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**Centre for Educational Development,
Appraisal and Research**

EVALUATION OF THE PARENT SUPPORT ADVISER PILOT
2nd INTERIM REPORT

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Geoff Lindsay[1], Mairi Ann Cullen[1], Sue Band[1], Stephen Cullen[1], Liz Davis[1], and Hilton Davis[2]

[1] University of Warwick
[2] Kings College, London

Research team

Geoff Lindsay[1]
Hilton Davis[2]
Ray Evans[1]
Sarah Stewart-Brown[1]
Steve Strand[1]
Mairi Ann Cullen[1],
Sue Band[1]
Stephen Cullen[1],
Chris Hasluck[1]

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Executive Summary

Introduction

The Parent Support Adviser Pilot (PSA) pilot is a government funded initiative to support 20 Local Authorities (LAs) to introduce PSAs into their workforce. The Department for Children Schools and Families (DCSF) commissioned the Centre for Educational Development, Appraisal and Research (CEDAR) to evaluate the PSA pilot programme from September 2006 – August 2008. A government grant (£40 million) has been made available to fund employment of PSAs over this period. This 2nd Interim Report of the Parent Support Adviser Pilot reports the findings of interviews with 105 parents and 69 PSAs from the 12 case study LAs held between November 2007 – January 2008. Consequently, the data reported here are predominantly qualitative with some data derived from rating scales. More substantial quantitative data will be presented in the final report.

Headline findings

- Parents were generally very positive about the support from their PSAs: 9 out of 10 rated them very helpful.
- The types of support offered in the pilot were very varied, ranging from informal support, through individual and group support such as parenting classes, to intensive support for parents in substantial need.
- PSA characteristics that were associated with high parent satisfaction can be summed up as a balance between empathic professionalism and being seen as a 'friend'.
- Overall, most PSAs spent more time on 1:1 work with parents and relatively less time with pupils, but the balance of work varied widely.
- Indicative evidence of PSA effectiveness was provided by both parents and PSAs for engaging and empowering parents, improving parents' relationships with their children and improving their children's behavioural, emotional and social development.

Methodology

Phase 1 of the study investigated the setting up of the PSA services in the LAs (see 1st interim report: Lindsay et al., 2007). This 2nd Interim Report of the Parent Support Adviser Pilot reports the findings from phase 2 of the study comprising interviews with 105 parents and 69 PSAs from the 12 case study LAs held between November 2007 and January 2008.

Consequently, the data reported here are predominantly qualitative with some data derived from rating scales. More substantial quantitative data and the results of both further interviews and a survey of all schools to be carried out during phase 3 will be presented in the final report.

The main aims of the present phase of the study were:
- to explore parents' perspectives on the nature and quality of the services they were receiving from PSAs, and
- to explore PSAs' perspectives on the development of their role at the point when they had been in post for about a year

Local Authority sample

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

Parents

Each PSA in the sample interviewed in the earlier phase of the study was asked to identify three parents whom they considered had different levels of outcomes. From this total, the CEDAR fieldworkers selected up to 10 parents per LA, aiming to achieve an overall sample that reflected 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 the PSA considered their involvement had 'worked well'.
- 26 parents for whom the PSA considered it had 'worked ok'.
- 10 parents for whom the PSA considered it had 'worked not so well'.

The parent sample mainly comprised mothers (*n* = 92). Representation of parents interviewed by ethnicity (15/105 from minority ethnic groups) indicated a wide range by ethnicity approximating to the national situation. Two thirds (64%) of the parents were married or living with a partner; most (70%) were aged 31-50 years; a quarter stated they

had a form of disability; most (74%) had between one and three children; 41% had no academic or vocational qualifications.

PSAs

Three models of PSA practice were envisaged at the start of the pilot:

- 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 but with a role supporting pupils at risk of exclusion.

Sixty nine PSAs were interviewed: 30 Model 1, 26 Model 2, 6 Model 3 and 7 Other (where the PSAs reported that their work did not fit any Model).

Detailed findings

Parents

- Parents reported various means by which they had first engaged with their PSA including via school staff (47%) and self referral (29%), the latter often in response to an information leaflet. First impressions were typically positive, e.g. approachable, friendly and pleasant.
- Parents generally reported that PSAs helped to sort out specific problems *and* were provided more general support, for example by their availability in the playground – a combination which they valued.
- Almost all (98%) of parents valued privacy/confidentiality when meeting the PSA. Most reported a private place was available in school but parents were critical when this was not the case.
- PSA qualities and skills judged by parents to be helpful included: emotional warmth; 'normality'; being like us, being down to earth; the ability to listen and being non-judgmental; reliability.
- Almost all parents rated their PSAs highly on key attributes, e.g. they reported that they felt listened to (87%), understood (84%) and respected (83%) 'a lot' (the highest rating).

- Parents had extensive interactions, albeit of varying duration, with PSAs – almost half reported 20 or more times – NB these could include relatively brief contacts, for example, in the playground.
- Almost 100% of PSAs were judged by parents to be helpful, with about 9 out of 10 judging PSAs very helpful.
- Even among the parents selected by PSAs on the basis of the PSA judging the intervention had not worked so well, most (7/9 who commented) were positive about the PSA's work: 5 reported them 'very helpful' and 2 'helpful'.

PSAs

- PSAs reported changes in their work over the year that they had been in operation as the role had developed and they became better known and more confident.
- The most common activities were 1:1 work with parents and families followed by a focus on attendance and running groups and courses.
- Workload was increasing to reflect higher demands resulting from parents knowing of their presence.
- The general position was to emphasise that their role was not just about 'education' in a narrow sense but about a broader developmental role supporting parents and children, as well as schools. PSAs recognised the potential for tension given that some teachers see the role of school as primarily for children rather than parents, but the extended schools agenda was having a positive impact in this respect. Also, PSAs were negotiating and navigating sensitively and effectively, gaining respect and so heading off conflicts.
- PSAs had similar views to parents concerning the reasons for their success: they tried to engage parents using styles, methods, skills and qualities that our study indicates that parents find helpful.
- Our initial examination of PSA budget-holding status during this phase of the study suggests that this aspect of the role was still new and being worked out There was a good deal of variation in the sums of money PSAs had available and in the operation of the budget-holding role.
- PSAs' time distribution varied with a mode of about 70-90% of their time in school, but most also made home visits.
- The majority of PSAs spent most time with parents rather than children, but there was a substantial range of practice.
- PSAs provided not only a signposting service but in many cases made direct referrals to specialist services. Many continued to support parents after such referrals.

- Support for PSAs appeared to continue to be largely delivered by their line managers. Some were finding this system worked well but others reported that competing priorities could limit or disrupt support sessions**.**

- There was some concern that appropriate levels of supervision and case management, which were required particularly for the more complex social care issues parents were bringing to PSAs, were not always available.

- PSAs were able to produce a substantial number of examples of their effectiveness, including high levels of parent satisfaction and positive reaction; parental reports of positive changes for themselves or their child(ren); word of mouth recommendation between parents; very positive head teacher evaluations; and some references to objective data including attendance data.

Conclusions and areas for development

This report of Phase 2 of the evaluation indicates that the positive indications found during Phase 1 have been sustained and developed. There is now increasing evidence being reported of the effectiveness of the PSAs by both parents and PSAs themselves. At the same time, the development of the role is bringing its own challenges including increased demands on PSAs as they become better known.

The following issues are presented for consideration for action by local authorities, PSAs themselves, DCSF and the TDA in developing PSA practice and supporting the development of PSAs both during and after the pilot. These are interim suggestions which will be revisited in the Final Report.

- Supporting PSAs to manage a growing workload as awareness of their role increases.
- Increasing efforts to appoint male PSAs.
- Ensuring PSAs retain the flexibility and are given the time to respond to the varied needs of parents, especially those who have traditionally been hard to engage.
- Clarifying appropriate functions for the budgets held by budget-holding PSAs.
- Ensuring PSAs have sufficient status within, or independence from, schools to be able to advocate for parents where necessary.
- Clarifying the focus of the role on support for parents, or parents and their children, but not children *rather than* parents.
- Increasing attempts to engage fathers and male carers.
- Clarifying the boundaries between 'information-sharing' among professionals and 'confidentiality'.

- Ensuring that PSAs have access to appropriate settings when conducting private and confidential conversations with parents.

- Tackling the concern that some PSAs are 'holding' parents with serious, often chronic and highly challenging difficulties for too long, which suggests that the role has highlighted the need for local authorities and health services to ensure there is an appropriate range of local, accessible, more specialist, services for adults to whom PSAs can refer or signpost parents.

- Ensuring that all PSAs have access to appropriate training and supervision to enable them to deal with the range and complexity of cases they will encounter and the professional issues concerning, for example: workload management, recognising when and to whom to make referrals and dealing with ethical dilemmas.

Reference

Lindsay, G., Band, S., Cullen, M.A., Cullen, S., Davis, L., Davis, H., Evans, R., Stewart-Brown, S., Strand, S., & Hasluck, C. *Parent support adviser pilot: First Interim report from the evaluation. Research Report DCSF-RWO2O.* Nottingham, DCSF Publications
http://www.dfes.gov.uk/research/data/uploadfiles/DCSF-RW020.pdf

1.   INTRODUCTION

This 2nd Interim Report focuses on the Parent Support Adviser Pilot after it had been in operation for about a year (Phase 2). It builds upon the 1st Interim Report [1] which focused on the early stages of the Pilot (Phase 1).   The final report, due to be published in late summer/early autumn 2008, will provide both a report of Phase 3 of the project and an overview of the Pilot.   Data reported here are derived from the 12 local authorities (LAs) selected as case studies from the 20 in the Pilot. (see Appendix: *Methodology* for more information).   Phase 2 (November 2007 to January 2008) was devoted to interviews with *parents* (N = 105) and follow up interviews with PSAs (N = 69).   Each group will be reported separately.

