 or 0.8%) had been permanently excluded prior to PSA involvement; a higher proportion (1,159 or 7%) had received a fixed term exclusion prior to PSA involvement.
  - During the course of a parent's involvement with a PSA 171 (1.1%) pupils were permanently excluded and a further 1,246 (7.9%) received at least one fixed term exclusion.

7.2.6 PSA practice with parents

- PSAs undertook a wide range of activities at the start of the pilot, many designed to develop parent awareness and a sense of trust.
- PSAs carried out work that was focused on specific parents and was captured in the database information but also a variety of work that was not recorded in the database. The latter might reflect groupwork, relatively brief interactions and, in one LA in particular, a philosophy that eschewed the notion of what was seen as individual casework (this LA did not provide any database returns that could be included in the analysis).
- Of the work that could be quantified, most was with parents
  - Almost half (49%) of all PSA work with parents was undertaken on a 1:1 basis
  - A small proportion was with a child (11%) or the family as a whole, also 11%.
    - Signposting (directing the parent to other appropriate services) was 7%
    - Formal parent training programmes: 4%
    - Informal parent groups: 3%
    - Drop-ins/surgery: 2%
- Fewer than half (48%) reported work with a child. Of these:
  - 1:1 work was the most common (73%)

- o A fifth provided groupwork (21%)
  - o Child and parent/family work was also provided (5%)
- Overall, the most common activity was
  - o Providing 1:1 support for parents (74% of line managers rating this 'often' or 'frequent')
  - o Early intervention with parents (68%)
  - o Providing preventative support for parents (67%)
  - o Making links with other agencies (63%)
  - o Over half of the line managers (55%) reported their PSA was often available in the playground or from drop-ins.

Fathers
- Only 18% of line managers reported that the PSA worked 'often' or 'frequently' with fathers or male carers.
- Interviews with co-ordinators suggested that there was little evidence of a planned approach to engaging father/male carers, although some PSAs took individual initiatives. Three LAs stood out as providing specific, focussed work.
- There was recognition of the lack of PSA support for father/male carers across the pilot and the difficulties in engaging this group, including typical work patterns for men, cultural attitudes to child care and the prevalence of single parent families headed by mothers.

Budget holding PSAs
- About a quarter of PSAs were budget holders. The funds available varied up to £3000 per year. Access to this budget allowed flexibility to provide small sums to parents for a wide range of reasons including transport costs enabling parents to travel to job interviews and children to hospital appointments, purchasing places on parenting courses, single low value but necessary items, funding parents to engage in school activities, and paying for a house clean for a parent who had mental health problems and was not cleaning the house.
- Budget holding PSAs were valued by those line managers that had access to the service:
  - o 72.1% considered they improved access to other services to support children and families.
  - o 70% considered they improved availability of these services
  - o And 77.5% judged that being budget holders increased the PSA's impact.
- Budget holding was popular also with PSA co-ordinators and PSAs reported that even relatively small budgets could be very helpful and improve their effectiveness.

Third sector
- Across the pilot LAs, PSAs were engaged with the Third Sector in many ways, including: one LA where a third sector organisation managed the PSA service; using services including counselling, churches, a sexual abuse agency; work with fathers through Fathers Plus; parenting courses and access to charities such as Banardos, Parentline Plus and Homestart.

7.2.7 *The impact of PSAs' work*

Stakeholders
Evidence for the impact of PSAs' work was derived from the survey of line managers, interviews with parents, PSAs and PSA co-ordinators, PSAs' perspectives and analyses of the National Pupil Database.

- Line managers generally had a very positive perception of their PSA's impact, judging it to have:
  - o Improved parents' engagement with their child's learning: 88.5% of line managers
  - o Improved pupil attendance: 84.9%
  - o Improved relationships between parents and the school: 90.3%
  - o Improved the situation for pupils 'at risk' because of their own and/or parents' behaviour/attitudes: 88.6%
  - o Made effective referrals to specialist services as appropriate: 89.0%
- There were no statistically significant differences in ratings of PSAs' impact by school phase (primary vs secondary) or type of PSA work (single school vs cluster).
- Benefits were judged by line managers to have been above initial expectations:
  - o Benefits for parents: 51.9% above vs 9.8% below expectations
  - o Benefits for pupils were lower but still substantial: 39.8% above vs 15.5% below
  - o Value for money was also judged positively: 47.7% above vs 16.2% below expectation.
- PSAs considered that their aims with individual parents were at least mostly met in almost two thirds of cases:
  - o Completely met in 40% of cases
  - o Mostly met or better in 63% of cases
  - o Partly met or better in 87% of cases
  - o Not at all met in just 12% of cases

