

What influences effective
intervention in parenting support?
An investigation in to best
practice.



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Abstract:

Local authority services including parenting support services are coming under increasing pressure due to budget cuts and the current economic climate in England. This study aims to identify factors influencing successful practice in parenting support offered to families with children aged 0-5 by the parent support adviser team working in the children's centre service. The purpose is to improve efficiency and raise the standard of support offered. Qualitative research was undertaken using the parenting support team working in children's centres in a semi-rural area of northern England. Open ended questionnaires were circulated to the team of 10 workers and 5 were completed. This was followed by an invitation for the team to attend a focus group discussion. The findings indicate that the team are delivering effective support to parents by taking a newly identified professional approach to multi-agency working. They are also facilitating effective working at interagency meetings through their awareness of the benefits of multi-agency working. Making an initial joint visit with a referring agency was identified as being extremely beneficial to case work. Parental engagement, effective communication and information sharing were also found to be elements in successful parenting support case work. The use of the Common Assessment Framework appears to be widely and effectively used by the team to support children and their families and improve outcomes. This study provides additional evidence to the Government requirement of inter-agency collaboration when delivering services for children and their families.

What influences effective intervention in parenting support? An investigation in to best practice.

Introduction, Aim and Focus:

Being a parent and raising children to be effective members of their community and society is recognised as being a challenge. (Department for Children Schools and Families [DCSF] 2010). Society as a whole benefits from a population who are able to live in robust, secure communities. (DCSF 2010). As a result of recent social and economic change in England, there are now children being raised in a diverse range of families. The concept of what constitutes a family now applies to a wide variety of different domestic arrangements. These families are also subject to an equally wide range of external influences such as culture, nationality or economic status. The need for help and advice for all parents and carers raising children is recognised by the Government. It is also important that the support is tailored to meet the needs of the communities and the individual families. (DCSF 2010).

Recent research into child development has highlighted the importance of good quality care and parenting during the very early years of a child's life and the impact of this on their future outcomes.

“There is a growing body of published evidence about how children develop, how their brains grow, and how the quality of the foundation years services can make such a difference to children's life chances – and their future participation in our society.” (Department of Education [DoE] 2011).

The Government therefore requires that information, advice and support are universally available to all parents and carers. There is also the need to identify and support the most vulnerable and disadvantaged children and their families. Children's Centres play an important role in the delivery of these services to families with children aged 0-5. (DoE 2011).

The delivery of parenting support and advice services which are universally accessible to all parents and carers living within the reach zone of each Children's Centre is a key element of service provision. There is also the need to identify and support the most vulnerable and disadvantaged children to ensure that targeted early intervention can be delivered with the aim of improving their outcomes and life chances. (DoE 2011). In the research area which lies in a semi-rural part of northern England, it is the role of the Parent Support Adviser team working out of the Children's Centres to identify and support these children and their families. Their role is to support the families using planned interventions to improve parenting skills to help relieve disadvantage. (Mason 2011).

Recent research has been carried out by Reed (2012) to assess the impact on families of the recession, the current austere economic climate in England and the proposed Government changes to the tax and benefit system. (Department of Work and Pensions). Reed estimates that between 2010 and 2015 there will be an increase of 17 per cent in the number of children living in families affected by multiple vulnerabilities. There will also be a sharp rise in the number of children living in families affected by unemployment, low income, poor housing, material deprivation and maternal depression. It is expected that this will affect thousands of families and their children. (Davis 2012).

The negative effects of these factors on families would also suggest that there may also be a rise in the number of parents seeking help and support with parenting issues. This could lead to an increase the demand for family support services. At the same time, the Government is making considerable spending cuts to public services. In particular, cuts affecting housing, social care, health and education will have a negative effect on the vulnerable families who use and rely on these services. (Reed 2012). Existing service providers could be put under pressure to reduce costs and perform more efficiently. The identification of positive, effective and efficient working practice for excellence in the delivery of support for vulnerable families would appear to be of benefit to all concerned. It may facilitate a skilled team of professionals to work more effectively to support what is expected to be an increasing number of families needing their services.

The aim of this study was to investigate the parenting support being offered by the Parent Support Adviser team to identify the elements contributing to best working practice. In order to achieve successful outcomes for children it has been recognised that interventions should be delivered by professional and highly skilled practitioners. They should use quality strategies which have been tailored to meet the specific needs of the child and their family. It is important that these methods also encourage parental involvement in the process. (Pugh 2010). The work undertaken by the parent support adviser team in delivering family support aims to include these aspects in case work. Initial examination of case studies from closed case files lead to consideration of other factors which had contributed to successful outcomes for the children and their families.

Aiming to improve efficiency and effectiveness in the delivery of the family support services and inform best practice through the team, qualitative research was undertaken using a naturalistic methodology (Walsh 2001) to identify methods and factors influencing successful early interventions. Recognizing themes and processes which have contributed to effective cases will enable these factors to be applied to all case file work therefore building on excellence already acknowledged, extending best practice and detecting positive working strategies. The aim of the research is to raise the standard of parenting support, contribute to more efficient and effective working practice by identifying factors or processes which could be applied across the service to improve outcomes for children. The actual content of the case files, the issues and individuals involved are not relevant to this research as it is factors such as multi-agency working, communication, information sharing and supervision which are the focus.

Literature Review:

Initial investigation into Government publications concerning parenting and family support reveals an increasing emphasis from successive governments for services and agencies to work together to deliver services support to children and their families. (Department for Education and Skills [DfES] 2004, Department for Education and Skills 2006, DCSF 2010, DoE 2011). The need for effective, integrated multi agency working and stronger working partnerships is recognised as a key element of the current Governments' policy as set out in "Supporting Families in the Foundation Years (DoE 2011). The necessity for joint working processes has been recognised for decades (Children Act 1989, DfES 2004, DoE 2011) and the creation of local authority social services departments in the 1970's were an attempt to co-ordinate professional bodies working with children such as education, health services and social care.

However, following inquiries into the deaths of 30 more children between 1974 and 1985, a lack of inter-agency communication was highlighted as being a similar factor in each of the child death cases. (Frost & Parton 2009). Joined up working, information sharing between agencies and effective integrated working between services have all been emphasised in numerous Government papers including the 1989 Children Act, Every Child Matters (DfES 2004), Working Together to Safeguard Children (DfES 2006), Think Family: Improving the life chances of families at risk (Cabinet Office 2008) and Parenting and Family Support: Guidance for local authorities in England (DCSF 2010).

