

## NORTH YORKSHIRE CHILDREN'S TRUST

### Agenda Item Cover Sheet

**TITLE OF PAPER:**

Monitoring Report - Parent Support Advisers in Schools and Education Settings

**DATE OF MEETING:**

22<sup>nd</sup> November 2010

**ORGANISATION/SUB GROUP:**

Children and Young Peoples' Service

**RELATED CYPP IMPROVEMENT PRIORITY:**

- Improve the level of timely and high quality information and support available to parents all across the county
- Ensure a coherence of staffing roles and responsibilities so that parents can access the right service at the right time
- Ensure that all staff involved in supporting parents are clear about their roles and are fully equipped with the necessary skills and experience to discharge their responsibilities efficiently and effectively.
- Deploy PSAs to support traveller and MEA children and their families

**RELATED PERFORMANCE INDICATOR(S):**

Increase the number of multi-agency delivered, evidence based, targeted parenting programmes.

**MAIN RECOMMENDATIONS OF PAPER:**

1. That the Board note the further developments in Parent Support Adviser support across the county.

**IMPACT ON RESOURCES:**

<b>Recommendation</b>	<b>Resource Type</b>	<b>Cost</b>	<b>Benefit</b>
1.	No change to existing resource		

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**NORTH YORKSHIRE CHILDREN'S TRUST BOARD****Monitoring Report  
22<sup>nd</sup> November 2010****Parent Support Advisers in Schools and Education Settings****1.0 Purpose of Paper**

- 1.1 To provide an update to the North Yorkshire Children's Trust Board outlining the development and work of Parent Support Advisers in schools and education settings.

**2.0 Recommendations**

- 2.1 That the Board note the further development of the Parent Support Adviser role.

**3.0 Background**

- 3.1 Parent Support Advisers (PSAs) were first introduced in March 2007 following North Yorkshire's inclusion in a national pilot. Funding was provided by the DCSF for 30 FTE workers based in schools and education settings, The project was designed to provide support to families by working with parents at the first signs of social, emotional, health or behavioural issues becoming concerns.
- 3.2 The pilot was, initially, extended for 6 months to allow for a comprehensive assessment of the work involved and was, subsequently, continued on a substantive basis from April 2009.
- 3.3 Lessons from the pilot informed further development, with PSA posts deployed in Children's Centres using the recruitment, training and support practices which had been used to support the initial work. Ongoing evaluation clearly indicated the potential for increased scope and success of the PSA role, its increased involvement in multi-agency working and its continuing and significant contribution to Common Assessment Framework processes (CAF) as well as parenting programmes.
- 3.4. Since the last report to the Children's Strategic Partnership Board in January 2010 we have continued to develop the PSA role to ensure that the work undertaken forms a well coordinated response to Integrated Services in North Yorkshire and is increasingly targeted at the families identified as being at greatest risk of requiring more acute services if early intervention is not provided.

## 4.0 Targeting

- 4.1 Although the foundation of the original parent support adviser project included a focus on the provision of a universal service to all parents and families, the evolution of the work has resulted in a clearer focus on families identified in Professor Eileen Munro's recent 'Review of Child Protection'<sup>1</sup> as being at the secondary and tertiary support levels. In doing so it has been possible to offer more comprehensive support to vulnerable children, young people and their families more quickly when problems arise and prevent them from escalating. Whilst families at level 1 of the Vulnerability Checklist are still included in PSA caseloads, to allow for all levels of early intervention, they comprise a smaller percentage.
- 4.2 The PSAs involved in the initial deployment across all the locality areas have continued in their host schools settings and clusters, working with an increased emphasis on: assessments, including CAF; the delivery of evidence based parenting programmes; and work with children at transition points in their education. This has maintained a locally delivered safety net provided through the placement of PSAs in locality schools and children's centres and has allowed any extension of PSA support to be more strategically targeted on vulnerable groups, delivered using the 'Hub School' model already employed by the Pupil Referral Service PSAs.
- 4.3 This 'Hub' model is already delivering parenting support to families of Traveller and Minority Ethnic children and will deliver support, including parenting programmes, to families of primary school children experiencing emotional and behavioural difficulties, through the recently established Enhanced Mainstream Schools (EMS).