- There was also substantial qualitative evidence from parents, line managers and PSA Co-ordinators about the PSAs' positive impact on parents and/or children, for example:

'It was like a weight lifted off my shoulders. I got my confidence back and parenting skills.' (Parent)

'I was so depressed and crying every day and couldn't cope. She [the PSA] has given me back my confidence.' (Parent)

'Me and my little boy were not getting on very well at all at the beginning. We had a lot of issues and it has got 100% better. It really has.' (Parent)

'His behavior has improved and she has given us the tools.' Parent)

 'There has been a huge improvement in attendance. We were up with national averages last summer, which is amazing considering [this LA] is one of the lowest authorities [for attendance] and we were at the bottom of them all.' (Line Manager)

'….. my son was missing a lot of school because I had a marriage breakdown….. this year my son has got 100% attendance. Coming up from 70- something [per cent] 100% is really good.' (Parent)

National Pupil Database
The LA database was designed to capture large scale quantitative data as a powerful means to identify changes in attendance rates. However, LAs did not enter attendance data consistently. Consequently, an analysis was conducted using the National Pupil Database comparing attendance in schools with a PSA contrasted with non-PSA schools between 2005/06 to 2007/08.

- Schools with PSAs were more likely to have higher scores on factors known to be associated with lower levels of attendance, and these differences persisted over the period 2005/06 to 2007/08. Using 2007/08 data, pupils in PSA schools were statistically more likely than those in non-PSA schools to be:
    - Entitled to a free school meal: 22.2% v 16.8% primary; 15.7% v 14.2% secondary.
    - In high deprivation neighbourhoods: 36.5% v 26.1% primary; 26.6% v 24.1% secondary.
    - In schools with a higher proportion of White British pupils: 75.2% v 73.8% primary; 81.5% v 77.8% secondary.
- To compare relative impact of schools with PSAs contrasted with non-PSA schools we compared each school against its own baseline to measure improvement over the three years:
    - The decrease in persistent absentees in PSA secondary schools was substantial, down from 8.5% in 2005/06 to 6.6% in 2007/08 - a drop of 1.9 percentage points representing a reduction of almost a quarter (22.3%). The drop in non-PSA schools was smaller, from 7.0% to 5.4% a drop of 1.6 percentage points. As a result the absolute gap in percentage of persistent absentees between PSA and non-PSA secondary schools reduced from 1.5 to 1.2 percentage points.
    - Absence rates decreased for both primary schools (6.4% to 6.2%) and more particularly secondary schools (9.3% to 8.3%); however, similar reductions were found for non-PSA schools (5.9% to 5.6% primary; 8.5% to 7.5% secondary).
    - Proportion of persistent absentees decreased for PSA secondary schools[24] (8.5% to 6.6%), a reduction of almost a quarter (22.3%); a similar drop was found for non-PSA schools (7.0% to 5.4%), a reduction of 23% but from a lower base.

These results reflect only one aspect of the PSA role, unlike the perspectives of head teachers, for example, which provide overall judgments. Also, PSAs varied in their focus on attendance: for some this was a major issues but for others it was one of many areas of work.

7.2.8 Parents' perspectives

Parents' perspectives of their PSAs were derived from 105 interviewees during Phase 2. The sample mostly comprised parents who their PSA thought would regard the PSA's support as having 'worked well' (*n* = 69), or 'worked ok' (*n* = 26) plus 10 thought by PSAs to rate their support as having 'worked not so well'. Hence, there is a potential positive bias in these judgements.

- Parents had experienced a wide range of contacts with the PSA, from 1-5 times (7%) to 20 or more times (47%).
- Parents rated their PSAs highly, stating they felt:
    - Being listened to: 99% 'quite a lot' or 'a lot'
    - Understood: 100%
    - Respected: 100%
    - More confident to tackle problems 95%
    - Better about themselves: 94%
- Parents provided extensive and wide ranging examples of how PSAs had helped them and also of how they personally had changed, and how their children had improved.

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[24] As no data were available for primary schools 2006/07 no primary analysis was possible.