Parents   The aim was to include parents who had had a range of experiences with their PSA.   Consequently PSAs interviewed in the 12 case study LAs were each asked to propose 3 parents: one where the PSA thought their support had 'worked well', one where it had 'worked OK', and one where it had 'worked not so well'. From the cases offered the fieldworkers selected up to 10 parents in each 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 it had 'worked well'.
- 26 parents for whom it had 'worked ok'.
- 10 parents for whom it had 'worked not so well'

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.

Interviews were largely carried out face-to-face with some by phone. The face-to-face interviews were conducted in a range of settings to suit the parents, including schools, centres and homes. They were normally recorded, with the parent's permission and lasted

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[1] 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

between 15-60 minutes. Field notes were also taken. The schedules included some closed questions and rating scales.

PSAs   A total of 69 PSAs were interviewed. They represented all three types of practice (Models) see Table 1.1 and worked in a wide range of schools (Table 1.2).

Interviews were mostly face-to-face and in the PSAs' own school or centre in private rooms; some were conducted by phone.

Table 1.1   *PSAs interviewed by Model (Role) (N = 105)*

Model (Role)	N
Model 1	30
Model 2	26
Model 3	6
Other*	7

'Other' includes 2 PSAs who took on more than one Model and 5 PSAs in one LA who used a local Model.

Table 1.2   *PSAs interviewed by type of school/s with which they worked*

Type of school	N
Nursery/infants	1
Primary	38
Secondary	16
Pupil referral unit	1
Cluster*	11
Special	2

* includes some special schools

2. INTERVIEWS WITH PARENTS

2.1 The parents and their families

A total of 105 interviews with parents/carers were undertaken. These were predominantly with mothers, but also some fathers, four grandmothers and an elder sister (Table 2.1).

Table 2.1 *Parent interviews by relationship to child/ren in school*

Relationship to child	*N*
Mother	92
Father	6
Grandmother	4
Both parents	2
Sister	1

Notes 1: In this, and all other Tables, the two cases where both parents were interviewed together are each counted as one interview.

2: In all other *demographic* tables, information about the mother in each couple is used.

The wide age range of interviewees is interesting, with the majority aged between 31-50 (Table 2.2). The very small number of grandmothers does not significantly distort these figures which are predominantly of mothers.

Table 2.2 *Parent interviewees by age (N = 105)*

Age	15 - 20	21 – 25	26 – 30	31 - 40	41 - 50	0ver 50
N	1	5	17	43	31	8

Parents[2] were asked a general question about their academic/vocational qualifications: over a third reported having none (Table 2.3). Furthermore, over half (61%) were not engaged in either full- or part-time work and 19% of those responding considered themselves disabled. Disabilities mentioned (Table 2.3) included learning difficulties, impaired hearing, back pain, dyslexia and rheumatoid arthritis suggesting that chronic health problems were being included in this category by some parents.

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[2] In the following text 'parents' will be used to include the four grandmothers and elder sister

Table 2.3   *Parent interviewees by qualifications, paid employment and disability*

	Yes	No	Missing information
Any academic or vocational qualifications?	60	41	4
In paid work (either full or part-time)?	40	64	1
Consider yourself to be disabled?*	20	70	15

The proportion of White British compared to minority ethnic groups in the parent sample (Table 2.4) is similar to the national picture.

Table 2.4   *Parent interviewees by ethnicity (N = 105)*

Ethnicity	N
White British	90
Pakistani	6
Black African	4
Indian	2
Colombian	1
White Polish	1
Bangladeshi	1

The majority (71%) were currently married or living with a partner (Table 2.5)

Table 2.5   *Parent interviewees by marital status*

Marital status	N
Married	47
Living with partner	18
Separated or divorced	17
Living alone with children	20
Missing information	3

Note: Categories are not discrete but interviewees are not double counted.

Size of interviewees' families varied as shown in Table 2.6. Most included between one and three children.

Table 2.6   *Parent interviewees by size of family (N = 105)*

Number of children in family	N
1	21
2	29
3	22
4	12
5	5
6	3

Note: Information missing from 13 parents

The gender mix within the families is shown in Table 2.7.

Table 2.7   Parent interviewees by gender mix of family

Gender mix	N
Boy/s only	31
Girl/s only	15
Boys and girls	46
Missing information	13

Finally, Table 2.8 indicates that the parents' families included children with a wide age range although the majority (84/92 respondents) had children in the age range 8 – 13 years.

Table 2.8   *Numbers of parents with children of different ages*

Age of children (years)	N
Under 5	39
5 – 7	58
8 – 13	84
14 – 19	52
Over 19	29

Note: Information missing from 13 parents

2.1.1   Conclusions

The 105 parents interviewed in this phase of the project mostly comprised mothers, with a range of ethnicity approximately comparable to the national picture. This was a relatively disadvantaged group of parents as indicated by the levels of disability, health problems, and relatively low levels of educational attainment.

2.2   Previous Support

Forty three per cent of those parents who commented (missing information from 3 interviews) reported having received some limited help/support as parents before that provided by the PSA. This included help from a range of professionals, including social workers, heads of year and learning mentors, but these were often described as *'too busy'*, or *'not helpful'*, or *'mainly focused on the children'*. Those described more positively in terms of support included school nurses, Parent Partnership workers (only for those children with SEN) and Sure Start staff (only for those with children under 5):

> *'I've spoken to our school nurse before. That was just about behavioural issues really but that's the only person that was available.'*

> *'Not really. You have Parent Partnership but that's if you have a child with special needs but not if you haven't.'*

The experience of the other 57% of parents interviewed was of not having had anyone whose job it was to support parents and therefore of being appreciative of the new role:

> *'There were people I could talk to but people come and they go – you get help for that moment and then, when it goes on to a different level, they back off. But […] with [name of PSA] […] I've had more help.'*

2.3   Engagement with the PSA

2.3.1. Initial engagement

Parents had engaged with their PSA through a number of routes (Table 2.9).

Table 2.9   *Route by which parents had initial contact with their PSA (N = 102)*

Route to initial contact	*N*
School staff	48
Self	30
Other	24

Notes   1: Missing information from 3 interviews, 2: Self' includes those who contacted PSA in response to a leaflet, 3: 'Other' includes situations such as PSA introducing him/herself, PSA met at an event outside school, through a local Sure Start or through a friend.

The varied reports of how the parent first met the PSA reflected both the style and also the work focus of the PSAs. For example, some parents reported first meeting the PSA in the playground:

'*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.'*

In other cases the school had put the parents in touch with the PSA. This could be quite varied in style:

'*I'd gone to the school for some advice about my son, via the school nurse, and she told me that someone was going to be working alongside my son's year as they went in to the transaction [transition] for the college [secondary school]. That's how I first learned of [name of PSA].'*

'*I was having a few issues with my daughter's statement [of special educational needs] and the school pointed me to her [the PSA] and they introduced me to her.'*

'*I met her [the PSA] on a school outing with the community that she was helping out on and she explained what she did and I asked her for her help!'*

Some had received leaflets either from the school or directly from a PSA:

'*She [the PSA] introduced herself to us and said, 'I can give advice both as adults and regarding the children'. She gave out leaflets about her role to us.'*

Other parents had been told about the PSA by other services. Some parents already knew the PSA who had previously worked in the school.

First impressions were typically positive with reference to: approachability, pleasantness, friendliness:

> *'She was very friendly and approachable. Very professional, too. She told me she was there to support parents in any way they needed.'*

> *'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.'*

Some parents initially thought the PSA '*would tell me off'* or *'be judgemental'* or had had doubts about the role:

> *'At first I was a little bit wary, to tell you the truth, only because I didn't know exactly what she did and I just thought to myself, 'It's going to be somebody else giving me a load of grief', and I just thought, 'I can't be doing with this because they're going to be telling me what I should and shouldn't do with the kids', and stuff, but it wasn't like that at all.'*

Others referred to the relief of there being someone to whom they could turn:

> *'I was pleased there was someone else to turn to'.*

> *'I was just happy I was getting help because it got to a point with my son that I knew there was something wrong and I was worried about when he goes up to his final school, if he gets any further behind with his school work because of his frustration and not being able to control himself, he'd get left behind. So, when I saw [name of PSA], I was relieved that there was someone there that could help!'*

Parents could be cautious and take time to trust the PSA enough to talk. Some thought the PSA was for their child but were then pleased the PSA was for them:

> *'At first I thought [the PSA] was going to be just a support for [my son] in school; I didn't know that she was going to have a role of a parent support as well. […] I*

thought she was there for [my son] and then [the PSA] turned round and said, […], 'I am here for you also as a parent support', and so I said, 'Oh right' and then, once I knew that, then I've obviously corresponded with her on numerous of things.'

It was clear from the range of parents' experiences that some schools were more successful than others in explaining the role to parents. Some had very clear explanations:

'The school explained her job to me. They said that she's here to help families in confidence. She's nothing to do with school; she's nothing to do with Social Services. She's just there to support families. And, you know, sometimes you just need a bit of someone to chat to and [someone] who knows, who can find out information you might not be quite confident to ask the school to ask.'

A few other parents felt that the new role of PSA had not been explained sufficiently clearly to them:

'It should be made clear to parents what the role is and what support is there for you. I didn't know what her role was. Was it on the education side only?'

'It was only the fact that another mum told me about her. […] It's not widely known what they [PSAs] can do, that there is help there.'

Some parents made thoughtful suggestions, relevant to their own context, about raising awareness and making their PSA more accessible to other parents:

'For parents who are scared to approach the school, it might be better if [the PSA] was based outside?'

'It would be better if [the PSA] could set up little meetings rather than talk in the playground. Parents need to know about the office and make appointments'.

'In the future, they should let more people know through newsletters'.

'It would be good to make it more public, perhaps at an assembly - to invite parents to see the children in something like a concert and tell them about the PSA. [Parents] don't bother to read leaflets'.

2.3.2   Parents' reasons for engaging with PSAs

In two thirds of cases the parents reported that the problem or issue about which they had engaged with the PSA had been going on for at least a year prior to their first contact with the PSA (Table 2.10).