The support packages available through the EMS Hub will provide a clear opportunity to change the behaviour of both parents and children through simultaneous work. This should add up to specialist early intervention, delivered as problem behaviour emerges, which is capable of diverting children away from the need for more specialist and more expensive services later e.g. youth justice, school exclusion, NEET etc.

- 4.4 Further work has been done to improve the quality of assessments and although the work has progressed well, it may, in the short term, result in the identification of unmet need which initially increases referral to other agencies. In order to counteract this effect complementary work is currently progressing across integrated services to identify clear referral pathways to access the support available from PSAs. This should deliver integrated support in a way which, increasingly, encourages referral to PSAs from other professionals in order that cases are managed at an appropriate level of intervention.

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<sup>1</sup> The Munro Review of Child Protection Part 1: A Systems Analysis DFE-02548-2010

The C4EO report 'Grasping the Nettle'<sup>2</sup> comments that in relation to early intervention:

*"Evidence suggests that professionals in all kinds of settings may lack confidence and experience in working directly with parents and families, particularly if they are disadvantaged. Continuing investment in developing workforce skills and capacity is essential to effectively engage with parents."*

5.1 As noted in the previous report to the Board, a good foundation level of training had been achieved for all PSAs, both in schools and children's centres, using material developed with the Teachers Development Agency (TDA). This training has continued to be offered to recently appointed staff, maintaining a consistent level of post induction support.

5.2 Further investment in the development of PSA skills has built on the initial, more generic, model and reflected the shift in focus to more targeted work with families. It has included the delivery of parenting programmes, supported by the evidence based practice included in the 'Think Family' programmes. The majority of PSAs have been trained in the delivery of a range of programmes (Figure 3a) with 113 programmes delivered in the last year.

The PSAs clearly offer a resource for the delivery of these programmes, ideally in conjunction with colleagues from other agencies and disciplines, but where this has been difficult to achieve, offering an additional resource.

Evidence from both the national 'Think Family' evaluation and local programme delivery indicates that these programmes provide an effective way of engaging with families and convincing them that they can bring real benefits to their children.

Work with the Integrated Service Managers is helping to develop pathways for referral and support for multi-agency delivery of programmes, which will be necessary if we are to sustain and improve on current levels of delivery.

5.3 The second strand of training has focused on improving assessment skills, building further on the CAF training included in the basic training module.

In-house delivery of Child and Family Training (Home Assessment) is providing workers with essential skills in making evidence based assessments of: children's developmental needs; parenting capacity; family and environmental factors; as well as planning and evaluating interventions; and the impact of change within the child and family's lives.

The assessment tools are referenced in DCSF guidance and procedures are linked to the Common Assessment Framework (CAF), ECM, initial and Core Assessments and Working Together to Safeguard Children.

To date we have trained 35 staff and are in the process of training a further 70 of which 55 are school based PSAs. The next phase should

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<sup>2</sup> Grasping the Nettle: Early Intervention for Children Families & Communities C4EO ADCS

include PSAs in all settings, establishing a common and transferable language around assessment. Enclosure 4

5.4 This assessment training has already been rolled out to staff in Children's Social Care and links well with integrated service work, both in early intervention and in dealing with cases moving back down the spectrum from a higher level of intervention, where ongoing assessment and monitoring is critical to safe practice.

## **6.0 Developing Confidence**

6.1 Whilst we can reasonably expect that the training support and working assessment tools will result in an increase in worker competence, the increase in complexity of casework and dynamics of parenting group delivery have underlined the need to provide workers with the opportunity to access an appropriate level of support and develop their own reflective practice.

In Professor Eileen Munro's recent review she suggests that it may be more constructive for experienced social workers to have conversations about the best course of action within integrated teams rather than referring formally for a higher level assessment of needs and concerns.

This level of access to qualified support has been included in the supervision arrangements for PSAs from the outset, as described in an earlier report. We have however, introduced further supervision opportunities for workers involved in the delivery of parenting programmes and this has proved successful in the development of workers skills through both clinical and peer support models.