7.3 Recommendations

7.3.1 Main recommendations

- The government should continue to provide funds to support the PSA service.
- The PSA service should be rolled out across the remaining local authorities with a priority for PSAs to serve parents in greatest need.
- The TDA should continue to collaborate with the DCSF with particular responsibility for initial training and professional development.
- Budget holding should be expanded to become the norm for all PSAs.
- Organisation of PSA services should be locally determined to meet local needs.
- The benefits of variation between PSAs' modes of working to meet locally determined needs should be retained but a clearer determination of the central role of *individual* PSAs and a PSA *service* should be developed.
- PSAs should continue to be a service primarily *for* parents, supporting parents *as* parents and engaging in work that is determined on the basis of professional judgement negotiated and agreed *with* parents.
- Further research should be carried out to explore whether the positive impact indicated in this study is maintained or even enhanced when a national roll out is implemented.

7.3.2 Specific recommendations

Funding and organisation
- Funding should continue to support the PSA services in the 20 pilot LAs.
- Funding should be allocated to the remaining LAs.
- The main mechanism should be funding through extended schools.
- Local authorities should have a strategic plan to develop the PSA service as part of their implementation of the Children's Plan.
- PSAs should be managed and supported locally but there should also be coordination and support at the LA level to assist the development of the PSA service.
- Budget-holding should be developed with the ultimate aim that all PSAs should hold a budget.
- Appropriate accountability systems for budget holding should be developed locally, supported by a national system of guidance. These should address methods of accounting, criteria for expenditure and the flexibility delegated to PSAs.
- PSAs should continue to develop a clear identity as a professional available for parents to support them in their parenting role.
- This should be undertaken in close collaboration with a designated school or small number of schools.
- PSAs have a role in assisting the development of children but this should be undertaken primarily through parents; activities should primarily be aimed at parents rather than children.

Training and development
- The TDA should keep the initial training programme under review and amend in the light of the experience of the pilot and subsequent PSA developments.
- The TDA should continue the provision of conferences for PSAs and co-ordinators to support the development of the roll out across the rest of the country.
- The TDA should continue to support the development and provision of the Support Work in Schools (Parent Support) qualification for PSAs and implement the

proposals of the Development Advisory Group to use the PSA functional map to guide the development of future qualifications and to inform the future review of occupational standards.

PSA Practice
- PSAs should receive professional supervision and support in addition to line management.
- PSA practice and priorities should be determined locally with the school(s) playing a major role.
- The three models of practice initially identified for the pilot provide a useful guide but a more flexible and generic role should be the main approach for future development.
- Line managers and PSAs need to establish appropriate practice that takes into account the need for PSAs to respect parallel confidentiality on the one hand and the need for head teachers (and others with appropriate responsibilities) to have legitimate access to necessary knowledge. This issue extends beyond child protection arrangements, for which there will be clear guidance, and concerns other sensitive issues that can arise in PSAs' practice.

Future developments
- A system of continuing provision of initial training will be necessary for new PSAs replacing those who leave the job.
- The development of the PSA role will need to be considered as an integral part of the Children's Workforce.
- LAs should set up and implement a monitoring system of PSA practice that allows data to be collected to examine the effectiveness of the service. This should take account of other data systems within the LA and the needs and impact of other services including the local primary care trust, to optimise its development and usefulness.
- The roll out of PSAs across all LAs should be systematically evaluated. This should include an examination of:
  o How LAs use the lessons learned from the pilot;
  o The implementation of the PSA service on a lower budget than during the pilot;
  o The further development of the PSA role as both individual PSAs and LA services as a whole; develop greater experience and expertise;
  o And the overall effectiveness of the service.

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Parent Support Adviser Pilot

This *confidential* questionnaire seeks the views of head teachers or their representative. Please return by **Monday 30th June 2008** in the reply paid envelope. Thank you for your time.