In recent years there has been an increasing amount of literature published concerning multi-agency working in relation to working with and providing support to children and their families. (Moran et al 2004, DfES 2004). When considering barriers to effective multi-agency working practice, Frost (2005) identified that within some professions, individuals can develop a negative attitude towards other services, agencies and their personnel whilst studying or undertaking initial training prior to even entering their chosen profession. This can be a major drawback to effective multi-agency working.

In order to facilitate multi-agency working practice it is suggested that post qualifying multi-professional training could be undertaken in order to overcome this and help to develop a better understanding of the different professional roles and expertise. (Frost 2005). However, research undertaken by Atkinson et al (2005) identified that a requirement to undertake additional training in relation to their role in a new integrated model of joined up working was seen as a potential challenge by some professionals. There is evidence to suggest that undertaking shared learning through inter agency training does encourage better multi professional working practice. (Sloper 2004). Needham (2007) also recognises the fundamental benefit of joint training in promoting a clearer understanding and better working practices between agency staff.

In 2011, Rose published a paper which identified some of the challenges to multi agency working as being professional's concepts of "identity, power, territory and expertise" (Rose 2011 p151). It is then suggested that in order to work effectively together, there is the need for the professionals involved to give way to each other in some of these areas to overcome these challenges. (Rose 2011). Atkinson et al (2005) also recognised that the need for collaboration and multi-agency working had resulted in the emergence of a type of professional worker who had a deeper understanding and knowledge of the other services and organisations with whom they needed to work effectively. The need for good leadership and the adoption of a common aim or shared goal for the multi-agency team was also recognised as a facilitator of effective inter professional working. (Atkinson et al 2005).

In 2004 as part of the Every Child Matters: Change for Children (DfES 2004) saw the introduction of the Common Assessment Framework (CAF) as a model to help children and their families and it has been the subject of numerous studies. It is suggested that the need for training in this new, multi-agency initiative could be seen as the Government introducing a compulsory need for joint training opportunities to be provided. (McCulloch 2007).

The Common Assessment Framework aims to reduce the number of assessments made on a child, whilst facilitating early identification of additional needs at the same time as putting the child at the centre of the process and improving multi-agency working and information sharing. (Gilligan & Manby 2008). Gilligan and Manby (2008) identified that the Common Assessment Framework as a working method could result in positive outcomes to benefit the child and that it was welcomed by the professionals involved. It was also an effective tool to help engage parents; in particular, mothers in to the process but this did rely on the skill of the practitioners to encourage their participation. However, there were concerns about the level of resources which could be made available to implementing the CAF process and the level of priority it would be given across the different agencies involved. (Gilligan & Manby 2008).

Conflicting professional aims of the different practitioners involved in the inter-professional, collaborative method of working encouraged by using the CAF has also been identified as a negative theme by Collins & McCray (2012). Their study also found that professional rivalry between agencies attending a multi-professional meeting could result in the aims and interests of the agencies being addressed over the needs of the child. (Collins & McCray 2012). Research has also revealed other factors which could influence positive outcomes on early interventions. In particular, Pugh (2010) identified parental engagement as being an important and supportive element in the successful delivery of parenting support.

Problems within the family which are having a negative influence on the child can also be addressed through involving parents with interventions, in particular with strategies which aim to support the parents becoming involved in the child's learning. Methods which promote the child's learning within the home are particularly effective. (Pugh 2010). Research (Sylva et al 2004) has found that parental involvement in early learning has more influence on a child's well-being and success than any other influences including level of family income or educational environment. (Hunt et al 2011). The Government also recognises the importance of early home learning and the benefits to a child's health and development. (DoE 2011).

Involving the parents in the decision making process with professionals is vitally important. The parents are the people who know their child best and they are more likely to engage with interventions and professionals working with their family if they have been consulted and their views respected. (Fleischer et al 2006). Involving fathers in family and parenting support processes is known to be challenging and according to Scourfield (2006) consideration should be given to options to support their ability for involvement such as ensuring that meetings are held at appropriate times to facilitate their attendance. (Scourfield 2006). Attendance at a multi-agency meeting comprising the presence of professionals working with their child could be considered intimidating and frightening to the parents of the child concerned. In 2012, a study by Featherstone & Fraser suggests that parents may benefit from help and support in order to make themselves heard at multi-agency meetings and found that the use of an advocate can help to promote parental engagement. (Featherstone & Fraser 2012).

As well as interventions which promote positive relationships within the family, support the child's education and development and promote attachment and family cohesion, Pugh also highlights the necessity for interventions to be specifically tailored to meet the individual needs of the family and the child. It is also desirable that the support is delivered by trained, qualified and skilled workers using evidence based practice. (Pugh 2010). International research by Moran et al (2004) into effective methods of delivering parenting support also highlights these themes as being important in contributing to successful outcomes. In particular, the use of planned, measurable interventions which have a clear purpose and outcome, can be evaluated and documented and are founded on evidence based practice are considered to be vitally important when considering effective methods of delivering parenting support. This research also recognises that unless other negative issues faced by families under stress such as poor housing, unemployment, low income or illness are addressed and they are supported to overcome them, they will not be able to take full advantage of the support offered to them in the parenting of their child. In order to meet these additional needs facing the family a multi-agency approach is suggested as an effective way of delivering the support. (Moran et al 2004).

In order to be fully able to measure and assess the impact of interventions and parenting support strategies, it is also desirable that a standard range of tools and assessment models are developed to facilitate evaluation and monitoring of effectiveness and progress for the child and family. Use of such tools would serve to increase professional confidence as the worker can identify effective practice and boost the child and family's awareness of their achievements. (Dolan 2006).

Keeping good records and documentary evidence of agency contact and involvement with a child and their family is a Government requirement to facilitate information sharing between workers, provide evidence for any enquiries or investigations and provide accountability and evidence of work undertaken. It is necessary to ensure that the records kept are clear and accurate and that any professional judgements or opinions recorded are marked as such and are not included as fact. (DfES 2006a).