## **7.0 Impact**

7.1 Information has been collected using the data-set agreed with the Performance and Outcomes team and reported to the Board in January. Further detail is included in Appendix 1.

7.2 Trends within the data suggest that;

- Referrals have increased.
- Significant numbers of cases have been closed suggesting that many referrals have required short term interventions, rather than longer term support. (Table 1)
- Following referral and assessment PSAs have promoted collaborative working with parents through targets set within parenting agreements. The data collected indicates that a high percentage of these targets are being met. (Figure 2)
- PSAs have played a prominent role in the delivery of parenting programmes across the county. (Figure 3a, 3b)
- This level of support work has been effective in maintaining or reducing the families' levels of need as determined on the Vulnerability Checklist. (Figure 4a)

- The use of PSA time to support CAF has also increased, with the PSAs taking the role of Lead Professional in half the CAF cases they are involved in.
- Behaviour, attendance, social emotional and family difficulties have continued to dominate referrals. (Figure 6)
- Intervention has focussed mainly (86%) on levels 2/3 of the Vulnerability Checklist. (Figure 7)

7.3 In future this data will be collected using the Impulse database (due January 2011) and will include Traveller, Minority Ethnic and Enhanced Mainstream School PSA activity and impact.

## **8.0 Summary**

8.1 Recommendations from the report of November 2009 have been progressed with improvements to:

1. Equity of access to the service across the County with all localities now able to access local and specialist support.
2. Training and development which now incorporates parenting programmes and adjustments in the core training to include Children's Workforce Development Council (CWDC) requirements.
3. Further targeted work being developed for Enhanced Mainstream Primary Support Schools.
4. Greater consistency of processes and data collection within integrated services providing improved measurement of impact.
5. Establishment of the PSA Minority Ethnic Achievement Team across North Yorkshire.
6. A rolling programme of parenting programme training for established and newly appointed PSA staff, along with staff from multi agency partners.
7. Further training for PSAs to develop the lead professional role in the CAF process

## 9.0 Conclusions

- 9.1 The further development of PSA work in schools has re-positioned some of the work of PSAs to provide support to families at the greatest risk of referral to Children's Social Care. This has included the development of evidence based practice, particularly the use of parenting programmes.
- 9.2 A substantial amount of the work done is with families at level 2 on the Vulnerability Checklist which appears to be successful in resolving issues at this level, reducing upward pressure.
- 9.3 Families at level 3 comprise 25% of the current caseload and there is some evidence to suggest that intervention at this level is still sufficient to manage or improve their situation.
- 9.4 It is difficult to know if some families are short circuiting this referral stage and progressing directly to more acute services, but further analysis of the referral pathways that form the gateway to preventative services should help us achieve a better fit and value for money from the service provided.
- 9.5 The opportunity to pilot this work has given us a useful start in developing the skills of the workers and, contrary to the concern outlined in 'Grasping the Nettle', we have been able to develop relevant skills in this tier of work.
- 9.6 Links with Integrated Services, particularly around the delivery of parenting programmes, have evolved with shared procedures, recording and training contributing to more efficient working.
- 9.7 Although the 'Think Family' funding will end in March 2011 the numbers of PSAs trained to deliver parenting programmes can provide sustainable capacity across the County.
- 9.8 The flexible nature of this role has been built up through a number of innovative steps and, as seen with parenting programme delivery, lends itself well to future workforce re-modelling. Further development of parenting support, family group conferencing or future development of CAF could be supported in this way.