1.   Please select the description that *best fits* your PSA - *please tick one box for each item.*

(a) Working in one school   ☐   (b) Working in a cluster of schools   ☐

(c) Working in one school with a focus on pupils excluded or at risk of exclusion ☐

(d) Local Model   ☐

2.   Please indicate the extent of your PSA's engagement in the following activities

	Rarely or never	Sometimes	Often	Very frequently	Don't Know
Early intervention with parents					
Early intervention with pupils					
Providing preventative support to parents					
Providing preventative support to children					
Supporting transition between key stages					
'Being available' e.g. in playground, drop-ins					
Providing parenting classes					
Supporting engagement with adult learning groups/classes					
Providing one-to-one parenting support					
Focused support for pupils who are excluded or at risk of exclusion					
Working with fathers/male carers					
Supporting parents' engagement with the school/ education in general (e.g. PTA, governors) i.e. *not* focussed on their own child					
Making links with other agencies e.g. the 3rd Sector					

3.	Please indicate your judgment of the training of your PSA

	Strongly disagree	Disagree	Agree	Strongly agree	Don't Know
The initial training was of appropriate quality.					
Our PSA has had reasonable opportunities for Continuing Professional Development.					
The Support Worker in School (SWiS) qualification is appropriate for PSA work.					

4.	Please indicate the impact of your PSA

Our PSA has:	Strongly disagree	Disagree	Agree	Strongly	Not Applicable
Improved parents' engagement with their child's learning.					
Improved pupil attendance.					
Improved relationships between parents and the school.					
Improved the situation for pupils 'at risk' because of their own and/or their parents' behaviour/attitudes.					
Improved exclusion rates.					
Made effective referrals to specialist services as appropriate					

5.	How has the reality of having a PSA compared with your initial expectations about:

	Well below expectations	Below expectations	Matched expectations	Above expectations	Well above expectations
Benefits for parents					
Benefits for pupils					
Value for money					

6.	If your PSA is a *Budget-holding PSA* please answer the following _otherwise go to Q7_:

Having a budget:	Strongly disagree	Disagree	Agree	Strongly Agree	Don't Know
Has improved access to other services to support children and families					
Has improved availability of services to children and families					
Has enhanced the impact of the PSA's activities					

7.   The future: Will the PSA post be retained after the pilot?

No ☐   Yes, at a reduced level ☐   Yes, at present level ☐

Yes, at enhanced level ☐   Don't know ☐

	Strongly disagree	Disagree	Agree	Strongly Agree	Don't Know
I recommend other schools not in the Pilot should fund a PSA					

Any other comments?

……

……

……

Please describe your role: Head teacher ☐   Other ☐ (please specify)…………………

Thank you for your time. Please return in the reply paid envelope to Mrs Jean McElroy, CEDAR, University of Warwick, Coventry CV4 7AL by *Monday 30th June*. Thank you for your co-operation.

Appendix B Survey of Line Managers: Additional comments

The survey for head teachers gave the opportunity to add any other comments. Three hundred and thirty-seven (56%) respondents made comments about the PSA service and these have been analysed into themes. Of the 337 who made comments, nine said they did not have a PSA and seven had had little contact with a PSA, one having only seen a PSA once and one only three times during the pilot. Six respondents mentioned long term sickness of PSAs which had inhibited impact.

Respondents' comments were mainly very positive and rarely negative about the contribution PSAs had made to their schools. Positives included PSAs complementing the work of schools and staff; their impact on parents, children and home-school relationships; attendance and attainment; joined up services, Every Child Matters and early intervention. The qualities and skills of PSAs were seen as crucial to their success. There was considerable concern, disappointment and frustration, however at the reduction in funding with concerns about continuation of the initiative without external or additional funding. The range of comments provided by line managers is exemplified below.

1.   Positive comments

One hundred and ninety respondents made a range of positive comments. The strength of appreciation for PSAs was demonstrated by the language used by 111 respondents. For example, 22 used the word 'invaluable', 20 'excellent', 11 'success' or 'successful, 10 'valuable', 9 'vital', 9 'fantastic', 5 'made a huge difference', 3 'crucial', 3 'delighted', 3 'tremendous'. Sixteen said it had had a 'tremendous'/'significant'/'positive' impact'.

- Fifty-two respondents showed general appreciation

   '[PSA] has been fantastic, not just for parents & children, but also for me - head teacher - and class teachers acting as a buffer/go-between in difficult situations. This positive impact cannot be over-estimated.'

   She has made a real difference!
   It has been an excellent appointment.
   I would find it very difficult to now manage without the support of a PSA.