Table 2.10   *Length of time problem/issue had been going on prior to initial contact with PSA (N = 105)*

Length of time	N
A year or more	71
Under a year	30
Other	4

Note: 'A year or more' covers a wide range, from 18 months to 13 years. Parents sometimes used phrases such as, 'since s/he was born', 'since secondary school', 'since we moved house', 'since s/he got a statement of special needs'.

As indicated by the note to Table 2.10, the length of time could sometimes be traced back to birth, but more typically, when over a year, was linked to more recent but specific life events such as a marriage breakdown, a house move or a diagnosis of a physical or learning disability.

The problems and issues referred to were very varied and frequently complex, often involving both the child/ren at school and the family at home. When the parent specifically referred to the child, problems were generally concerned with behavioural, emotional and social development (BESD), including truancy, attendance issues, exclusions, bullying, bed wetting, violence, and anger.   Other parents had concerns about their child's health problems or special educational needs (SEN)/disabilities which were also varied (e.g. dyslexia, ADHD, ASD).

In general, parents recognised that many problems (especially those related to BESD) were associated with home factors. Those mentioned included parental relationships, child-step parent relationships, depression and mental health problems, condoned absences, drug and alcohol misuse, housing problems, and domestic violence. One mother referred to her own experience of sexual abuse as a child. Some parents specifically referred to their own difficulties in parenting.

2.4   Parents' views of the PSA's job

Once they had engaged with their PSA, the large majority of parents interviewed formed a broad view of the PSA's job as being both to sort out problems and to assist more generally (Table 2.11).

Table 2.11   *Parents' views of PSA's role (N = 105)*

Parents' viewed role as:	*N*
a) helping to sort things out when there is a problem.	2
b) being there for parents in more general ways.	8
c) both of these (a and b)	68
Missing information and other	27

Typical comments in relation to the closed question reported in Table 2.11 were:

> *'Both of these. Because I was going through a very rough patch when I met her [the PSA] and she has helped me a lot. Not just through my son but me as well.'*

> *'Both. He [the PSA] is there when you've got a problem and he is someone that you can approach and he does his best to help you. But it's more along the general lines as well. I mean, my problems were, initially, behavioural with my children but actually it was a much more deep-rooted situation than that and it was a lot about myself, you know, not feeling confident about what I was doing and how I was approaching the situation and things like that. So it's kind of general as well as behavioural and problem-solving. Very, very useful, believe you me!'*

> *'Both. She's there before a problem starts! There to head it off, isn't she?'*

In specific terms there was a wide range of understanding. Most described the role in terms of the range of activities undertaken, including many examples of specific help suited to individual needs, arranging activities during the school holidays, giving out information, acting as a go-between with the school, organising group activities such as coffee mornings or '*getting kids to school regularly'.*

To give a flavour of the wide range of PSA activities of which parents were aware, three parents' descriptions have been selected to illustrate their perceptions of the three main PSA Models of working:

- describing the work of one PSA Model 1 (single school) a parent mentioned a homework club for children who cannot do homework at home; targeting children who arrive late and working with their parents to improve punctuality; a workshop for Y6 parents on applying for secondary schools; parenting courses; and courses for parents around supporting children's learning;
- describing the work of one PSA Model 2 (across a cluster of schools) a parent mentioned parenting classes; parent classes about supporting children's learning; supporting individual parents to improve their child/ren's attendance; rewarding child for attendance; providing an alarm clock for the home; group work with children to support their attendance;
- describing the work of one Model 3 PSA (working with parents of pupils at risk of exclusion), a parent mentioned the PSA making sure her son was in school, ringing the parent if the PSA thought the son was getting into difficulties at school to discuss any underlying reasons, engaging the son in an alternative curriculum, including a vocational element, and working closely with school staff to ensure her son now *'liked and enjoyed going to school'*.

When describing the PSA role, many parents also used this opportunity to give value judgments which were overwhelmingly positive, '*She has been an absolute saint*' being one of the more extreme:

> *'She's lovely and she helps a lot! It makes a difference to have someone who can actually listen because, obviously, being a single mum, I find it hard and she's there for the kids and she's also there for me.'*

> *'She [the PSA] does help with anything that you need help with at the school or anything, really. She will do as much as she can that is in her power to do.'*

2.5   Parents' experience of being with the PSA

2.5.1   Frequency of contact

The parents generally reported a high frequency of times when they had talked to their PSA (Table 2.12): about three quarters had conversed at least 10 times and close to half had spoken 20+ times. These are very different frequencies of engagement compared with most professional-parent relationships.   In many cases, these included brief chats in the playground as well as more intensive engagements, but the frequencies *per se*, even if brief, appeared to be helpful.

> *'Every time I've needed to see him [the PSA], or needed any advice or anything like that, he's always been available. He always makes himself available for you. It's been absolutely brilliant.'*

Table 2.12   *Number of times parents had talked to their PSA (N = 105)*

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

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.

2.5.2   Privacy and confidentiality

Parents were generally positive about the opportunity for privacy (Table 2.13). Most (*N* = 69) reported that there was a private place in the school. 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.'*

Most PSAs carried out home visits, although in some LAs this was not common. In some cases parents reported that home visits 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.'*

This example also reveals the PSAs' willingness to be flexible. 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.'*

or wanted the PSA to visit to see the home environment:

> *'I wanted a home visit as I wanted her to see my son's home environment. It's important for me.'*

> *'She's always made it possible to come to my house. I've not actually seen her – oh yes, one time I met her at school and we went in to a classroom.'*

Table 2.13 also indicates that schools were generally seen as welcoming so, overall, the decision to make home visits was a positive response to parents' wishes or PSAs' judgments about parent needs, rather than a response to a negative reaction to school.

Table 2.13   *Parents' views on the opportunities for private conversations*

	Yes	No	PSA not seen at school	Missing information
Private place at school to meet PSA?	69	11	11	14
Important to parents to have a private place to talk to PSA?	96	2	3	4
Parents find school welcoming?	72	9	2	22
PSA made home visit/s?	62	20*	-	23

*most of these were PSAs from one LA.

The parents were overwhelmingly confident in the PSAs' maintaining confidentiality (Table 2.14).

Table 2.14 *Parents' views of whether PSAs kept information confidential rather than reporting it back to schools*

Views	Yes	No
Kept confidential unless agreed to share	99	2
Confidentiality viewed as important	91	8

Note: Missing information: 6 or fewer parents in each case

Typical comments about confidentiality included:

'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?'

'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.'

In the main, too, parents understood about the limits of professional confidentiality, if a child was thought to be at risk:

'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. I've been in jobs where, if someone disclosed something you think you have to pass on; you have to pass it on, don't you? I respect that. … But, otherwise, I do feel that she keeps in confidence, yeah.'

One parent reported that her PSA had passed on disclosed information to the school and social services. The parent, while upset about this, understood the professional reasons (child protection) why the PSA had reported back to others but said it meant she was unlikely to work with the PSA again:

'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.

This confirms that confidentiality was an important factor for parents and affected their trust in their PSA:

'[Confidentiality is] very important – because you know that you can trust that person. I think trust is the main thing there, confidentiality. If there is no confidentiality and trust, then there is nothing really, is there?'

'Well, it [confidentiality] is important, isn't it? Because if you put your faith into somebody or your trust into somebody, you don't want it going here, there and everywhere. But, see, I do trust her.'

2.5.3   Qualities and skills of PSAs

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 judgements, 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.'*

> *'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.'*

> *'I think she's a good listener. She's very good at helping you because she's got her own kids as well and she's been through it all, different issues with her own kids, so she can pass experience on. And you can have a laugh, you know, or sometimes you can have a cry, you know. She's just there. You can do whatever you want to do. If you're angry, she doesn't mind, you know what I mean?'*

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'.*

Parents were also asked to compare the relationship with their PSA with that with teachers. Typically, parents reported that teachers have less time to deal with issues that are not necessarily curriculum related and that they would hesitate to approach them with such problems:

'It's more of a relationship between myself and [name of PSA] than it is with a teacher. She's got the time for you. She may have loads of appointments but she doesn't let on. It's 'Yes, I can talk' and she is quite happy to listen.'

'You can get on with [name of PSA] a lot better than you could a teacher because it's, I don't know, less formal, if you know what I mean?, because, well, the teacher is there to do her job and have your kids and that's that and don't really listen; but [the PSA] listens and she's a lot easier to get on with than the teachers. I'd go to [my PSA] if I had a problem, rather than the teachers.'

Parents recognised the reality of demands on teachers that limited such support:

'I can talk to the PSA more. Teachers are not so approachable and they don't have time to stand and talk to you for 10 minutes (especially if they are teaching younger children). There is always something they need to be doing to get things ready.'

PSAs were seen as having the important commodity of *time*. Parents also saw teachers' concerns as primarily curriculum-related.

Some parents also referred to their perception that PSAs were independent from the school:

'It's good having someone independent of the teachers.'

'There are other parents I've spoken to, you know, and we've found it, in a couple of weeks, much more easier to open up to [the PSA] because she's nothing to do with the school. Some things you have to be really cagey about in case the school gets offended; you can just say anything to [name of PSA]. She helps you just put the things in aspect [i.e. in perspective]. If you said something wrong to [the PSA], you wouldn't care, do you know what I mean? But if you said something wrong to the school, you might get your throat jumped down.'

The more informal relationship also helped:

'I don't have a relationship with [child's name's] teacher. It's surname, formal terms and no time, 'cos teachers are very rushed.'

During the interview, parents were asked to rate on a four-point scale key aspects of the experience of being with their PSA (Table 2.15).

Table 2.15   *Parents' views of being with their PSA (N = 105)*

When with the PSA, how much do you feel:	Not at all	Not a lot	Quite a lot	A lot	Missing Info.
listened to?	0	1	12	89	3
understood?	0	0	15	86	4
respected?	0	0	18	85	2
more confident to tackle problems?	0	5	27	68	5
better about yourself?	1	5	30	60	9

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.'