Where decisions have been made concerning the child, they are to be clearly recorded and endorsed by the supervising manager. The Government also requires that regular, reflective case file supervision is undertaken between the practitioner and a manager, to evaluate and consider the work being undertaken with the child and their family, to support the practitioner in their role and to approve planned actions or endorse any judgements made. (DfES 2006a).

Methodology:

The research was undertaken using the Parent Support Adviser (PSA) team working in Children's Centres in a semi-rural area of northern England. For convenience, the research sample was narrowed down to the parenting support workforce, which comprised ten individual workers, in the locality reach area of five neighbouring children's centres. The parent support adviser role involves offering parenting support in both group situations and on a one to one basis with families who are either referred in by partner agencies or who have self-referred in for service. Each referral received is subject to screening by senior management to ensure that appropriate support is offered to the child and their family at the correct level. The naturalist approach used in the research acknowledges the involvement of the researcher working within the area of practice. This consideration is recognised in respect of bias when collating the information and evaluating the results. (Walsh 2001).

Following screening, the case is allocated to a parent support adviser who will work directly with the family under the supervision of their line manager. Case work is expected to comprise short, low level interventions to improve outcomes for children. Identified need is addressed through planned strategies and actions agreed with the child and their family. Following the initial referral, a more detailed assessment is made and any additional needs highlighted. An action plan for the family is agreed and the work undertaken. The child and their family are at the heart of the process and they are consulted and involved in all decision making at all times. Families are offered this confidential parenting support on a voluntary basis and signed consent to share information with partner agencies is obtained. Case file work is subject to regular supervision by a senior manager where planned interventions are considered for the family and any judgements endorsed. Group supervision also takes place across the locality, where parent support advisers meet together with senior managers to discuss individual case files and offer possible strategies and solutions. All the work is recorded and is subject to on-going review to ensure it meets the needs of the child and their family.

The research was concerned with improving the parenting support service offered by the parent support adviser team working from the children's centres. Although this involves multi-agency working with other professionals the research only sought the views and experiences of the team. Further research to include partner agencies could also be undertaken to contribute to effective working practice.

After obtaining permission from senior management to undertake the research, potential participants were advised about the proposed study and invited to take part. They were asked to complete a consultative questionnaire comprising open ended questions to obtain qualitative information about their work and experiences. These self-completion questionnaires were distributed both on paper and electronically. Time was allowed for considered responses to be made. Ten questionnaires were distributed and a total of five were completed and returned.

Following completion of the questionnaires, all the potential participants were then invited to attend a focus group discussion about best practice in parenting support. Completion of a questionnaire did not either exclude participation at the focus group or indicate a compulsory need to attend and this was made clear to all the individuals involved. It transpired that the four participants who attended the discussion had not submitted a completed questionnaire. The focus group took the form of a semi structured interview asking similar questions to those on the questionnaire. The group were encouraged to talk to each other and discuss the research themes and their personal experiences and working preferences. This allowed a more in-depth discussion to take place facilitating the collection of more profound and insightful responses and information. The discussion was then transcribed and the results analysed together with those from the questionnaires.

Ethical concerns:

The research was carried out in Children's Centres using the parent support adviser team. The overall responsibility for the settings and the employees lay with the local authority from whom permission to undertake the work was obtained. Permission for the research to take place was also obtained from the senior management team within the organisation and assurances given that the research would also comply with the Data Protection Act 1988. Participation in the research was only undertaken by those willing to take part and who had given their signed consent. The agreement included full anonymity and confidentiality, the right to withdraw at any time, full information about the nature of the research and assurance that no research subjects, individuals or organisations would be identified in the final report. Interviewees were also asked to respect client confidentiality and not disclose names or any identifying factors. The research was concerned with the identification of factors and processes contributing to successful case file work. This does not include case file content, issues addressed, quality of work, and complexity of cases or personal issues for either the clients or the professionals.

The case files under consideration have already been closed and subjected to assessment and evaluation by those involved and found to have been successful in their objective of improving outcomes for the child. As an exploration to identify themes and processes such as communication, record keeping, assessment tools and best working practice and not being concerned with case file content or issues addressed there was no need for parents or children to take part in this research process. The nature of case file work is short, early interventions to address concerns and issues raised at the time of referral. Parents and carers are fully involved in the process and the voice of the child is routinely included and evidenced in case file work. Also, frequent assessments are made and recorded and the complete file has been subject to a final evaluation by all concerned. This, together with the nature of the research would indicate it unnecessary to make contact with the families involved. The nature of some case file work may also be uncomfortable for families to revisit.

Reassurance was given to all the potential participants that the research being undertaken was purely for personal educational reasons and that it was the processes and factors used in their work which was to be scrutinised rather than the individual and their personal working methods. These reassurances were given in order to protect the participants from any potential harm which could have included feeling under pressure to take part, anxiety about being judged or that their professional competency is being questioned. They would also help address any potential feelings of competitiveness about the complexity or inadequacy of work being undertaken in light of colleague's success. By focusing on case files with particularly successful outcomes the research centred on work which the participants could feel proud although the research also included identification of any less positive factors influencing the work. Reassurances were also given to the potential participants that the research would comply with the Data Protection Act 1988.

Research Findings:

Ten questionnaires (see Appendix 1) were distributed and five were duly completed and returned along with the signed consent forms. This gave a total response rate of fifty per cent. The ten PSA's were also invited to attend a discussion group which was held at a central location. Four parent support advisers attended the focus group and a semi structured discussion took place during which similar questions to those on the questionnaire were considered.

Question 1: Thinking about casework can you briefly describe a particular piece of work you are proud of, looking at what went well with the case?

From the questionnaires, all the respondents indicated that good, effective multi agency working was a major factor in contributing to successful outcomes for the casework. This means that 100% of respondents indicated that multi agency working was important in achieving success. Examples were given of work taking place involving several agencies with one example citing children's centre services, school and a domestic abuse support agency having strong links and working effectively together whilst another gave an example of different departments within the health service working effectively with the children's centre.

“A case that I was proud of had strong links between the parent support adviser, school and Independent Domestic Advisory Service, a good example of multi-agency working.”

This was also mentioned as a major factor by the focus group recognising and acknowledging the benefits of multi-agency working.

“Working initially with the health visiting team and later on through organising a CAF meeting and working with the children's pre-school, primary school and speech and language therapists, the health and well-being of mum and the children were measurably improved.”