   We are absolutely delighted with our PSA - she "walks the extra mile" both for our children and parents. Staff respect her enormously.
   Excellent.
   Having a PSA linked to the school has had a significant impact upon the nurturing and health of the children and hence affected standards.
   The scheme has been successful within our school and should be made available across all schools.
   The PSA project: a great success (as always) the high quality of our PSA(s) has been paramount.
   One of the best initiatives ever. Post is growing particularly useful to us as a school going through amalgamation.

- Twenty-one said how positively PSAs complemented schools and staff

   '*A fantastic addition to the school workforce - I don't know how we managed before her appointment.'*

- Fourteen remarked on the positive impact on parents, children and home school relationships

    '*The PSA role in school enhanced the work we do with families and prevents problems arising in school with children. We value the role and would like to keep it but we have falling roles, expensive teachers and face redundancies year on year. This all links into standards. What has to give/go? is always a dilemma.*'

- Nine commented on the positive impact on attendance and attainment

    '*This is an invaluable post. Our attendance has risen to the National Average and we have reduced exclusions to almost zero.*'
    '*A VITAL role for raising standards. The role of PSA was delivered through our enhanced FSW + admin responsibility for attendance. The flexible approach taken has allowed excellence in provision appropriate to our school.*'

    '*We have received invaluable support for 'needy' families - which has had a significant impact on learning.*'

There was concern that loss of the role would have a negative impact on standards and achievement

    '*I cannot imagine not having a PSA, such is the impact of her work on the effective inclusion of children and their parents. Our budget is very high due to a fall in pupil numbers. I would very much hope this role would continue to be funded centrally. If not, I can see this having a negative impact on improving standards and achievement.*'

- Seven positive comments were made on clusters, (although there were 19 concerns about the limitations of clusters, see below)

    '*PSAs have been invaluable in our school cluster. The one based at our school is a full part of the whole school - makes such a difference to fostering communication links with parents. I strongly believe the post should be fully funded by government and that the profile should be raised. Our PSA is invaluable but school funds may not be sufficient in future to retain post.*'

- Six mentioned the Every Child Matters agenda, joined up services and early intervention

    '*The PSA role has provided a vital link for schools in moving the ECM and Children's' Services agendas forward.*'

    '*An essential link - speedy + supportive. THIS IS REAL EARLY EFFECTIVE INTERVENTION.*'

- Eighty-one respondents were positive but expressed concerns regarding lack of funding (see below).

2. Funding Issues

- Ninety-eight (98) expressed disappointment, frustration and serous doubts whether, or the extent to which, the scheme could be sustained from schools' budgets.

- Eighty-one (81) respondents made positive comments tempered by concerns about funding and sustainability

  'PSA tasks are immensely valuable but finding funding in a school's budget for the role is hard. We are not looking for ways to carry out PSA tasks using other staff rather than have a specific PSA role.'

  'PSA are a vital part of school life in ECM [Every Child Matters] *world. School's do not have the funds available for this role.'*

  'We aim to retain the PSA post at the present level for as long as we can, however due to falling roll the budget many not be able to sustain this.'

- Seventeen expressed general concerns about funding

  'The PSA work is vital in schools but under current funding arrangements schools cannot be expected/offered to fund this post entirely out of school budget. LEA's need to make funds available. LEA's need to contribute to maintaining & expanding the role. The role is vital in supporting the ECM agenda & multi agency partnership working.'

- Six respondents suggested PSAs would continue but mainly with modifications

  'Although the role will continue in some form our PSA will be unable to sustain impact and relationship which is a shame.'

  'LA to continue with PSA's on a cluster basis.'

  'I have decided to create a combined Learning Mentor/PSA post for 2008-9'.

3.   The skills and qualities of PSAs
Twenty – three respondents made general, positive or negative comments emphasizing the importance of the personality and calibre of the PSA. Being proactive, enthusiastic and approachable were identified as being important.

- Nine made general comments about PSA qualities and skills

  'Much depends on the calibre of the person you get.'

  'The personality of the PSA makes a difference to the effect they can have. They need to be motivated, pro-active, enthusiastic and engage with school community.'

- Seven identified strengths of their PSAs

  'I believe the quality of work completed by PSAs can vary considerably depending on the individuals appointed. We are very fortunate.'

  'Much will depend on the quality of the person appointed. We have been incredibly lucky to have a person with excellent skills.'

- Seven identified qualities and skills of PSAs they saw as less effective

  'The lack of effectiveness has been more down to the person appointed who has not been as effective and proactive as was hoped.'