However, not every parent interviewed accepted the underlying assumptions inherent in our closed questions (Table 2.15) - for example:

'The way I feel about myself is not affected by [name of PSA].'

'I was confident to tackle problems anyway and I didn't feel bad about myself.'

In a few cases, parents' described how confidence levels could remain fragile once away from the PSA's supportive presence:

'I feel more confident when I am with him [the PSA], but that goes when I am at home.'

2.5.4 Individual activities

Almost all the parents interviewed had seen their PSA on a one-to-one basis (Table 2.16) 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'.*

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'.*

Or provided comments on both emotional factors and the practical work of the PSA:

'*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 PSA. My daughter was having a lot of behaviour problems at weekends and would pull her hair out. [My PSA] advised that I keep her occupied at weekends and she's got over that now'.*

In some cases the PSA had become the 'key worker' for parents, but not just as a 'worker' also as an emotional support.

> *'I don't talk to anyone but I talk to (PSA). She helps me with letters about my son's special needs and now he's getting help'.*

> '*The PSA's support has made me more confident with my kids. A lot. But that doesn't mean we don't need her, because we do! I don't have anyone else to talk to!'*

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'.*

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

2.5.5   Group activities

Many PSAs also offered group activities. These had been accessed less often by our interviewees (Table 2.16) but even so about a third had had such experiences.

Table 2.16   *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

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].'*

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.'*

Another valued the opportunity to learn to read and write English and also to attend a sewing class:

> *'You see I can't write. I know the English but I can't write. [...] [Name of PSA] is learning me English and learning sewing as well, cutting it – that class as well. [...] I want the advice, I need the classes, I can't write, I can't read so -.'*

A small number of parents interviewed commented that they knew their PSA offered group activities for parents but had chosen not to engage:

> *'I couldn't be bothered. Not with other parents: I've got enough of me own problems.'*

> *'I haven't gone, not yet, although she [the PSA] keeps inviting me.'*

Other parents had not yet engaged but hoped to join group activities, such as parenting classes, in the future:

> *'Not yet, but me and my ex-husband are going to go to the parenting one that she's got. She's going to sort that for us. … I can't remember what it's called but it's something to do with parenting.'*

2.6   PSA helpfulness

Parents interviewed were asked to rate the PSAs' helpfulness on a four-point scale. As shown in Table 2.17, the parents' views were almost all positive with over 9 out of 10 rating the PSA 'very helpful'.

Table 2.17 *Parents' views of helpfulness of the PSA*

Helpfulness	*N*
Not at all helpful	0
A little helpful	2
Helpful	9
Very helpful	94

It must be noted that this sample was skewed towards the parents where PSAs thought their interventions had worked 'OK' or 'Well'. Looking in more detail at the 10 parents interviewed where PSAs had rated their support as having 'worked not so well', nine rated the PSA's helpfulness. Five of these parents rated their PSA as having been 'very helpful', two rated their PSA as having been 'helpful' and two as 'a little helpful'. In one of these cases, the reason why the parent found the PSA only 'a little helpful' was that the PSA had given this parent some ideas for dealing with her child's '*violent'* behaviour, but the parent was unable to take up the proposal that she attend parenting classes, because of work commitments. The parent felt that it would have been useful to talk to the PSA about how she had fared with putting in place the suggestions made and said she was disappointed that the PSA had not made contact with her to find out how things had gone. Asked whether she had attempted to make contact with the PSA, the parent replied that she found the PSA *'hard to reach'*:

'I don't feel 100% supported. What [the PSA] suggested didn't work. I can't always get hold of her.'

Typically, however, comments about PSA's helpfulness were positive – for example:

'To be honest, [name of PSA] has helped us a lot. She's the one who my son asks to speak to now if he gets a problem. I'm in touch with her most days. She's the one, if he needs to talk to her. I've found it a great help. She actually helped this morning. It's a great help for me to know she is there. It's brilliant!'

'She's helped me get some counselling. She's helped me with DLA [Disability Living Allowance] forms. She's just helped me to sort things out that I have been bugging me in my mind, talking through really.'

'She's helped me – I've just started work since I've met her – and she's helped me sorting out all my benefits and everything, plus how that integrates with the kids going to school because having to work two hours after school so she's helped me with looking at childminders and with the kids because I haven't got time to spend as much time with them as I want to, to help them with their school, so she helps me, obviously, with their reading and everything. I don't get on with my eldest's new teacher either very well so she sorts of mediates between us! She's really good! She's done loads in the short time I've known her. I've only had her since September or October [2007. Interview in January 2008]'

In short, these findings may be interpreted as very positive overall regarding parental views of PSAs' helpfulness.

Parents generally described the PSA *style* as facilitative, offering support and suggesting options, rather than telling them what to do. However, some parents reported that PSAs were more directive at particular 'crisis' points in parents' lives, times when their self confidence was at a low ebb and they appreciated direct advice. This combination of facilitation and advice is exemplified in the following comment concerning practical and financial concerns:

'She gave me a choice: advised me and made sure I felt comfortable with what I did. She would say: 'Do you want me to take you there now? Do you want me to talk to them [social services] on your behalf, or help you to talk to them?'

2.7   Resultant changes

Almost all the parents interviewed reported positive changes for them, but also for their children, 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. In the final report we shall present quantitative data that can be compared with the parents' views.

2.7.1   Changes in parents

Increased *confidence* was often mentioned:

> *[The PSA] has given me a bit more confidence. I am very low on confidence and she has helped me no end. […] I feel better than I did. I'm not going to say I feel 100%, with the problem I've got, but she has helped no end. Just knowing she's there is a big help to me because I feel I'm not on me own. I do feel better in myself because I know, if I can't do it, I can talk to her and she will help as best she can.'*

> *'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.'*

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.'*

> *'I've become more confident. More confident in being able to handle all kinds of situations with my children. More confident as in I've felt that I've been able to go out and get a job. And more capable, I think. Capable of actually working through things and being able to understand my kids a bit more, as well.'*

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 or depression:

> *'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.'

'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. I put the blame on me. She has given me the confidence not to blame myself. 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.'

Others told about the support from their PSA leading to them *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 was quite worried at home and I didn't know where to go really. 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.

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.'

Some parents had found 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.

'When you're at home, you deal with it, you get used to it [son's temper], but it's when [my son] goes out and about among other people, if he doesn't like something, instead of saying he doesn't like it, he'll have a strop. People look at him and say he's a naughty boy. Teachers say they don't label them but they do and it's nice to know that [my PSA] has been in to the school and has got the teachers that know [my son] to understand that he has a problem and it's been listed down so they are aware.'

'[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. Some people do, they have a real negative opinion, and obviously negativity always takes over positivity, you know, and she tries to make you think positive. What was positive about the situation?'

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.'

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.'

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.

2.7.2   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. He's very, very demanding and if he can't have something he will either get moody, or even violent, or really erratic. 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.'*

> *'[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'*

Regarding improved behaviour, often parents 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. He has 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.'*

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.'*

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'.*

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.'*

As with improved behaviour, in some cases, parents explained that an improvement in attendance resulted from the PSA's support around underlying issues at home – for example, one reported:

> *'I've never really had a personal problem with my son. It was just his attendance that we were struggling with. But he's a lot more happier. I know that. I think watching me and my husband squabbling all the time was making him quite unhappy but now, with us being on our own, I think he's a lot more happier. He's doing quite good at school now. Even his teachers have pointed out that he's a lot happier.'*

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.'

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).'

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.

2.7.3   Conclusion

In short, as positive impacts of engagement with their PSA, parents reported a wide range of improvements either in their child, themselves or both. As noted above, some caution is necessary in evaluating these comments because of the nature of the sample and qualitative nature of the data. That said, the findings are positive. Some of the parents' positive views about their PSA's involvement concern improving *processes* such as engagement, increasing confidence, and improving relationships with their child(ren). Other reports concern parents' views of actual behavioural changes, either their own or that of their child(ren). Hence, although caution is necessary in interpreting the data from these parents, it is reasonable to conclude that there is a substantial amount of evidence of positive impacts by the PSAs on both parents and children.

3. INTERVIEWS WITH PARENT SUPPORT ADVISERS (PSAS)

3.1 Review of work

Table 3.1 indicates the activities on which the 69 PSA interviewees reported they spent most time. The most frequent time-consuming activity was work with parents or families, (20/69) followed by a focus on attendance issues (13/69) and groups/courses (12/69). Work with children was the most frequent time-consuming activity for a few PSAs.

Table 3.1 *Activities on which the PSAs spent most time (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*

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

3.1.1   Changes in work

There was a general indication of developments in the PSA role since Phase 1 of the evaluation.   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. .

> *'I was struggling with the role, but now parents are saying 'hello' to me in the playground and saying, '[PSA name], how can you help?' So it's completely different to how things were. Now it's so busy with so many things going on and trying to support different people in different circumstances, which is really interesting.'*

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.

Some PSAs had changed role (e.g. Model 2 to Model 3), reflecting better the needs of school and parents.   PSAs spoke of the role now being clearer, for example the balance between professional support and friendship identified by parents.

> *'The role seems clear – it felt muddled last time [you spoke to me] and what we're here for: you're not a counsellor or a friend, you are there for support.'*

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, counselling and social work'.

This quotation also indicates the tension with education in a narrow sense. However, other PSAs reported having substantial engagement with parenting courses - recruitment, planning, delivery and evaluation.