100% of respondents also indicated that the parent engaging well with the process was vitally important to success.

“Nothing is going to change if the parent doesn’t so the parent needs to be engaged.”

In one case, the parent self-referred into the service after recognising the need to address her social isolation. This led to her fully engaging with the actions and strategies suggested in order to relieve her loneliness and provide socialisation and play opportunities for her child. Awareness of the impact of domestic upset on the behaviour of a child also led to a parent fully engaging with support to successfully change outcomes.

“Mum became aware that her child’s behaviour could be as a result of upset at home. Mum realised this and changed her approach to her ex-partner.”

During the focus group discussion, one respondent described how having identified a family in need of support, she worked hard to gain the trust needed for the family to fully engage with the support offered indicating that she also recognises the need for the parents to engage well with the service for positive outcomes.

Question 2: What factors do you think made the work successful?

The Parent Support Adviser case file documents (see Appendix 2) include a “Referral for Service” form for external agencies to complete with a family when the need for extra support has been recognised. In successful case work, receiving a good referral was indicated by 40% of the questionnaire respondents as a positive factor although no indications of what constitutes a good referral were given. This was echoed at the focus group who also identified receiving a good referral containing relevant information as giving a “better start to the case” but then went on to link multi-agency working with receiving good referrals. In particular, doing an initial joint visit to the family with the referrer was mentioned by all the focus group attendees who were all in agreement.

“Otherwise you get a few notes and bits of paper but not a really good picture of what’s going on ... so actually sitting down together to have the conversation and talking through the issues with the family is much better.”

“If you get a decent amount of information in the referral it always works better if you can do a joint visit to set the tone and give continuity to the parent. I think a joint visit helps with the paperwork and the parent understand and be clear about what is expected.”

Other factors which worked well included good communication and information sharing, case file supervision and having concise actions over a fixed period of time. Recognition of the need for support and openness about issues and concerns were also mentioned as factors which made working with the family easier. Each of these elements was mentioned by 20% of the respondents in the questionnaires. When asked for positive factors, multi-agency working was also mentioned for successful outcomes in case work by 100% of the respondents by questionnaire and also all the focus group attendees.

“Each week the family had a visit from myself, their Health Visitor and an Assistant Practitioner from the health visiting team. I believe that the consistency and regularity of our meetings was an important factor in the success of this work”.

A good relationship between the worker and the family, including openness from the parent was mentioned in 40% of the cases. Case file documentation is frequently reviewed by senior management and the current, recently improved version has contributed to successful casework and was also given as a factor for success. Another process mentioned was good clear case file supervision which can be linked to the use of clear, concise actions which was also given as contributing to successful outcomes. Effective communication, which could also be considered as a major factor in the other elements was also mentioned.

Question 3: What skills or areas of knowledge do you think are important in respect of service delivery?

When consulted on skills and areas of knowledge important in respect of the delivery of parenting support respondents indicated a wide range of skills, personal qualities and areas of expertise which they consider to be important. Personal skills including listening and understanding, being empathetic and having an awareness of factors which can affect parenting and families were mentioned by nearly all the respondents in each research method. These are in addition to having the enthusiasm and ability to motivate the parent to engage as well as the time and skills necessary to build an effective working relationship with the family. The ability to be flexible when dealing with different families was described:

“I find I change my approach with some I have a more nurturing approach with others I take a different stance where I’m more sure of myself and I think you need to be able to recognise and change when you need to.”

Having the ability to remain objective, not become emotionally involved and the skill to end the support and close the case was also mentioned. Local knowledge of services, agencies, sources of support and information was mentioned by 80% of questionnaire respondents as being of importance. This was also mentioned during the discussion with one participant advising:

“For me, to help with multi-agency working, access to services, where to find who, a clear directory of who to call, where to find sources of support locally, to me that would be really helpful.”

Knowledge of child development, behaviour management strategies, parenting techniques, safeguarding and the Common Assessment Framework process are also considered to be of high importance along with “... any areas of support that the families we work with might need – we really should have, or get, some knowledge in those areas.”

At the focus group, the benefits of being a reflective practitioner and regularly using reflection to consider case work was also mentioned. The ability and opportunity for reflection during supervision was recognised and identified as being a positive element. However there were also concerns about having enough time available for reflection. Whilst it can be used to a positive advantage in some cases, a lack of time can restrict its use. All the participants were in agreement about the benefits of reflective practice. Using the time available to its best effect and prioritising workload was also mentioned as an important skill.

Question 4: Thinking about the case work process – which parts do you find work well?

When considering the case work process, effective communication and multi-agency working were again found by all of respondents to be factors which worked well.

“Our work and targets for the family were discussed and planned at a weekly joint working meeting. Joint working meetings also acted as a sort of supervision of the work we were all doing with the family as well, as it was a safe environment for people to voice their opinions about the case and any worries they had or anything that they were finding difficult or frustrating.”

Planning actions and work to take place with the family is part of the supervision process and the individual casework supervision process was rated highly by 60% of the participants.

“Regular supervision with my manager, and the joint working meetings, acted as a good source of support and helped to clarify and focus plans for work with the family.”

As well as group supervision: “I like a mixture of group and individual (*supervision*) as you get a good mix of views from different people and different professional opinions can help sort things out.”

The referral process, case file supervision and tools for monitoring progress all form part of the parent support adviser documentation. Being able to effectively monitor progress so that parents are aware of improvements and can recognise their achievements was given as a factor which works well in offering the parenting support service. Monitoring progress against agreed actions also enabled the worker and the supervising manager to plan the case more effectively and working with the family using small steps and precise actions was also mentioned as having worked well.

“After the recent training, I think definitely the clearer way recording works is better; using the direct work sheets to record visits and the family action plans are a lot clearer and easier to use, breaking down the actions and outcomes makes it a lot clearer about what is expected from you.”

Question 5: Thinking about case work process which parts do you find don't work so well?

When asked about factors which weren't working so well, difficulty in evidencing the voice of the child, especially with very small babies, within the case file work was mentioned by 60% of respondents as being a negative factor. In contrast to those who found the paper work documentation to be a positive element, 20% of the research respondents indicated that they thought the paperwork didn't work well. Questionnaires for parents to complete form part of the documents and one respondent felt that parents were not always honest when completing these questionnaires about their parenting skills. These questionnaires form part of the paper work monitoring and evidencing process.