4.   Overall implementation of the initiative, line management, and selection of PSAs.

Twenty respondents commented on overall implementation line management and selection of PSAs. They identified some tensions related to shared responsibility by schools and external/LA managers.

- Of the 20, five respondents identified the need for clarity and direction of the role from beginning

    'Be very clear about role & responsibility from beginning. This evolved over time as it became more clear.'
    'Manner in which introduction of PSA's throughout the LA was woefully inadequate.'

    'An almost complete lack of consultation with schools from the outset led to this project being irrelevant and a waste of time and money.'

- Fourteen identified general and line-management issues

    'Our allocated PSA was 'out of his depth'. Line Management arrangements were unclear and created tensions with what the school wanted/needed. The PSA did not have the experience to be self-managing - a great deal of spoon feeding. PSA left before we really could evaluate outcomes. It could have been much better - very disappointing!'

    'Initially very enthusiastic about having PSA support. However, training, line management and support on daily basis has been poor leading in a very patchy service. Not sure if person in post has appropriate skills and understanding of role.'

    'I feel that our PSA is very willing to engage with parents and pupils but was tied to a criteria that didn't always match where our needs are.'

One school had chosen to fund the PSA in future in order to tailor the role to the needs of their school

    'By increasing future central funding from our own budget we can tailor the PSA role still further to our own specific needs.'

5.   Training

Sixteen comments were made on training including the time taken, level and additional training needs.

- Six commented on the time taken for training which reduced time in schools

    'In such a short period of time there has been a massive focus on training detracting from more valuable school based work.'

- Three made varying comments on the level of training

    'SWiS [Support Work in Schools] *is well below standard of training already undertaken by our PSA, in fact, she's helped deliver SWiS for colleagues.'*

'The SWiS qualification is appropriate but has been rolled out much too late (last month) for the pilot PSA's.'

- One person suggested further training was needed to support PSAs to work with more challenging families, and another for ICT training.

6. Clusters

Positive comments about clusters have been reported in 4.1.1. However, 19 respondents identified constraints associated with PSAs working with clusters of schools.

'The role of a PSA is very important. However for one PSA to support a cluster was a model unlikely to succeed - time constraints, training, relationship with school etc.'

'PSA employed by large cluster of schools has perhaps reduced effectiveness and created 'line management' confusion.'

- General comments about clusters (3)

Three made general comments about clusters

'Our PSA covers two clusters of schools and sees her main focus as signposting parents to other agencies.'

7. Other comments and concerns

- Work could be done by other school staff (9)

Nine made comparisons between PSAs and other school staff such as learning mentors who they felt could do much of the PSA work. There were four negative comments about PSAs in this context.

'We have 2 learning mentors who provide in-depth support. PSA's were arrogant, self congratulating and inefficient.'

- Limitations of Time (5)

Five made comments related to limited time for the pilot.

'A one year pilot in a school such as ours is not long enough to make any significant impact.'

- Rate of pay (4)

Four considered the PSA salary to be high and one felt this had an impact on school budgets and another that it had created bad feeling among staff.

'The nature of the role demands a higher salary than a TA but then that puts them not far off an NQT & has a big impact on school budget.'

'The rate of pay seems very high for the level of responsibility compared to other support staff - both LSA and office staff. It caused upset and bad feeling among the staff.'

- Rural schools (4)

Four mentioned PSAs in rural schools, 3 positively, one that a PSA hadn't been necessary and all suggesting they had different needs which may not have been addressed in the pilot:

> *'We value the role but it does need to be separately funded - difficult issues with rural primaries + presentation. Issues for rural schools not addressed within the pilot - communication/boundaries/priorities/too little guidance from Study Support Team to PSA/Heads. Not a quick fix option.'*

- Primary/secondary (3)

Three respondents also identified differences between PSAs in primary and secondary schools

> *'We have one PSA for a school of 1420 students and she is invaluable yet primary schools of 150 also have one PSA.'*

- Engaging parents (3)

Three mentioned engagement issues:

> *'It took a long time for PSA to 'bed' in. We still have problems with parents engaging fully with support offered.'*

- PSAs and social care support (3)

Three commented on limited social care support and PSAs adopting some difficult social care cases:

> *'No regular Social Care support in our area (lack of workers) so PSA has picked up very difficult social care cases including Child Protection.'*

- Other comments (6)

Six made other comments that did not fit into any categories.