3.1.2   Transition

Supporting transition to secondary school was a common practice, reported by about three quarters of PSAs (48 of 68; missing information in one case), a figure artificially reduced as some PSAs worked in LAs with Middle Schools. Transitions between other stages were also supported. This support could be at an individual level but, transition projects could also be at the LA level, e.g. one LA involved PSAs in Transition Information Sessions. A wide range of other practical activities to aid transition was also reported. The following quotations provide illustrative examples of work around transition from PSAs in both primary and secondary schools and clusters:

Primary school PSA:

> *'I have received training for the Starting School Project – the settling in for parents of children that have just started the Foundation Stage of primary and the Moving On, which is for the parents of children that have just moved on to secondary.'*

PSA working in a primary/secondary school cluster:

> *'Since I spoke to you [in spring 2007] we've taken the transition group through their transition very, very successfully, I'm pleased to say. […] I had eight students that I was keeping an eye on, […] some that were vulnerable and some that were in a lot of trouble in [primary] school. Normally, you would have expected that they would have been in trouble very, very on [in secondary school], and possibly suspended, but they've all worked incredibly well. We prepared the school, made sure that systems were in place, made sure parents were fully involved and knew who to contact, when to contact and followed up through the Head of Year and SENCo (Special Educational Needs Co-ordinator) and the Key Stage 3 Base teacher so all these people got involved very early on. It has worked tremendously well, particularly, I think for the vulnerable kids that we were worried about.'*

PSA working in a primary schools cluster:

'I've done a lot of work with primary; we did that last June, June/July. That was very successful. I work with the learning mentors in that way and recruiting the parents to come in and be part of that transition, and I did work in the holidays as well, during the summer holidays with other PSAs from some of the feeder senior schools as well because there's four/five senior feeder schools within my area, so there's some sort of summer activities to just support the parents and the children in that transition event. And the transition was supported very well in two of the schools, probably not so well in a couple of others, but I think that's something that's a learning curve for everybody, because it's been quite new in the way that we've done it this year.'

Secondary school PSAs:

'In the summer term, we focus predominantly on transition. So that is a lot of work with the primaries. […] In the autumn term, it's predominantly following things through from transition; parents that have got concerns about their children settling in to school. […] We adopted the [name of LA] model. It was a bit of a three-line whip, actually. Every school was invited to have a transition session and I personally went round all my 10 associated primary schools. I think they all had a transition session, of which I did nine of them. That was a one hour session for parents in either the day or evening according to what the school wanted. It was a PowerPoint presentation about what it's like for parents and what it's like for children to go to high school. It was a generic presentation […] about transition and then, if they wanted to know more about [my secondary school], they could talk to me or I could direct them to the PSA for the school their children were going to. Attendance was anything from two up to an average of about 20. The best ones were the ones where inadvertently they thought they could bring the pupils with them but it worked so well that, this next year across the borough, we're going to adopt children and parents together. It was a good example of [partnership] working because my Learning Mentor colleague came and when we did the questions, I dealt with the parents and she dealt with the Year 6 pupils. It worked really well […].'

'I've done quite a lot on transition. Initially I wrote to the heads of all the schools who had children who would be moving to this [community secondary] school and asked them to pass the letter to their family workers or PSAs and to contact me and I would either come into school to meet parents if they wanted me to so they would have a friendly face here.''

Not all activities to support the transition to secondary school were successful in attracting parents. For example, one PSA reported an event she put on to which only one parent came:

> 'We ended up, of all the new intake, we had one [parent] that came. I'd arranged Family Learning, numeracy and literacy, to be there and no-one [parents] turned up. It was little things like I went to the office to get the parents' contact numbers because I'd just put flyers in the [name of school] packs but none of the [new parents'] numbers had been put on the system so I couldn't ring any parents. So, it was a good project but only one person came along.'

3.1.3   Reasons for success with engaging parents

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.'

PSAs noted their intention to provide a parent-centred service:

> 'It is important to offer them what they want, rather than what you think would be suitable' asserted another, and, said another '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.

> *'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.'*

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'*

As well as what they were *not*:

> *'Being at the parent's level. Having empathy and not judging them'.*

> *'Not being judgmental and not having a go at parents'.*

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

Some argued that success in engaging parents reflected parents' pleasure in the new service provided by PSAs. Regarding parents referred by schools or other agencies, PSAs also talked about the importance of these parents wanting to engage with the PSA – 'that's half my job done' said one – and therefore of how the referrer could support this by, for example, introducing the parent to the PSA prior to any contact from the PSA.

3.1.4   Challenges in engaging parents

PSAs provided examples of challenges and factors that inhibited their job. Overall, they described two main factors which negatively affected the engagement of parents. One was the attitudes and/or lifestyle of some parents and the other was the approach of some referring agencies. However, there was also a clear indication that they saw it as their job to remove such barriers through persistence over time. For example, one PSA spoke of taking seven or eight months to find a way of communicating with parents who spoke Asian or Eastern European languages she did not speak but she persisted and made use of the LA's translation service to support her. Another PSA spoke about always looking for '*the redeeming feature*' to build bridges between parents, pupils and schools – for example, with

hard to reach families he regarded as effectively '*written off'* by the school, he would visit specifically to feedback positive news of the pupil.

Challenges included the attitudes and/or lifestyles of some parents, including those not ready to accept support, of parents who were suspicious about the PSA role, of those who were living with addictions and those who were perhaps insecure and feared being judged. These could also relate to an organisational factor, namely being asked to intervene with parents who were '*too far down the line'*, when parents had previous negative experiences of the involvement of other agencies in their lives, or when the referrer hadn't discussed the potential of involvement of the PSA with the parent. Some PSAs had concerns about the time available in school to carry out their work or lack of office space.

3.1.5   Budget holding

Over a third of the PSAs interviewed said they were Budget-holding PSAs (29 of 68; information missing in one case) although this may be an over-reporting as it was clear that not all PSAs understood the difference between being an official Budget-holding PSA and being a PSA who had a small budget for incidental expenses. The annual budget held by Budget-holding PSAs varied – amounts quoted were £10 000, £7 000 and £3 000. Among the Budget-holding PSAs, there were examples of PSAs who were confident about spending this money to support families but also those who were rather more tentative about using the budget, not being clear as to its purpose:

A Budget-holding PSA working in a locality team stated:

> *'I found it really useful. I work with very vulnerable parents and young people and, if there is very little money in the family, I can give them, as a reward for good behaviour, cinema tickets. […]. We did the summer activities. A lot of children have never been to London because it's too expensive so that was a treat. We use horse-riding for boosting self-esteem. Some of the parents, especially on Child Protection plan, have had membership for Leisure Centres which are only £40 a month but it boosts their self-esteem, releases stress and makes new friends. Obviously, there is a limit on it. We can only do things for a short time. We've paid for After-school Kids Clubs, Breakfast Clubs so children have a good start. I'm paying at the moment for break and lunch tickets because some families are really struggling to provide a decent dinner for the kids so at least they have one warm meal here. We also have a school uniform but we always look for independence first. If the parents can get them*

themselves, if there is a second-hand shop, then we help with that. I don't believe in just buying everything new because they have to learn to be independent.'

A Budget-holding PSA in a primary school cluster:

We've got the money now and been told, as I understand it, 'Spend it on anything that supports parents'. We have spent approximately £1 500 of it and I think there's about £7 000 so that's not a lot, really. I've spent it on doing up the Parents Room in [one of my schools]. It's an old classroom so we've bought some sofas and some pictures to make it less clinical, less classroom-like and to be more friendly. I got some pictures from IKEA and some rugs and things to make it cosy and inviting so that, when parents come in, they don't think, 'Oh, this is an old classroom', and they don't think it looks institutionalised. They think it's a nice informal room where they can come and talk to me; or anybody really. So that's what I spent a lot of money on because, otherwise, there would have been no money available at the school, at all. That has been really helpful because, without that, it would – I have had quite a few parents come in to the room that I don't think would ever have come in before. [..] I think if we hadn't had the resources to kit it out, it wouldn't feel inviting to them. We have got plans to spend more. For example, on the cookery course I'm running for dads, we need some cookers, the wheelie ones that can be transported. Again, without things like that, I couldn't do [my job]; run the clubs, run all the good ideas you've got. It's so nice to know there is some money to be used just to support your role.'

A Budget-holding PSA (Model 3) in a secondary school:

'To be quite honest with you, I don't know. [PSA Co-ordinator] took a lead on it. […] Each PSA got £1 000 and it was an additional £7 000 [for the budget-holding PSA]. I've spent about £300 out of my small budget. I did a project in the summer which cost about £200, plus tea and coffee and things. The project was to link in with the transition. It was inviting the Year 7 families and children to do a community garden.'

Budget-holding PSAs allocated £3 000 also spent the money on items such as attractive, comfortable furniture for rooms used by parents groups and coffee mornings; reimbursing transport costs for parents attending Family Learning groups, paying for families to have trips out, summer activities et cetera. The following illustrative quotation gives a flavour of this:

'In the summer holidays, I did a couple of coach trips, took families to different events around [town], days out. A Play day at [Name] Park and secondly we went to a big adventure park. I took a group of families and children there. […] I obviously used it to support some Family Learning events, also in the holidays – a puppet theatre workshop. I used it again for being able to support some other agencies who don't have enough resources to provide, having the tools to have a little bit more to offer them than somebody who hasn't got a lot of money to be able to do that. […] Just paints and paper. I've got a group of ladies [i.e. mothers] who have started up an After-School Art Club for the children. I've been supporting them there. They're part of the PTA. It is a school that has been in decline recently, has been in special measures, so I've been able to support them in providing them with these resources to keep that going.'

In one reported case, it appeared to be the head teacher not the PSA who was the true budget holder: *'It is difficult to use or access […] The head is not co-operative in giving access and I am sometimes out of pocket'*.

The sums of money allocated to individual PSAs, not in an official Budget-holding role, varied among the LAs, PSA Models and phases. In some LAs, some PSAs had no budget attached to their role and so depended on receiving a small budget from their school or cluster. This caused difficulties where schools were unable or unwilling to reimburse incidental expenses. In this situation, some PSAs found ways to raise money, such as second-hand uniform sales or fun runs; others found alternative sources of funding, for example, through Extended Schools' budgets or local welfare funds; others simply found themselves out of pocket. In other LAs, all PSAs were given a budget allocation. Examples of amounts per year included £1,500 plus a £700 start-up; £1 000, £800, and £500 Again there was variation in who held this budget: in some LAs, it was held by the PSA; in others, by the line manager, whilst in another, there was a small budget for PSAs to use to buy laptops, mobile phones and a personal alarm and another small budget for their school/s which was to cover costs incurred by the activities of the role that had been written in to an action plan:

'I do [have a budget] but I don't know what it is. My line manager manages the budget. We all came with a budget. I think that was part of the attraction.'