Report prepared by:

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Job Title	Principal Education Social Worker
Date of Report	29 <sup>th</sup> October 2010

# Parent Support Advisers Statistics From Nov 2009 to Oct 2010

## 1) Number of PSA referrals

- Open – 604
- Closed – 825
- Total – 1429

Number of cases per ISM area:

Area	Open	Closed	Total
Coast	165	263	428
Central Vale	79	115	194
Craven	89	136	225
Harrogate	92	99	191
North	52	112	164
White Horse	48	33	81
PRS	79	67	146
<b>Total</b>	<b>604</b>	<b>825</b>	<b>1429</b>

Table 1

## 2) Number of targets met within PSA parenting agreements

Area	Completely	Mostly	Partly	Not at All	Total
Coast	93	94	63	13	263
Central Vale	76	25	11	3	115
Craven	94	23	14	5	136
Harrogate	31	37	24	7	99
North	41	36	32	3	112
White Horse	20	6	7	0	33
PRS	25	19	23	0	67
<b>Total</b>	<b>380</b>	<b>240</b>	<b>174</b>	<b>31</b>	<b>825</b>

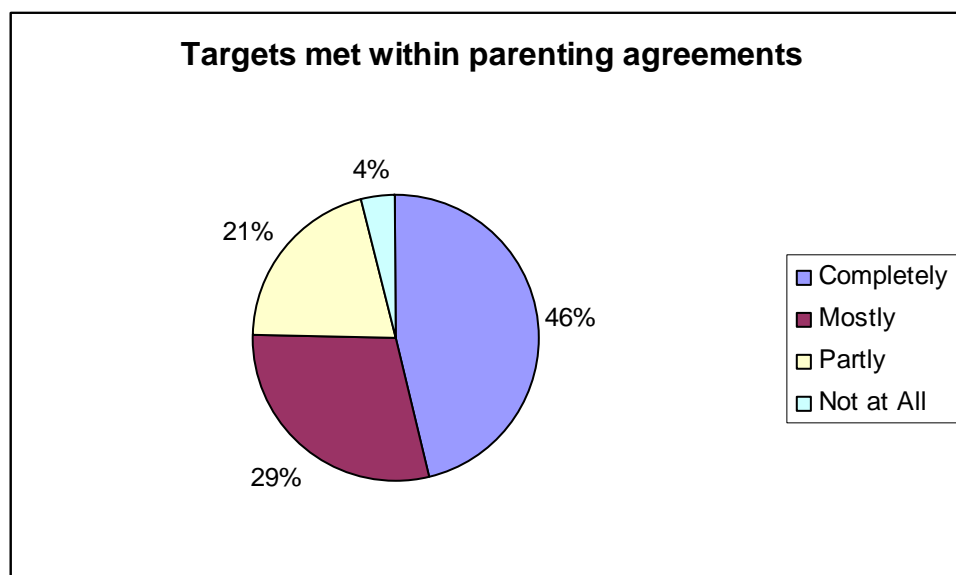


Figure 2

### 3) Number of parenting programmes delivered by PSAs

113 Parenting Programmes have been delivered across the County and PSAs have delivered or co-delivered 95 of these programmes. To date 40 PSAs have been trained to deliver one or more of the programmes identified below.

The chart below depicts the variation of courses delivered County wide.