Again, and in direct contrast to the findings of the research into positive factors, poor communication from partner agencies and a breakdown in multi-agency working were also mentioned as being negative factors. Difficulties in making contact with partner agencies and time spent finding information were also mentioned although a solution was also offered:

“... if the systems were more joined up it would be better to align ourselves up with health and other agencies to make it all a lot more easy – you would ultimately hope that it would make things easy as you can spend an awful lot of time chasing around looking for information.”

Another negative element mentioned was difficulty in closing a case due to a parent becoming reliant on the support. The ability to close cases was mentioned previously as an important personal skill for the worker. Time restrictions impacting on the ability for reflective practice were also given as a negative factor.

Question 6: Which assessment tools/resources/toolkits do you find most effective?

When considering the assessment tools and resources available to support their work, the parent support advisers again cited the case file documentation and the Common Assessment Framework (DfES 2004) as being effective tools in delivering parenting support. 60% of the questionnaire respondents found these tools useful although one attendee at the focus group said the amount of paperwork and record keeping required for each case was a negative factor. The HOME inventory assessment tool was mentioned by the majority of respondents:

“I completed a HOME inventory assessment with the family to identify other factors or possible areas for support with the family and it helped with putting together a family action plan.”

Sections of the parent support adviser documentation were also mentioned:

“I like to use the How Are You Doing questionnaire quite early on and then revisit it with the parents to see how they are feeling about things – I find that quite useful.”

“Breaking the work down in to smaller steps and using the family action plans more frequently is also helping in my casework to show progress to the family.”

Other responses indicate that it depends on the family as to which tools will be most effective in supporting them. One interviewee advised that whilst training has been offered and undertaken in many different assessment tools and working methods, the opportunity for refreshing the training would be appreciated and could result in some of the tools being used to better effect.

At the focus group, two interviewees advised that they thought the Family Links Nurturing Programme when delivered as a ten week parenting course was an extremely good and effective method of offering support. The other two attendees also identified that they had used elements of this parenting programme to good effect with some families. In particular, some of the techniques around problem solving were found to be useful.

Discussion and Analysis:

When considering what influences excellent practice in family support work, the need for professionals from different agencies to work together in a multi-agency approach is vitally important according to Government policy. (DoE 2011). As a theme, multi-agency working is mentioned throughout as being an important factor at every stage of the parenting support process according to the Government guidelines (DfES 2006). As mentioned in the literature review, the importance and need for agencies to work together in strong working partnerships to deliver effective support to children and their families has been recognised by the Government. (DoE 2011). For decades, Government guidelines and policy (Children Act 1989, DfES 2004, DoE 2011) have indicated that agencies need to work together to support children and their families both in improving outcomes and in safeguarding children.

Previous studies (Stanley 2007, Gasper 2010) have identified both barriers and facilitators to multi-agency working and Atkinson et al (2005) identified a new type of working professional who can demonstrate an effective working knowledge of other agencies cultures and procedures in order to work effectively as part of a multi-agency team. The results of this study indicate that this type of professional approach and knowledge is being demonstrated within the team who are aware of the importance of multi-agency working and work hard to achieve interagency collaboration.

It is interesting to note that according to Rose (2011) effective multi-agency working can be the result of professionals on the team sacrificing some of their working power and expertise to other professionals. It is possible that this is happening within the parent support adviser team due to their knowledge and experience of the benefits of multi-agency working. Evidence of professionals working in this manner at multi-agency meetings is in direct contrast to research undertaken by Collins and McCray (2012). Collins and McCray suggested that at multi-agency meetings, practitioners and agency needs were being prioritised over those of the child.

Getting case work off to a positive start by receiving good referrals in for service from other agencies was also identified as being an important factor in effective and successful parenting support work. In particular the study showed that making a joint visit to the family with the referrer was an extremely effective method of gaining and sharing information. It was indicated that a joint visit also helped to provide continuity for the family. Joint visits were also recognised as providing a good base for expectation of the work to be undertaken for the family, the worker and the referrer. The value of this shared working initiative to the workforce participants of this study suggests that it is an effective method of promoting interagency collaboration. Working together in this way can help to increase knowledge and awareness of different agency services and procedures for all services involved.

Although the research undertaken was only on a small scale, an implication of this finding could support a change in working practice. Making an initial joint visit to the family with the referrer from an external agency could become a part of the routine process of initiating parenting support work through the children's centre team. There may be limitations with regard to the amount of time available for professionals to carry out joint working visits to families. However the benefits to multi-agency working, improvements to information sharing and effectiveness of the support work offered to the family suggested by this study would indicate that this could greatly benefit the service. Further research would need to be undertaken to investigate the views of professionals working in external agencies to ensure that such a change in procedure would be recognised and welcomed rather than becoming a barrier to making a referral for service. Rather than becoming policy that undertaking a joint home visit with a referrer must be made as part of the referral process, it could be recognised as contributing to best practice and made as a recommendation to working procedure.

This research also found that another important factor in delivering effective parenting support was the level of parental engagement with the process. This finding is consistent with that of Pugh (2010) who also identified the involvement of parents as being an important element in successful early interventions. As mentioned in the literature review, according to Fleischer et al (2006) parents are the people who know their own children the best and they are more likely to engage with family support services and actions if they have been consulted in the process.

This study also identified that effective communication and information sharing between agencies and undertaking a joint visit with a partner agency colleague can have a positive influence on the level of parental engagement with the interventions. It also revealed that a parent being aware of the need for change was another important factor for good parental involvement and successful parenting support work. Parents' being open and honest with professionals supporting the family to make the changes needed to improve outcomes for the children was also highlighted in the research as an important factor for successful parenting support work. However, this study also found that one worker felt that parents were not always completely honest and truthful when consulted about their ability to parent. The need for honesty, truth and openness from the family to engage with the support needed has resulted in workers identifying that it is essential to put a lot of effort into building good relationships with families they are supporting. The ability to establish a good working relationship forms part of the personal skills and knowledge of the parent support adviser.