'I have £1 000 for an action plan and for a laptop and a mobile phone. And I have done an action plan for a parents' art and craft class. And I think it's been mentioned

at networking meetings that there might be some more money available for other things.'

These smaller PSA budgets, as opposed to the larger amounts held by Budget-holding PSAs, were generally used to defray incidental costs, such as refreshments for parents; to buy the resources needed to run parents groups, Family Learning activities and manualised parenting classes; and, in exceptional cases, to buy basic household items, such as kitchen equipment, for individual families. In two LAs, the money was used to support PSA work with children.

Some PSAs worked with other PSAs, including some Budget-holding PSAs and were able to pool finances for mutually agreed purposes such as funding a Breakfast Club or buying the materials and resources needed for a parent course.

'I am a budget holder PSA. […] I have supported some of the other PSAs within the other areas. Like, we've done a Share course so, between myself and another budget-holder, we supported getting resources for them as well. We've literally shared some of our budget.'

Overall, PSAs with budgets found them useful, whereas those without budgets expressed frustration at this absence of the resource. In general, it seemed that Budget-holding PSAs were using the money to support parents but not to commission local services, as had perhaps been envisaged by the Treasury and DCSF. This model of PSA working will be studied in more depth in Phase 3.

3.2   PSA Role

3.2.1 Use of time

Two thirds of PSAs considered that they personally had the *most* influence on how they spent their time (Table 3.2). School was considered to have the most influence by about one in six PSAs, while a minority of five PSAs (from three different LAs) reported parents having most influence on how they spent their time.

Table 3.2 *PSAs' views of who had most influence on how they spent their time (N = 68)*

Had *most* influence on how PSA spent time	N
PSA	46
School	13
Parents	5
PSA and school	2
PSA and parents	1
Mixed influences	1

Notes 1: Missing information from 1 interviewee, 2: Other people, especially school senior managers, PSAs' line managers, and parents, were mentioned as also having an influence.

PSAs' time spent in school varied with a mode of about 70-90% (Table 3.3). However, nearly a quarter of PSAs (*N* = 16) reported spending less than half their time in school.

Table 3.3   *Percentage of time PSAs spent in school (N = 61)*

Percentage of time (estimate)	N
100%	1
90s%	4
80s%	12
70s%	14
60s%	9
50s%	7
Less than 50%	16

Note: Missing information from 6 interviewees.

Most undertook home visits: 56 compared with five who said they did not offer this service.

In comparing the time spent with parents, rather than children and young people, there was a wide variety of responses (Table 3.4)

Table 3.4 *Percentage of time PSAs spent with parents (N = 61)*

Percentage of time (estimate)	Frequency
100%	9
90s%	8
80s%	11

70s%	8
60s%	12
50s%	6
40s%	2
30s%	4
20s%	2
10s%	1

Note: Missing information from 6 interviewees.

<u>Note 2:</u> Percentage of time spent with children took these estimates up to 100% of time so that if a PSA said 60% with parents, they said 40% with children. So this is an estimate of time that excludes all administration and non-contact time.

About one in seven (9 of 69) of the PSAs interviewed spent less than 50% of their time with parents. These PSAs fell in to three categories: Model 3 PSAs who saw work with children as an important part of their role:

> *'About half and half. With me being a Model 3, part of that is working with the pupils, as well. […] A lot of it is quite youth work-y: building self-esteem, looking at the behaviour in school, any issues that there are at home – if they've got any issues with their parents, maybe, that I can, not feedback to the parents, because it's confidential, but maybe turn it round and say, "Well, have you ever thought that they might be feeling like this?"*

or PSAs whose role had been defined as mainly focused on improving attendance

> *'I only spend about 10% of my time with parents, but I do see parents every day and they will phone in to speak to me – in the school holidays, too!'*

or a minority of Model 1 PSAs in a number of different LAs whose role had been defined within the school to focus on support to children rather than parents:

> *'I am working mostly with young people who are coming to see me all the time. I pick them up from home on a daily basis. Some, I pick them up at the gate to meet them. The amount of issues and problems these children are going through and some of them are really serious problems. I have been dealing with a lot of behaviour problems and that is the main part of my work and takes me away from the parents.*

It's more like an educational social worker or a community youth worker. You deal with custodial and welfare, but also behaviour, mentoring, being a role model and giving advice. There's often a queue of them down the corridor outside my door."

The majority of the PSAs interviewed (45 of 69), who spent 50% - 99% of their time supporting parents, typically talked about their work with children being *alongside* work with the parents of these children, for example, at Family Learning classes, or in the home or seeing children in school. These PSAs valued the opportunity to get to know the children and to model positive interactions. A minority of them were involved in running clubs or groups for children, such as After-School Clubs and Homework Clubs.

3.2.2   Dealing with conflict

PSAs had typically been in sensitive situations where there was at times conflict between parent and school.   Most said these were relatively rare: some provided a number of examples.   Approaches to dealing with such conflicts included a combination of strategies described using words like, *neutral, intermediary, mediation, go-between*, and *diplomacy* and emphasised that this had to be extended to both school staff and parents

> *'I am the intermediary. I'd discuss the situation and listen to the parents' point of view and then do the same with the school and I try to match them up, how I can marry them together again. I try to salvage the school role to avoid parents feeling let down or betrayed by the school.'*

Some also saw their role as an advocate.   The latter position touched upon their location in the organisation, for example:

> *'It's important to be independent from the school and employed through the LA because parents don't see you as a threat and you know you can be more impartial.'*

Taking an advocate role was a particular challenge:

> *'You have to be broad shouldered to advocate for a child or family and sometimes challenge the school. You need to get evidence to see the bigger picture and make sure everyone communicates.'*

The sensitivity of the PSA role was exemplified by one PSA for whom one incident loomed particularly large, amid dissatisfaction among parents regarding the work of a particular

teacher and the school's apparent disregard of any problem. The PSA had informed the head following a particular complaint from a parent that her child was not progressing well, but the head's response was: *'I will not have a PSA undermining our staff!'* As a result of her intervention, the PSA felt *'scapegoated and marginalized'* by all the teaching staff.

This example highlights the tension inherent in the PSA role, particularly when there are problems and conflicts between home and school: 'whose 'side' is the PSA on?' may be a question for both school and parent. But many PSAs recognising this had thought through strategies they hoped would avoid such a question being asked – an essence of being a mediator.

This PSA, for example, was more successful even though she was effectively challenging the school.

> *'I went to the class teacher to tell her how the parent felt and explained it from the parent's point of view. I arranged for an appointment with the parent and the teacher and me and now the child is on Action Plus. You have to be very diplomatic as it's so easy to make people feel criticized'.*

3.2.3   Confidentiality

All PSAs felt able to offer confidentiality and to put this into practice. Some reported that this was facilitated by schools not probing and pushing the boundaries of what they could say, suggesting a respect for the PSA's judgment. Equally, PSAs also recognised the limits of confidentiality that they could offer. However, there were a small number of examples of PSAs feeling compromised or uncertain about the issue.

> *'This [confidentiality] is compromised by the head's attitude: she expects to be told everything. It wouldn't be seen in a positive light if I didn't tell her'.*
> *'I'm still working on this! I now have referrals from other agencies and I don't know how much to share with the school. […] It's hard. I don't know. It's being that middle person.'*

In one LA, this uncertainty was magnified by the recent introduction of an information-sharing system amongst local professionals. Here, PSAs reported some uncertainty about the boundaries between 'information-sharing' in this context and 'confidentiality'.

3.3   The referral process

PSAs reported a range of patterns of referral suggesting variations between LAs, but also variations between Models. For example, one PSA stated that all parents were self-referring while others quoted 50% or less and some stated that all referrals come through the school. However, in some LAs PSAs noted that the pattern was changing, with an increase in self referral.

When children were the main focus the referral was generally by school. PSAs varied greatly in the time spent with child referrals (Table 4.4) and some only worked with children in association with parent-based intervention.

> *'I made a point of only working with children if I'm working with their parents. Parents are the focus. Kids do come in and want to confide in me because they know me from home, but I refer them to the learning mentor or school counsellor'.*

PSAs differed in their view of differences in outcomes as a function of self referral and referral by school or other agency. Many PSAs considered these to be similar whereas some distinguished outcomes relative to the referral problem, e.g. largely a school issue compared with one that affected the child's wider development, including family life.

Some PSAs considered that parents could be less motivated if they were referred by the school and often preferred self referrals where there was a presumption of cooperation and motivation.

3.4   Level of intervention and links with other/specialist agencies

There was a wide range of opinion regarding whether intervention could be judged to be early or preventative (Table 3.5). Over two thirds claimed that at least half of their work was early intervention and preventative, but a third (19/60) considered 'a little' of their work fell into this category. This reflects the different models of working.

Table 3.5   *Amount of work deemed to be 'early intervention or preventative' (N = 66)*

Amount	N
All	2
Most	28

Half	17
A little	19
None	0

Note 1: Missing information from 3 interviewees.

Note 2: Where PSAs gave an answer in between the given options, these have been counted in the lower amount.

Overall, PSAs mentioned a wide range of professionals with whom they most often worked although any individual PSA would only work with some of these. The professionals included school staff (e.g. SENCOs, school nurses, counselling services, EWOs, health visitors, other PSAs and many more. There were many references to positive working relationships and complementarity but also some tensions. For example, some school staff were judged reluctant to relinquish responsibility to PSAs. In some cases school staff and others were felt not to know about the PSA role.

'*Other professionals, for example Social Services, have not been informed properly of our role'.*

There was a common view that many parents would benefit from involvement of specialist knowledge beyond that available to the PSA (Table 3.6).