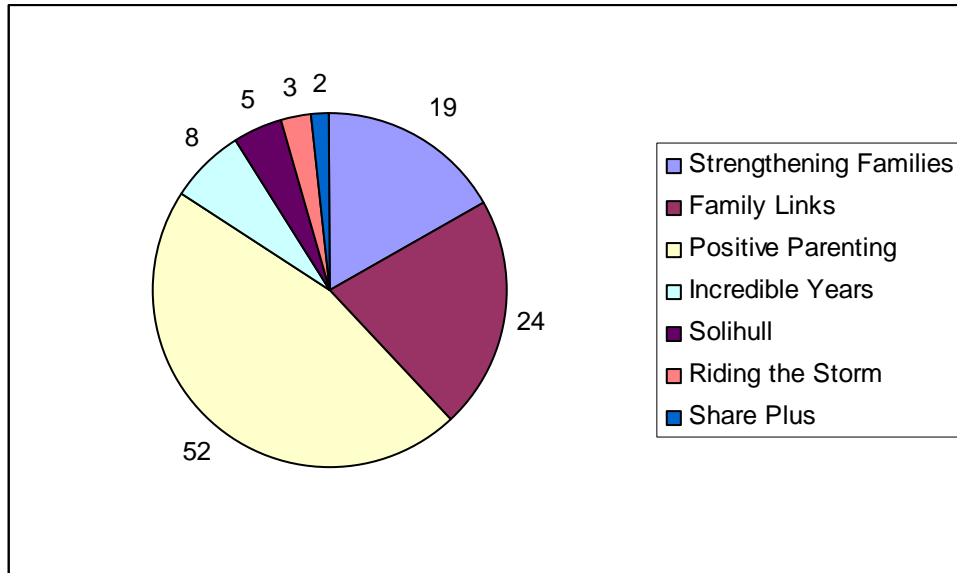


Figure 3a

### 4) Maintenance /change to vulnerability checklist coding

The chart below indicates that 56% (459 cases) of all closed cases had a reduction against the vulnerability checklist codes, 43% (358 cases) remained the same and 1% (8 cases) increased.

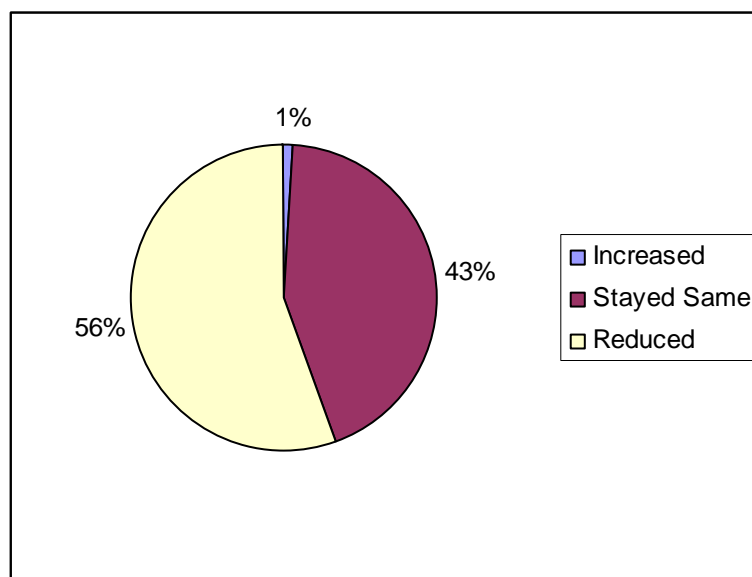


Figure 4a

This table shows the pattern of movement between levels on the Vulnerability Checklist

	Coast	CV	Craven	Harrogate	North	WH	PRS	Total
<b>Level 4</b>								
Increased								
Same	5							<b>5</b>
Reduced	12	2	1					<b>15</b>
<b>Level 3</b>								
Increased								
Same	25	1	6	5	10		17	<b>64</b>
Reduced	56	14	12	20	15	3	2	<b>122</b>
<b>Level 2</b>								
Increased	2	1	3	1	1			<b>8</b>
Same	46	7	26	25	5	3	47	<b>159</b>
Reduced	59	57	72	43	81	9	1	<b>322</b>
<b>Level 1</b>								
Increased								
Same	58	33	16	5		18		<b>130</b>
Reduced								
<b>Total</b>	<b>263</b>	<b>115</b>	<b>136</b>	<b>99</b>	<b>112</b>	<b>33</b>	<b>67</b>	<b>825</b>

The table below shows Vulnerability Checklist level by ISM Area

Area	Increased	Stayed Same	Reduced	Total
<b>Coast</b>	2	134	127	263
<b>Central Vale</b>	1	41	73	115
<b>Craven</b>	3	48	85	136
<b>Harrogate</b>	1	35	63	99
<b>North</b>	1	15	96	112
<b>White Horse</b>	0	21	12	33
<b>PRS</b>	0	64	3	67
<b>Total</b>	8	358	459	825

This table shows patterns of movement by ISM area

	Coast	CV	Craven	Harrogate	North	WH	PRS	Total
<b>Level 4</b>								
4	5							5
3	12							12
2		2	1					3
<b>Level 3</b>								
3	25	1	6	5	10		17	64
2	55	8	7	17	11	3	2	103
1	1	6	5	3	4			19
<b>Level 2</b>								
3	2	1	3	1	1			8
2	46	7	26	25	5	3	47	159
1	59	57	72	43	81	9	1	322
<b>Level 1</b>								
1	58	33	16	5		18		130
<b>Total</b>	<b>263</b>	<b>115</b>	<b>136</b>	<b>99</b>	<b>112</b>	<b>33</b>	<b>67</b>	<b>825</b>