On the question of personal skills considered important for family support work, the research identified qualities such as listening skills, empathy, objectivity and understanding. Areas of knowledge included child development, parenting strategies as well as having good local knowledge of services and other agencies. Sloper (2004) also identified the need for respect and understanding of the roles of different agency workers to be an important factor in successful multi-agency work as well as recruiting staff with the right skills and experience for their role.

Another interesting finding was the personal need for the workers to be flexible and to have the skills to assess and adopt different approaches according to the family they are working with. This would indicate the need for good self-awareness skills and reflective practice to ensure that the practitioners are able to demonstrate professional autonomy and take appropriate decisions. Being professional also involves being aware of how far personal knowledge and skills extend. Through reflection and informed critical practice by regular revision of performance and critique of personal practice it is possible to increase self-awareness skills. When considering self-awareness, the model of “Johari’s window” (Luft 1970) can be used. This model illustrates an individual’s behaviour by identifying elements which are publically known, those which are known to the individual but not disclosed to others, those of which others are aware but the individual is not, and those which are unknown to both the subject and others. It is possible to increase self-awareness and reduce the elements of behaviour which are unknown to the individual by receiving regular feedback. (Edmond & Price 2012).

Feedback is given through regular supervision meetings with a senior manager and this study has revealed that regular supervision is rated highly by the parenting support workforce as a positive factor in their work. This would suggest that reflective practice is in use effectively across the team and is contributing to successful working outcomes. However, a lack of time for reflection was also identified by the study. Kolb’s cycle of learning (Kolb 1985) is a process which allows reflective practice and conceptualisation prior to the application of theories or decisions to ideas or situations. This theory could be applied to the case file supervision process where a case is looked at by a senior manager and decisions and actions agreed. It could be used in either individual supervision or in group supervision where cases are examined by a team. As all cases are subject to supervision, this would ensure that reflective practice, and the time needed for reflection would be applied to every case.

Being able to effectively monitor progress in a way which can be used to show the family that improvements or advancements are being made was also highlighted in this study. This evidence can also be used to recognise achievements and this was also mentioned as being an important factor in successful casework. Case file documentation includes questionnaires for parents to complete and whilst one respondent identified this as an effective method of showing progress, another respondent revealed doubts over the honesty of parents when completing them. The ability to close a case file and end support work with family was also found by this study to be a skill needed by the PSA team. Difficulties in closing cases may be a result of the families becoming dependant on the support worker. Being able to show evidence to the family of their progress could help with increasing their confidence and facilitate the closure of case work.

Breaking the support work down in to small steps and using the family action plans to evidence progress was also found to prove effective in successful support work. As previously identified, recognising the need to change is a vital element when change is needed therefore effective methods to illustrate and evidence the need to change and monitor progress should be considered. As the nature of the work is extremely varied and that case work plans are tailored to meet the individual needs of the family, a range of tools to evidence progress using different methods may need to be identified. As the support work is all about making changes, further research into change management theory (Mullins 1996) may provide some useful information.

The literature review refers to a paper by Gilligan & Manby (2008) concerning the Common Assessment Framework process which was introduced by the Government to promote inter agency collaboration and focus work on the needs of the child. They found that it was in fact proving beneficial to only a small number of children and was subject to limitations due to agency priorities. (Gilligan & Manby 2008). However, this study found the CAF process to be an effective working tool to support children and their families. Effective multi-agency working including the Common Assessment Framework process as a major factor contributing to successful parenting support work was given by all the respondents in this study.

Due to the small scale of this investigation the results of this research need to be interpreted with caution. It would appear that the CAF process is being widely used by the team in their work supporting children and their families and is proving to be an effective method to contribute to successful outcomes. This research also revealed a wide range of agencies and organisations that appear to have worked collaboratively with the parent support adviser team as part of the CAF process in improving outcomes for children.

A study by Atkinson et al (2005) suggested that a common aim and good leadership are required by effective multi-agency teams. This study has found the Common Assessment Framework to be working as an effective tool to deliver family support in the research area and it is possible that barriers to active multi agency work such as a lack of leadership or shared aims have now been overcome and moves made towards effective collaboration between services to improve outcomes for children. Use of the Common Assessment Framework appears to be widely embedded practice in the research area and is highly regarded as being an effective tool in successful case work. This would imply that in contrast to the findings of Gilligan and Manby (2008), the CAF process is being used extensively to support many children and is not restricted in its use by agencies prioritising other areas of work.

Very little was found in the literature on the issue of case file paperwork and the recording of information other than Government guidelines and guidance on the use of the Common Assessment Framework. (DfES 2006a). However this study found that the case file documentation developed for use by the parent support adviser team was found to be highly effective and useful. Referral for service forms are generally completed by professionals from partner agencies who have identified a family in need of support. The information sharing benefits of undertaking an initial joint home visit with the professional from the referring agency have been recognised in this study. However, there was concern expressed by the research participants around the information received on the referral form. This could indicate that guidance or training around completion of the referral paperwork may be beneficial to professionals working in partner agencies.

This study also found that the documentation was effective in planning and recording actions, contact, direct work and case file supervision. The Parent Support Adviser case file documents have been subject to constant review and the current versions were reported as being easier to use and an effective method of evidencing change and progress for the child and their family. It is interesting to note that whilst being positively identified as a facilitator to success and an effective tool to use in case work, the issue of the documents was also mentioned as an area which some respondents felt didn't work well. In particular, evidencing the voice of the child and parental honesty when completing the questionnaires, were mentioned as areas of difficulty or concern. One respondent identified that some training they had recently undertaken had greatly improved use of the paperwork in respect of planning, recording visits and providing a distinct framework for the support work to take place. This improved use of the documents had proved to be beneficial to both the child and family and the worker. Further research could be carried out to investigate the training undertaken, clarify its effectiveness and ascertain how widespread the training had been delivered across the PSA team workers.

As mentioned in the literature review, Needham (2007) identified joint training as being beneficial to promoting multi-agency working and consideration could be given to the possibility of joint training being offered to both the PSA team and professionals from partner agencies in respect of record keeping and use of the paperwork. This may also lead on to more effective and relevant information about children, their families and the professionals' concerns being submitted on referral forms being sent in by the partner agencies. Some further issues emerging from the findings concerning the paperwork are the need to continue to monitor their use, performance and effectiveness whilst giving consideration to alternative methods of obtaining and recording information including measuring evidence and change.