Table 3.6 *PSAs' views on how often families bring problems that would benefit from specialist knowledge beyond the remit of the PSA*

How often	N
Never	2
Rarely	6
Sometimes	40
Often	21

Various types of problems were specified including sexual abuse, social care, housing, parenting, and drug and alcohol issues. This pattern was reflected in the referrals made by PSAs to other agencies (Table 3.7).

Table 3.7 *Frequency of PSA direct referrals (other than signposting) to other agencies*

How often	N
Never	9

Rarely	15
Sometimes	27
Often	18

Note: Sometimes the 'never' was because of lack of resources to which to refer, not lack of need.

Note that these were *direct referrals* which took place in addition to signposting which had been intended as one of the PSA activities when the role was developed initially. Note also that PSAs almost invariably continued to support parents if they made a referral to another, specialist agency (Table 3.8).

Table 3.8　　*Continuation of PSA support for parents awaiting more specialist support*

Continued support?	*N*
Yes	49
No	1
Not applicable	16

Note: Missing information from 3 interviewees

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 I think every PSA, certainly all the ones I've spoken to, 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, of course, you are there on the ground 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.'*

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'.*

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.'

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'.

There was serious concern from PSAs in several LAs gaps in available services, especially around mental health, which left them 'holding ' the case – for example, one said:

'Personally, I have at times really felt the weight of the families I'm working with. […] There are certainly parents I'm working with where there is a feeling they are a suicide risk, and still are. You learn to live with it, but it's very difficult. […] '

This issue is also linked to their need for professional support to discuss such demands and appropriate responses (see Section 3.6).

3.5   Extended schools

Involvement of PSAs with extended schools varied (Table 3.9) reflecting the variation in the development of this initiative among, and also within, LAs.

Table 3.9   *PSAs' views on the extent to which their work relates to local Extended Schools agenda*

Extent	*N*
None	13
Some	26
A lot	27

Notes   1: Missing information from 3 interviewees, 2: These categories are a *post hoc* summary of PSAs' views, not options offered as responses. In addition, one PSA said 'potentially' and one said '*I'm not sure*'.

The range of response (Table 3.9) can be illustrated from one LA where PSAs' responses varied from, 'very much so', from a PSA who worked across three extended schools, to:

'It can link, but I haven't mastered that link yet. We are in the process of putting together a questionnaire for parents with the extended schools co-ordinator for the [name] area',

to:

'I know little about the Extended Schools agenda. I don't know if this school is one.'

Interviewees whose work was closely related to the Extended Schools agenda gave a number of examples of their engagement, which could be signposting to extended school services or involvement in provision of such services, including after-school clubs, holiday clubs, breakfast clubs, Family Learning provision, and parenting classes. One Area PSA was very enthusiastic, commenting that her work related to the local Extended Schools agenda:

'….hugely. It's offering parents what they want, when and where they want it. The two extended schools I work with are fully meeting the extended schools agenda'.

Another PSA saw her role as being:

' … 100% related [to the local Extended Schools agenda]. My role feels like an extended schools' co-ordinator, with the parent aspect emphasised.'

3.6   Support for PSAs

3.6.1   Initial and subsequent training

PSAs were asked to reflect on the usefulness of their initial training now that they had been in post for some time. Their responses were mostly positive (Table3.10). There was recognition by some that the initial training had been intensive, but that it did provide a basis and resource to draw upon.

Table 3.10 *PSAs' views of the helpfulness of initial training*

Rating	*N*

Not at all helpful	1
Not very helpful	10
Helpful	34
Very helpful	24

One stated that *'At first it seemed like bombardment, but I can see now how things fit in when I read through the material, and I now draw on it in the work that I am doing'*.

Beyond these general comments, there were no major and consistent criticisms of the initial training. Different PSAs offered specific criticisms that reflected perceived weaknesses or gaps in the initial training packages delivered in their LAs: such comments included criticisms of the sequence of the course content and of the content *per se* with suggestions that more emphasis should have been given to areas such as listening skills, parenting skills, the support available around serious issues such as criminal behaviour and domestic violence, and also the administrative side of the role - time management and report writing.

Additional training had subsequently been accessed by most of the PSAs interviewed: 54/62 with four choosing not to receive this and missing information from three. This follow-up training was, again, specific to individual LAs and therefore, taken overall, covered a wide range of topics and courses, including: training in the Solihull Approach, training to deliver various manualised parenting programmes, and courses on Child Protection, domestic violence, drug awareness, Common Assessment Framework, healthy eating, anger management, dealing with grief and bereavement et cetera.

3.6.2   Line management and supervision

In our 1st Interim Report we identified the need for support that differed from, and was in addition to, line management by the head or another senior colleague within the school. At this time two thirds reported that they had received such support. Indeed, this is an underestimate as a further nine had either not taken up an offer of external support ($n = 3$), were waiting to do so (n=3), or had arranged comparable but informal professional support (n=3). Nevertheless, there were indications that the PSAs in the sample would have liked more professional support (Table 3.11).

Table 3.11   *PSAs' views of the sufficiency of level of professional support received*

Rating	N
I would appreciate a lot more	3
I would appreciate more	26
I have about the right amount	39
I have too much	0

Note: missing information from 1 interviewee

Views varied depending on the availability of provision within each LA; views were relatively consistent within each LA. PSAs reported various positive examples of professional support they had received, from senior managers, other PSAs, or through external supervision. This differs from managerial support in important ways, for example, providing the PSA with time and space to explore personal issues that arise from their work including dealing with their feelings. In practice, most PSAs were provided with line management support. The following comment is an example of positive, efficient managerial support, dealing with a straightforward issue:

'I will go and ask and she will deal with it straight away. We communicate regularly, and she has an open door'.

.However, there were also many worrying examples,

'We have snatched conversations and try to meet once a month. It's given high priority by me, but I'm not sure that is the case with the line manager'.

'We meet once a week for supervision but time is not set aside, it is not structured or focused and people can come in and interrupt'.

External professional support or supervision may not only have a different content and style, it may also avoid the practical problems of fitting into the 'day job'.

'It's helpful that it's a bit removed, separate from the school. I may need to challenge the school impartially and internal staff may be more entrenched, putting them and the PSA in a difficult position'.

In the 1st Interim Report we distinguished *managerial* support from *supervision*, a distinction used in the helping professions. The latter is not simply about how to do the job but also

provides time and space for the PSA to explore complex issues such as their feelings when faced with emotionally draining and challenging work. Both managerial and supervision types of support are relevant to the PSA role but it appears that it is still the former that predominates. Furthermore, as noted in Section 3.4, some PSAs were very aware of the danger of being left 'holding' high need cases as a result of gaps in other services, without access to appropriate professional support for this work.

3.7 Effectiveness

This sample of PSAs gave a positive rating to their effectiveness (Table 3.12). These are, of course, personal ratings of their own behaviour, but the high level of positive judgment is interesting.

Table 3.12 *PSAs' views of the effectiveness of their own work (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'".

To test out the judgment, PSAs were asked if they could base their views on evidence. Many examples were given, including

- Increased number of parents coming to the PSAs with problems
- Positive relationship with parents
- Improved attendance and punctuality
- Parents becoming involved in group activities

The following quotations provide a flavour of the PSAs' evidence

'Parents thank me and come back to me if they have another problem'.

'Parents come up and thank me on Parents' Evening'.

'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'.

'Families say that my suggestions work and are really positive'.

'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'.

'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.'

'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'.

'Parents say, 'I don't know what I would have done if you weren't there'.

In two schools in one LA adult classes were proving popular and successful and there was progression:

'There is progression from group sessions. They (parents) were so scared, but went from coffee mornings, to a course and some are now going to college'.

'Family Literacy had good attendance because I phone parents'.

Some PSAs reported that attendance and punctuality had improved:

'Attendance is above borough average for the first time ever, and OFSTED rated the work as 'outstanding''.

Other evidence suggested that people were happier:

'Children are happier'.

'Parents are happier to come into the playground and speak to parents, even if their children are in different year groups'.

'The deputy said one parent used to come in and complain all the time and now she sees her smiling.'

Another who judged her work as 'very effective', had represented the school at an extended school meeting as well as being invited to sit on a board of governors as *'the ideal person to do this'*. Her head teacher had reportedly exclaimed: *'I don't know what I did before you came!',* adding that the PSA's impact on attendance had relieved him of much pressure.

These present a mixed evidence base and it is possible to be critical of this. Some, for example, refer to *processes* rather than *outcomes.* However, both are important and there is reference to outcomes also.

3.8   Conclusions

These interviews with 69 PSAs in the 12 case study LAs indicate that the Pilot has 'bedded in'. Practice has developed, PSAs have become established and a number of issues are now arising that require consideration for the future. There is indicative evidence that the PSAs' work is valued and is effective in facilitating changes in parents and children. However, caution is urged until the end of the evaluation when the full data analysis, including large scale quantitative analyses, becomes available. Also of importance are the emerging themes concerning practice. Parents are generally very positive about PSAs' practice (as were head teachers when interviewed in Phase 1) but positive judgment may reflect the common finding that parents find new support schemes helpful, especially when they perceive there to have been little support in the past. The issues to be examined next are the degree of impact of PSAs on parent and child *outcomes* and the processes and organisational factors necessary to ensure that the PSA role is sustainable and operating optimally.

4. CONCLUSIONS

In this report we present the results of interviews with parents and PSAs held over the Autumn and Winter terms 2007-8. It is apparent that there is a strong, positive view expressed by parents regarding the PSAs with whom they work. The PSAs have also provided a generally positive picture, with some indicative evidence of their effectiveness.

It must be remembered that any aggregated picture does not reflect the variation of experiences of all parents and PSAs. Nevertheless, the generally positive and optimistic picture is a continuation of that found during Phase 1 and reported in the 1st Interim Report. However, the caution expressed throughout this report must be repeated here. The data reported in the 2nd Interim Report are based on a sample of PSAs and are largely qualitative in nature. The sample of PSAs reflected the range of LAs and models but the parent sample was skewed to include a majority of those parents for whom the PSAs considered their intervention had worked well.