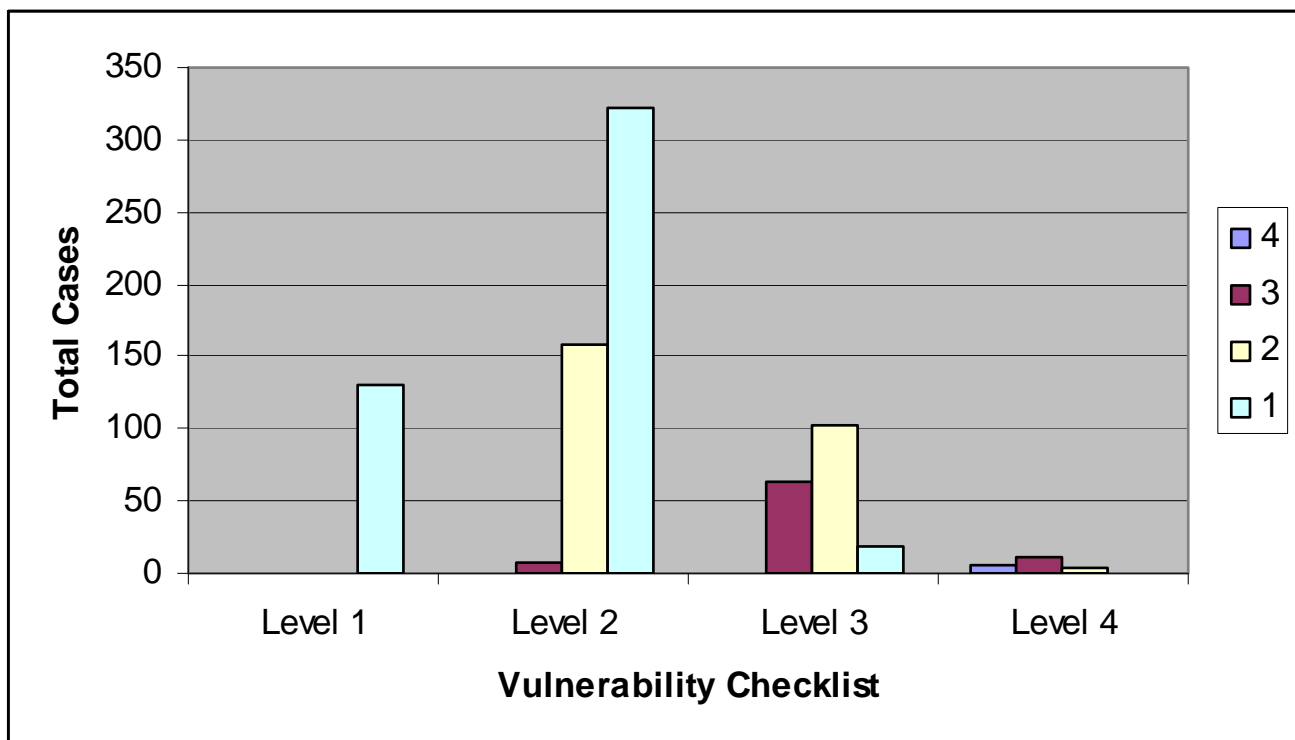


Figure 4c

	Coast		CV		Craven		Harrogate		North		WH		PRS		Total
	Closed	Open	Closed	Open	Closed	Open	Closed	Open	Closed	Open	Closed	Open	Closed	Open	
<b>Level 1</b>	58	22	33	13	16		5	2			18	2			
<b>Level 2</b>	107	75	65	48	101	69	69	59	87	41	12	25	48	41	
<b>Level 3</b>	81	40	15	21	18	18	25	23	25	11	3	19	19	27	
<b>Level 4</b>	17		2		1							2			
<b>Total</b>	<b>263</b>	<b>137</b>	<b>115</b>	<b>82</b>	<b>136</b>	<b>87</b>	<b>99</b>	<b>84</b>	<b>112</b>	<b>52</b>	<b>33</b>	<b>48</b>	<b>67</b>	<b>68</b>	