Conclusion:

This dissertation has investigated the views and opinions of a parenting support team to identify the factors contributing to excellent working practice within their service. In view of current Government spending restrictions and cuts to local authority services the need to evidence efficient and effective performance may be considered prudent. As a result of the current austere economic climate in England and the effects of the proposed reformation of the welfare system on families and children it has been suggested that there may be a sharp increase in demand for service at the same time as local authority budgets are being cut. (Reed 2012). The purpose of this study was to determine best practice and methods of delivering parenting support which have proved successful. Elements of these processes may then be considered for further research in order to inform policy or implications made to influence changes to procedures and working methods.

This study has shown that the parent support adviser workforce appear to be working effectively as professional members of inter-agency teams supporting children and their families within the research area. Some of the barriers to effective multi-agency working appear to have been overcome. The Common Assessment Framework as a joint working initiative is identified as a successful process to support children and is widely used through the research area. This would suggest that it is an effective method of promoting inter agency working which is being successfully implemented to improve outcomes for children and their families.

Another finding of this study is the benefit of undertaking an initial home visit with the referring agency. As well as initiating a positive start to the work, it appears to be an extremely successful method of information sharing, collaborative working, engaging parents in the support process and providing continuity for the child and family. These positive elements would suggest that this process could be considered for inclusion in the referral procedure.

However, it may be necessary to undertake further research to ascertain the views of partner agencies in relation to this. Time constraints and other barriers may prevent joint visits being undertaken in some cases. Whilst proving beneficial to parent support adviser work, it would be prudent to ensure that partner agencies regard such a change in procedure as positive rather than negative.

The results of this investigation also find that the ability to establish good working relationships is an important quality for the worker. Empathy, understanding and the skill to build up trust as well as good professional working knowledge are also essential. These are all factors which apply when working with families and other professionals and contribute to both successful case work and effective multi-agency team work. The evidence from this research would therefore suggest that the parent support adviser workers have become the new type of hybrid professionals identified by Atkinson et al (2005). These professionals are multi-agency team personnel who demonstrate good knowledge of other agencies working procedures and culture in order to perform effectively in an inter-professional team. (Atkinson et al 2005).

The evidence from this investigation would also suggest that the parent support advisors may be the professionals, as identified by Rose (2011), who sacrifice some of their working power and expertise at multi-agency meetings in order to facilitate the process. Further research might explore this finding to determine the effect on professional confidence and personal identity should this be the case. However, this research also found that reflective practice around self-awareness and professional skill is widely used to beneficial effect across the team and this may also be contributing to the effective multi-agency working practices evident. This study has also shown that the paperwork documentation provided for the Parent Support Advisers to use in case file work is effective. However, concerns around evidencing work and self-completion questionnaires from parents and carers can be addressed by further investigation in to alternative methods of collecting and recording information.

Another important finding from this dissertation is the opportunity for joint training to be delivered across the PSA team and partner agencies in respect of recording information and information sharing. This corresponds to the other important practical implication that joint training offered across partner agencies could promote multi-agency working and help to develop understanding and knowledge between professionals working across the services. The use and benefit of reflective practice in parenting support work is recognised by the PSA team. The study identified that there was concern about a lack of time for reflection to take place. Application of Kolb's learning cycle (Kolb 1985) to the supervision process would ensure time for reflection. It would also ensure that each case was subject to reflective practice. By considering factors influencing best practice in parenting support, this present study provides additional evidence with respect to Government policy concerning the importance of multi-agency working when working with children and their families to improve outcomes. (DfES 2004).

A limitation of this study is that although the geographical research area is wide, the number of participants was relatively small. This research was also directed at the personnel in one team working in family support. Further investigations could be undertaken using professionals working in partner agencies in the area to determine best practice elements of their working procedures. This could serve to both inform practice and promote interagency collaboration.

These findings indicate that the parent support adviser team are working as effective multi-agency team professionals improving the outcomes of children in the area. An implication to embed initial joint visits to families as part of the referral process will need further investigation and consideration to ensure that it is regarded as a positive element by partner agencies rather than a barrier to making a referral. The current practice of regularly reviewing the PSA case file paperwork should also continue although there is a definite need for alternative methods of recording evidence and identifying and measuring change to be investigated. Effective methods of recording the voice of the child in the paperwork could also be researched.

This study set out to determine the factors which influence effective parenting support work. These were identified as multi-agency working, information sharing, case file documentation and the supervision process. These elements are all parts of the case file work procedures and are subject to on-going reviews to ensure they continue to perform effectively and are being used to their best effect. The main implication of this research is that the Parent Support Adviser team are continued to be supported in their work by the senior management. This support should comprise consideration of the inclusion of joint visits with partner agencies as a referral method. Multi agency training opportunities should be identified and consideration given to further training around completion of paperwork and recording information. Further work to identify different methods of managing change and evidencing a child or families positive progress should be undertaken. Time to allow for reflective practice to take place should also be considered. This could be addressed with the introduction of the Kolb's theory in case file supervision.

The Children's Centres in the research area are effectively supporting families and improving outcomes for children through the work of the Parent Support Adviser team. The team appears to be facilitating multi-agency working in the area to a beneficial effect. They are being supported by senior management and are working with effective tools and procedures which are regularly reviewed. As professionals, they appear to have become very effective multi agency workers who contribute to positive inter agency work as directed by Government policy. (DfES 2004).

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QUESTIONNAIRE

Best Practice in Parenting Support: *An exploration to identify themes, factors or processes which contribute to successful outcomes in early intervention case work in parenting support delivered by the Parent Support Adviser team.*

This research aims to look at factors such as multi agency working, communication, information sharing, record keeping, assessment tools and casework supervision which contribute to successful outcomes in PSA casework. It does not concern work content, quality, complexity or personal issues for either professionals or clients. Please respect client confidentiality and do not reveal names or identifying factors.

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1. Thinking about casework and the above factors can you briefly describe a particular piece of work you are proud of, looking at what went well with the case?