Finally, it is important to stress that this is an *interim* report. Findings are being reported to the Department for Children, Schools and Families, the Training and Development Agency for Schools and to the local authorities and PSAs themselves through a series of Updates. Phase 3 of the study takes place over the summer term 2008. Further interviews will be held with PSAs, LA lead officers and head teachers. Local authority parent-level databases will be analysed and a survey of head teachers across the 20 LAs will also be undertaken. The Final Report will comprise both a report of Phase 3 and present an analysis of all the data collected over the whole project. At that stage, with a combination of quantitative and qualitative data, it will be possible to provide a comprehensive evaluation of the Parent Support Adviser Pilot.

In this section we present the Main Findings, Detailed Findings and Recommendations for Areas for Development.

Main Findings

- Parents were generally very positive about the support from their PSAs: 9 out of 10 rated them very helpful.

- The types of support offered in the pilot were very varied, ranging from informal support, through individual and group support such as parenting classes, to intensive support for parents in substantial need.

- PSA characteristics that were associated with high parent satisfaction can be summed up as a balance between empathic professionalism and being seen as a 'friend'.

- Overall, most PSAs spent more time on 1:1 work with parents and relatively less time with pupils, but the balance of work varied widely.

- Indicative evidence of PSA effectiveness was provided by both parents and PSAs for engaging and empowering parents, improving parents' relationships with their children and improving their children's behavioural, emotional and social development.

Detailed Findings

Parents

- Parents reported various means by which they had first engaged with their PSA including via school staff (47%) and self referral (29%), the latter often in response to an information leaflet. First impressions were typically positive, e.g. approachable, friendly and pleasant.

- Parents generally reported that PSAs helped to sort out specific problems *and* were provided more general support, for example by their availability in the playground – a combination which they valued.

- Almost all (98%) of parents valued privacy/confidentiality when meeting the PSA. Most reported a private place was available in school but parents were critical when this was not the case.

- PSA qualities and skills judged by parents to be helpful included: emotional warmth; 'normality'; being like us, being down to earth; the ability to listen and being non-judgmental; reliability.

- Almost all parents rated their PSAs highly on key attributes, e.g. they reported that they felt listened to (87%), understood (84%) and respected (83%) 'a lot' (the highest rating).

- Parents had extensive interactions, albeit of varying duration, with PSAs – almost half reported 20 or more times – NB these could include relatively brief contacts, for example, in the playground.

- Almost 100% of PSAs were judged by parents to be helpful, with about 9 out of 10 judging PSAs very helpful.

- Even among the parents selected by PSAs on the basis of the PSA judging the intervention had not worked so well, most (7/9 who commented) were positive about the PSA's work: 5 reported them 'very helpful' and 2 'helpful'.

PSAs

- PSAs reported changes in their work over the year that they had been in operation as the role had developed and they became better known and more confident.
- The most common activities were 1:1 work with parents and families followed by a focus on attendance and running groups and courses.
- Workload was increasing to reflect higher demands resulting from parents knowing of their presence.
- The general position was to emphasise that their role was not just about 'education' in a narrow sense but about a broader developmental role supporting parents and children, as well as schools. PSAs recognised the potential for tension given that some teachers see the role of school as primarily for children rather than parents, but the extended schools agenda was having a positive impact in this respect. Also, PSAs were negotiating and navigating sensitively and effectively, gaining respect and so heading off conflicts.
- PSAs had similar views to parents concerning the reasons for their success: they tried to engage parents using styles, methods, skills and qualities that our study indicates that parents find helpful.
- Our initial examination of PSA budget-holding status during this phase of the study suggests that this aspect of the role was still new and being worked out There was a good deal of variation in the sums of money PSAs had available and in the operation of the budget-holding role.
- PSAs' time distribution varied with a mode of about 70-90% of their time in school, but most also made home visits.
- The majority of PSAs spent most time with parents rather than children, but there was a substantial range of practice.
- PSAs provided not only a signposting service but in many cases made direct referrals to specialist services. Many continued to support parents after such referrals.
- Support for PSAs appeared to continue to be largely delivered by their line managers. Some were finding this system worked well but others reported that competing priorities could limit or disrupt support sessions**.**

- There was some concern that appropriate levels of supervision and case management, which were required particularly for the more complex social care issues parents were bringing to PSAs, were not always available.
- PSAs were able to produce a substantial number of examples of their effectiveness, including high levels of parent satisfaction and positive reaction; parental reports of positive changes for themselves or their child(ren); word of mouth recommendation between parents; very positive head teacher evaluations; and some references to objective data including attendance data.

Conclusions and areas for development

This report of Phase 2 of the evaluation indicates that the positive indications found during Phase 1 have been sustained and developed. There is now increasing evidence being reported of the effectiveness of the PSAs by both parents and PSAs themselves. At the same time, the development of the role is bringing its own challenges including increased demands on PSAs as they become better known.

The following issues are presented for consideration for action by local authorities, PSAs themselves, DCSF and the TDA in developing PSA practice and supporting the development of PSAs both during and after the pilot. These are interim suggestions which will be revisited in the Final Report.

- Supporting PSAs to manage a growing workload as awareness of their role increases.
- Increasing efforts to appoint male PSAs.
- Ensuring PSAs retain the flexibility and are given the time to respond to the varied needs of parents, especially those who have traditionally been hard to engage.
- Clarifying appropriate functions for the budgets held by budget-holding PSAs.
- Ensuring PSAs have sufficient status within, or independence from, schools to be able to advocate for parents where necessary.
- Clarifying the focus of the role on support for parents, or parents and their children, but not children *rather than* parents.
- Increasing attempts to engage fathers and male carers.
- Clarifying the boundaries between 'information-sharing' among professionals and 'confidentiality'.
- Ensuring that PSAs have access to appropriate settings when conducting private and confidential conversations with parents.

- Tackling the concern that some PSAs are 'holding' parents with serious, often chronic and highly challenging difficulties for too long, which suggests that the role has highlighted the need for local authorities and health services to ensure there is an appropriate range of local, accessible, more specialist, services for adults to whom PSAs can refer or signpost parents.

- Ensuring that all PSAs have access to appropriate training and supervision to enable them to deal with the range and complexity of cases they will encounter and the professional issues concerning, for example: workload management, recognising when and to whom to make referrals and dealing with ethical dilemmas.

Appendix

Methodology

The evaluation of the Parent Support Advisor Pilot takes place over the period September 2006 to July 2008. Over this period a number of different methodologies are being used as part of a combined methods evaluation.

Two main types of data are being collected: qualitative and quantitative. Qualitative information is being collected mainly through interviews which are taking place at three phases of the study. The results of the initial phase of the evaluation were published in the first Interim Report[3]. The present report provides information for the second round of interviews. A third round of interviews will be undertaken during April – May 2008.

Quantitative data are being collected by means of a standard LA database for parent level data in all 20 LAs. In addition, comparisons will be made with pupil level data (e.g. attendance, exclusions) for schools supported by PSAs compared with national statistics. Both sets of analyses will be undertaken at the end of the project and presented in the Final Report.

The methodology for the present phase of the study comprised interviews with Parent Support Advisors (PSAs) and parents.

Sample

Twelve LAs were selected as case studies from the 20 in the pilot. The 12 were selected to be representative of geographic locality, urban/rural and use of models of different types of PSA. In addition, selection included LAs also engaged in the Parent Early Intervention Pathfinder (also evaluated by CEDAR) in order to examine any interaction between the two initiatives. The remaining eight LAs were treated as 'light touch'. These LAs are included in the collection of quantitative data through the parent level databases but were not visited for interviews at this stage.

PSAs

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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

Within each of the 12 case study LAs, a sample of 5–10 PSAs was identified by the LA's lead officer at the start of the project, that is at a time when the PSAs had only recently been appointed and were just beginning to start work. LA lead officers were asked to select a sample from across their authority that reflected the models of delivery.

This sample of PSAs has been retained for the present study to aid the development of a longitudinal perspective. The sample of interviews for this phase of the study comprised 69 PSAs drawn from across all 12 LAs.

Parents

A sample of parents was drawn from each of the 12 case study LAs. As there was no practical means of recruiting a parent sample direct, the sample PSAs were asked to identify three parents from whom the CEDAR researcher for that LA would select a sample to interview. To limit any tendency to positive bias, PSAs were asked to identify parents for whom they (the PSAs) considered there was one of three different outcomes: a parent for whom the involvement 'had worked well'; a parent for whom it had 'worked OK' and a parent for whom the involvement had 'worked not so well'. The resulting sample had a positive bias despite these criteria which needs to be taken into account when interpreting the results. A total of 105 parents were identified for interview by the CEDAR researchers:

     69 for whom the PSA involvement had 'worked well'
     25 for whom it had 'worked OK'
     10 for whom it had 'worked not so well'.

Hence, the parent sample had a positive bias despite the criteria specified, moderated to some extent by the CEDAR researcher making the final selection. There were several difficulties in achieving a balanced sample, independent of any conscious or unconscious bias of PSAs. First, the PSAs reported that they judged the involvement had not worked so well in relatively few cases, hence the distribution of the sample reflected the reality of their experience.

Second, where they judged the work had not gone so well they found it difficult to recruit parents to be interviewed by the researcher.

Third, where parents in this group were identified, the researcher had more difficulty in finalising their engagement. In many cases parents were not able to be contacted, were not available when arranged or cancelled.

Consequently, caution is necessary in interpreting the parent data.

Interviews

Semi-structured interview schedules were designed for the PSAs and parents respectively. These comprised main questions supported by probes to explore the interviewees' views more fully. In addition, a small number of scales were included to allow interviewees to express opinions that could be quantified. This approach allowed a high level of consistency across interviewees within each group while also allowing individuals the opportunity to express their own views and to expand upon their ideas.

Interviews were held by arrangement with each interviewee, at their convenience. Most were face to face with the minority for whom a face to face interview was not convenient taking place by telephone. Interviews typically lasted about one hour for both PSAs and parents.