<b>Grand Total</b>	<b>400</b>		<b>197</b>		<b>223</b>		<b>183</b>		<b>164</b>		<b>81</b>		<b>135</b>		<b>1383</b>
<b>Missing stats</b>	<b>24</b>		<b>1</b>		<b>2</b>		<b>8</b>		<b>0</b>		<b>0</b>		<b>11</b>		<b>46</b>

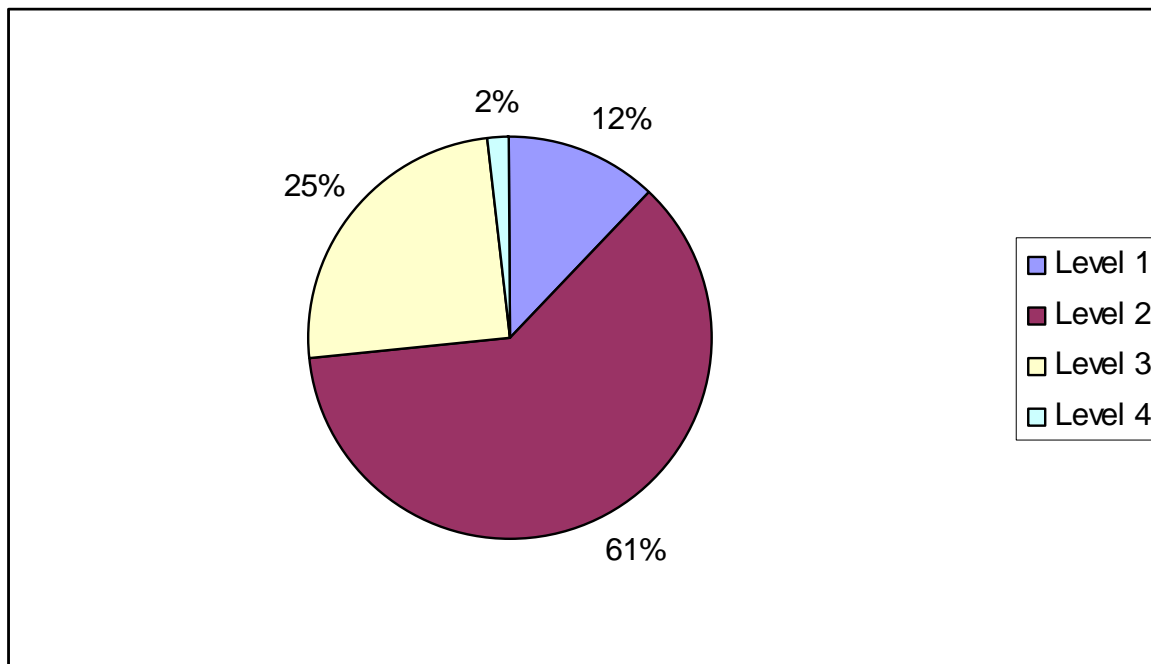


Figure 4d

5) Out of 1429 total cases, PSAs have been involved with 252 CAFs. Out of those 252 CAFs, PSAs were the Lead Professionals for 123.

6) The table below explains the type of referral PSAs are receiving. The chart explains it in percentages.