2. What factors do you think made the work successful?

3. What skills or areas of knowledge do you think are important in respect of service delivery?

4. Thinking about the case work process – which parts do you find work well?

5. And which not so well?

6. Which assessment tools/resources/toolkits do you find most effective?

7. Any other comments?

For office use. Date form received

Request for help from:

- Children's Centre Parent Support Adviser
- Inclusion Officer or Early Support
- Childcare Brokerage
- Early intervention children's services
- Team around school(s) panel
- Parenting courses

Name of referrer	Organisation & Position	Contact Details(including phone & e-mail)

Has permission been given by the parent/carer for the child's details to be shared?

Yes By whom? No

***Referral cannot progress without the parent/carer's permission.**

Identifying details

Child's name Gender

Date of birth Or EED Contact tel. no.

Parent/carer name(s)

Parental responsibility

Yes	No	Don't know
Yes	No	Don't know
Yes	No	Don't know

Address (including postcode) Ethnicity

Email address

Are you aware of any risks associated with working with this young person or family? Yes No

What additional services do you feel are needed for the young person or their parent(s), carer(s) or families

Can you provide the additional services needed? Yes No

In your opinion would a multi agency Team Around the Child (CAF) meeting be helpful to the family? If so a full Common Assessment form needs completing Yes No

Checklist Record evidence of strengths and weaknesses, where relevant, in the boxes below.
Refer to the *Children's Trust Vulnerability Checklist* to assist in the completion of this form

- **Health** (includes growth and development, physical and mental wellbeing, diet, immunisations)

- **Education and learning** (includes cognitive and language development, opportunities for play and stimulation)

- **Emotional and behavioural development** (includes attachment, child responses - feelings & actions)

- **Family & Social Relationships** (includes child/parent relationships, child relationships with peers/siblings)

- **Self Care** (includes development of competences in practical skills – feeding, dressing, toileting)

- **Parenting capacity** (includes ensuring safety, basic care, guidance & boundaries)

- **Family & environmental factors** (includes family history and functioning, housing, employment, income)

What services are already working with the child? Please provide contact names & numbers if known

CONSENT FORM

Name _____

Address _____

Service/Agency _____

(Name of specific service, team or integrated team)

We ask you for information about yourself so that we can make sure that we offer you the services, protection or support that you may need.

To make sure it is the most appropriate and effective service for you, it may mean sharing this information or obtaining information about you.

However we will not pass on any information without your consent, unless we have a statutory duty to do so in order to:

1. protect you, or
2. prevent harm to someone else, or
3. prevent or detect a crime

If we do use your information for other reasons, for example, to help us manage and/or plan services, or staff training- then we will make sure you cannot be identified.

Declaration:

I understand the reasons why my consent is being sought and the need to share information has been fully explained. I understand that I can withdraw my consent in line with this agency's procedures.

(Tick as appropriate)

I agree that information about me may be used for the above purposes

I disagree that information about me may be used for the above purposes

Please list any agencies/ services that you would not like your information to be shared with:

Signed _____ **Signed** _____
By individual, Carer, Parent or Representative (By member of Staff)
(Delete as appropriate)

Date _____ **Date** _____

PSA SUPPORT SCREENING FORM

Form Number: CC PSA/SF

Name of Child: Date Referral Received: Date form Completed:

Case open to Social Care	YES / NO	Existing Common Assessment	YES / NO
<i>Ensuring all information is available</i>	Has the referral been completed sufficiently?		
	Have the family given consent?		
	Has the referrer been contacted?		
	Is there an existing file/paperwork? If yes, has this been located and checked?		
What are the main presenting issues identified on the referral?			
Decision	<i>Tick one:</i> PSA support TAC meeting Referral needed Signposting Social Care No further Action	Reasoning:	
Decision	Which PSA should this be referred to?	Name:	Contact details:

	<p>Has an assessment been completed? Attach a copy if available</p> <p>Date to review this piece of work</p>		
--	--	--	--

Form Completed by:

Name: _____

Signed: _____

Date: _____

**Parent Support Adviser
Contact Sheet**

CC (PSA)5

Sheet No:

Family/Child:	Summary and Action		
Worker:			
Date:	Time:		
To:			
From:			
Method:			
Child Seen: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Consent to Access: Yes		Signed:	

Date:	Time:		
To:			
From:			
Method:			
Child Seen: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Consent to Access: Yes		Signed:	

Date:	Time:		
To:			
From:			
Method:			
Child Seen: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Consent to Access: Yes		Signed:	

Parent Support Adviser
Direct Work Recording Sheet

Sheet No:

Family/Child:		Time of Session
Date:		Session Number
Time:		
Present:		
Resources used:		
Aim of Session:		
Signed:		

**PARENT SUPPORT ADVISER/INCLUSION OFFICER
RECORD OF CASE SUPERVISION**

CC PSA 10

Manager/Supervisor:				
PSA:				
Child's name(s):				
Case file Reference Number:				
Date:				
Vulnerability Check List Codes:				

<p>Has any assessment been undertaken for the family / child(ren)? Yes/No</p> <p>If no: Date Common Assessment to be completed by _____</p> <p>If yes, what worries and strengths were identified? e.g. safeguarding issues, matters arising from a Home Inventory Assessment</p>
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Strengths	Worries
<p>For the family:</p> 	
<p>For the child:</p> 	

For siblings:	
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Decision - actions to be taken (SMART)	Who:	By when:

Signed: _____ Date: _____
 Parent Support Adviser

Signed: _____ Date: _____
 Supervisor/Manager

Children's Centre

About you and your family.

Name..... Date.....

Address.....

.....

In order for us to work together it would be helpful if you could answer some questions.

Fill it in with your worker.

Using a scale 1 - 10 (1 being not very good, 5 being OK and 10 being good)

Q.1. How confident, at this stage, do you feel as a parent in meeting the needs of your child/ren?

1  2 3 4 5  6 7 8 9 10 

Please explain...

Q.2. How do you rate yourself at this stage as a parent in managing your child/ren's behaviour?

1  2 3 4 5  6 7 8 9 10 

Please explain...

Q.3. How healthy do you think your lifestyle is? For example diet/ exercise/ alcohol

1  2 3 4 5  6 7 8 9 10 

Please explain...

Q.4. How confident do you feel in being able to play with your child/ren?

1  2 3 4 5  6 7 8 9 10 

Please explain...

Q.5. How confident are you at making sure your house is safe and risks of accidents are minimal?

1  2 3 4 5  6 7 8 9 10 

Please explain...