Referral Reason	White Horse		Harrogate		Craven		Central Vale		Coast		North		PRS		Total
	Open	Closed	Open	Closed	Open	Closed	Open	Closed	Open	Closed	Open	Closed	Open	Closed	
Attendance	6	2	15	29	12	19	5	7	28	23	0	5	13	11	175
Attendance/Behaviour	2	1	9	9	1	5	2	0	10	25	1	3	19	12	99
Behaviour	18	12	40	39	35	49	20	34	20	23	11	58	12	11	382
Bereavement	0	0	0	1	2	1	1	3	1	1	3	4	0	1	18
Family Difficulties	19	14	12	8	18	22	21	13	74	143	8	14	19	23	408
Social/Emotional	1	2	10	4	11	37	14	25	17	28	17	20	5	2	193
Medical	0	0	1	1	3	0	3	4	2	9	1	1	2	2	29
Transition	0	1	0	2	7	1	3	4	2	1	7	1	7	5	41
Bullying	0	0	1	3	0	0	0	1	2	2	0	5	0	0	14
Welfare	2	1	3	1	0	1	14	24	4	7	4	1	1	0	63
Missing Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Educated at Home	0	0	1	1	0	1	0	0	1	0	0	0	0	0	4
Exclusion	0	0	0	1	0	0	0	0	0	1	0	0	1	0	3
<b>Total</b>	<b>48</b>	<b>33</b>	<b>92</b>	<b>99</b>	<b>89</b>	<b>136</b>	<b>83</b>	<b>115</b>	<b>161</b>	<b>263</b>	<b>52</b>	<b>112</b>	<b>79</b>	<b>67</b>	<b>1429</b>

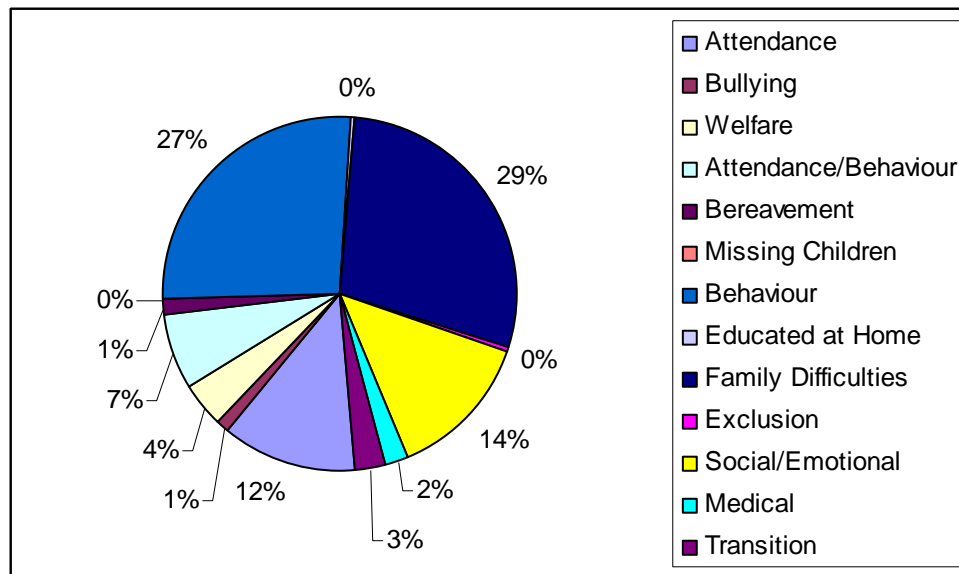


Figure 6

7) In total PSAs have signposted 636 cases to other agencies, the list below is an example of some of those agencies, including:

- Housing
- Young Carers
- U turn prevention service
- Children Centres
- Health (G.P, CAMHS, school/district nurse, Health Visitor etc)
- Citizens Advice
- Mencap
- Disability Team
- Legal
- Benefits
- Connexions
- Parenting
- Domestic Violence
- Drug and Alcohol services
- Bereavement Support
- Higher Education
- Children and Adult Social Care
- NSPCC
- Summer Activities

8) Training

PSAs are required to complete basic induction and training and through supervision and appraisal. Service needs, are divided into specialist areas, as the table below identifies:

<b>Basic Training</b>	<b>Specialist Training</b>
NYCC/CYPS Induction TDA/PSA role specific Support Work in Schools (SWiS Level 3) Child Protection training Information Sharing Lone Working Freedom of Information Complaints procedures	Parenting Programmes Home Assessment Solution Focused Drug and Alcohol Awareness Common Assessment Framework/Lead Professional Interviewing Runaway Children Bereavement